

Pharmacy Residency Program Manual

**Clement J. Zablocki VA
Medical Center
Milwaukee, Wisconsin
2016 Candidate Edition**

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* Note Not all Appendices, Attachments are included in the Candidate version of the Residency Manual.

Welcome! Welcome to the Pharmacy Residency Programs at the Clement J. Zablocki VA Medical Center. The Pharmacy Preceptors look forward to an enjoyable and fruitful upcoming residency year.

Mission Statement: Our mission is to cultivate pharmacy practitioners who will further the practice of Pharmacy. This will be accomplished through the use of principles of pharmaceutical care to develop, implement, and provide cost effective, patient centric care that optimizes patient outcomes. We will fulfill our mission through clinical practice, research, and education of others,

Program Purpose:

PGY1 Pharmacy Practice Program: The PGY1 pharmacy residency program at the Zablocki VA Medical Center builds on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY1 Community Pharmacy Program: The PGY1 pharmacy community residency program at the Milo C. Huempfer VA Health Care Center will provide a broad training experience in outpatient practice of primary care, mental health, oncology, and other pharmacy-related specialties that will develop the resident both clinically and professionally. The program will foster development of knowledge, skills, and values in preparation for patient oriented pharmacy practice or PGY2 Specialty training.

PGY2 Infectious Diseases Pharmacy Program: The purpose of this PGY2 ID pharmacy residency is for the resident to develop expertise in infectious diseases pharmacotherapy. This will enable the resident to contribute both clinically and academically to the field of infectious diseases pharmacy practice. The goal is for the resident to develop into an infectious diseases clinical specialist with skills and abilities in Antimicrobial Stewardship, HIV/AIDS pharmacotherapy, Hepatitis C pharmacotherapy, and general infectious diseases.

PGY2 Internal Medicine Pharmacy Program: The purpose of this PGY2 Internal Medicine pharmacy residency is for the resident to develop expertise in internal medicine pharmacotherapy and foster development of teaching and precepting knowledge and skills. The goal is for the resident to develop into an internal medicine clinical specialist with skills and abilities in teaching and precepting pharmacy students and other health care providers. Leadership, administrative, medication safety, academic and pharmacoeconomic skills with further develop the resident into a well-rounded internal medicine practitioner.

PGY2 Medication Use Safety Program: The purpose of this PGY2 Medication Use Safety residency is for the resident to develop expertise in medication use safety principles and to foster the development of knowledge, skills, and values in preparation for patient-oriented pharmacy practice with an expertise in medication use safety. This will enable the resident to contribute both clinically and academically to the field of medication use safety pharmacy practice, pharmacy administration, or clinical pharmacy practice.

PGY2 Psychiatric Pharmacy Program: The purpose of this PGY2 psychiatric pharmacy residency program is for the resident to develop expertise in psychiatric pharmacotherapy. This will enable the resident to contribute both clinically and academically to the field of psychiatric pharmacy practice. The goal is for the resident to develop into a mental health clinical specialist with skills and abilities in inpatient psychiatry, outpatient psychiatry, primary care mental health integration, and residential care. Leadership, administrative, academic,

and pharmacoeconomic skills will further develop the resident into a well-rounded psychiatric practitioner.

Objectives

PGY1 Pharmacy Practice Program: The one-year PGY1 Pharmacy Practice residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's goals and educational needs. The competencies, goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists. More specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

PGY1 Community Pharmacy Program: The one-year PGY1 Pharmacy Community residency program is intended to expose the resident to all aspects of pharmacy practice in this Health Care Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's competencies, goals and educational needs. The goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists and American Pharmaceutical Association. More specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

PGY2 Infectious Diseases Pharmacy Program:

This one-year PGY2 ID pharmacy residency program is intended to expose the resident to many aspects of infectious diseases. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of infectious diseases pharmacotherapy.

PGY2 Internal Medicine Pharmacy Program:

This one year PGY2 Internal Medicine residency program is intended to expose the resident to many aspects of internal medicine, teaching and precepting. The program builds on experiences gained through a PGY1 pharmacy residency program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of internal medicine pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

PGY2 Medication Use Safety Program:

This one-year PGY2 Medication Safety Pharmacy residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center with a focus on medication safety. This program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of practitioner with expert knowledge and skills in evaluating, designing and implementing a medication safety program for an institution.

PGY2 Psychiatric Pharmacy Program:

This one-year PGY2 psychiatric pharmacy residency program is intended to expose the resident to many aspects of psychiatry. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of psychiatric pharmacotherapy.

Program Directors

The following Directors may be contacted at this address:

Clement J Zablocki VA Medical Center
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PGY1 Pharmacy Practice

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Clinical Pharmacy Manager
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PGY2 Infectious Diseases Pharmacy

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PGY2 Internal Medicine Pharmacy

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PGY2 Medication Use Safety

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Patient Safety Manager
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PGY2 Psychiatric Pharmacy

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Clinical Pharmacy Specialist
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The PGY1 Community Pharmacy Director may be contacted at:

PGY1 Community Pharmacy

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Preceptors

<u>Preceptor</u>	<u>Rotation</u>	<u>PGY1- Practice</u>	<u>PGY1- Community</u>	<u>PGY2 - ID</u>	<u>PGY2 - IM</u>	<u>PGY2-MUS</u>	<u>PGY2- Psych</u>
Karen Adwan, PharmD, CGP, BCOP	Oncology/ Palliative Care	X		X			
Kasey Arnhoelter, PharmD, BCPS	Oncology/HBPC/ID		X				
Kimberly Bell, PharmD, CGP	Informatics	X			X	X	
William Blaser, PharmD	Critical Care	X		X	X		
Caryn Bremberger, PharmD, BCPS	Geriatrics						
Mikki Bury, PharmD	Psychiatry	X					X
Kristen Charlson, PharmD.	Ambulatory Care	X					
Beth DeJongh, PharmD, BCPS	Psychiatry	X					X
Mirella DeRango, PharmD, BCPS	Spinal Cord Injury	X					
Fred Dunkerson, PharmD	Ambulatory Care		X				
Claire Dysart, PharmD, BCPS	Infectious Diseases	X		X	X		
Dustin Ehster, PharmD, CGP, BCPS, FASCP	Administration	X				X	
Sara Erdahl, PharmD, BCPS	Oncology/Palliative Care	X		X			
Sandy Fetzer, PharmD, CGP, FASCP	Geriatrics	X					
Angela Green, PharmD, BCPS	Ambulatory Care	X					
Mike Grunske, PharmD	Ambulatory Care	X					
Matt Haas, PharmD, BCPP, BCPS	Psychiatry	X			X		X
Jill Hansen, PharmD, BCACP	Ambulatory Care	X					
Brian Holtebeck, PharmD	Administration		X				
Steven Kennedy, PharmD, BCPS	Cardiology	X			X		
Jennifer Koch, PharmD, CGP, BCPS	Inpatient Medicine	X		X	X		X
Lindsey Ladell, PharmD, BCPS	Medication Safety	X			X	X	
Janel Larew, PharmD, BCPS	Geriatrics, Psychiatry	X					X
Carrie Lewandowski, PharmD, BCPS	Critical Care, Nutrition	X			X	X	
Jennifer Mulhall, PharmD	Ambulatory Care		X				
Katie Nichols, PharmD	Ambulatory Care		X				

Shannon Pace, PharmD	Administration, Practice		X				
Angela Paniagua, PharmD, BCPS, CGP	Administration, Smoking Cessation	X			X	X	X
Daisy Peterson, PharmD, BCPS	Ambulatory Care	X					
Ryan Prouty, PharmD	Ambulatory Care		X				
Rick Purko, RPh	Administration	X			X		X
Mike Schmidt, PharmD.	Ambulatory Care	X					
Amy Suss, PharmD.	Administration	X					
Andrew Traynor, PharmD, BCPS	Precepting and Faculty Development	X			X	X	X
Jill Underberg, PharmD, BCACP	Ambulatory Care	X					
Amy Van Ermen, PharmD, BCPS	Ambulatory Care	X					
Casie Walsh, PharmD	Ambulatory Care	X					
* Indicates Preceptor in training							

Mentors

All preceptors have an open door policy. Residents should feel able to approach any preceptor with questions or seeking support and guidance. In addition, PGY1 residents will be assigned a mentor for the residency year. The mentor-mentee relationship is designed to track the residents' progress throughout the residency year and also to provide an additional person (in addition to program director) for the resident to go to if any problems/questions/concerns arise. The mentor and mentee will meet monthly to track progress and review completion of residency requirements. The Mentor will also be responsible for tracking the Customized Residency Training plan. Please see Appendix A for full information on the Mentoring Program.

Accreditation

The PGY1 Pharmacy Practice Residency Program was accredited by the American Society of Health-System Pharmacists in September, 1996. It was reaccredited in 2010. The next re-accreditation site visit would be scheduled in 2016.

The PGY1 Community Pharmacy Program will be in candidate status in 2015.

The PGY2 Infectious Disease Program was first ASHP accredited in 2011.

The PGY2 Medication Use Safety Residency achieved ASHP accreditation in 2013.

The PGY2-Internal Medicine Pharmacy Residency and PGY2 – Psychiatric Pharmacy Residency were accredited in 2014.

Resident's Rights and Responsibilities

The preceptors of our residency programs view your acceptance of the residency position as a contract between parties. As such, the institution and its preceptors have obligations to you as a resident and you have obligations to us. We have chosen to outline this commitment to one another in the form a Resident's Rights and Responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy. See appendix B for the Resident's Rights and Responsibilities.

Duty Hours

The ZVAMC Pharmacy residency programs are in accordance with the ASHP Duty Hour Requirements. For more information, please refer to the ASHP website available at: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx> . Duty hours must be recorded in PharmAcademic.

Supervision

As trainees, Pharmacy residents are required to have adequate oversight and supervision. The Residency Program Director for the respective program is considered to be the Primary supervisor for the resident. The preceptor with whom the resident is working is also responsible for supervising the trainee. All progress notes of the resident must be co-signed by the supervising preceptor. This may be the preceptor of the rotation, or the preceptor of the activity. Residents select the co-signer in CPRS, and should take care to ensure the note will be able to be cosigned with 72 hours. In addition, if the co-signer has questions regarding the content of the note, it is the responsibility of the resident to discuss and resolve so the note may be cosigned in a timely manner.

Dual Appointments

Residents in Milwaukee may fulfill residency responsibilities on the weekends. For the time spent on the weekend, the resident will receive a clinical pharmacist "dual appointment", meaning they will act as a resident during the week and a clinical pharmacist on the weekends. The resident must be licensed and receive a scope of practice prior to this starting.

Working the weekends is a recommended way of obtaining additional pharmacist experience. Working some weekend days is a requirement of the PGY1 Pharmacy Practice residency program. It

allows residents to independently grow as a professional and strengthen relationships with fellow pharmacists and technicians. For PGY1 Residents, it also allows the resident to complete residency requirements such as pharmacokinetics and heparin monitoring that otherwise need to be done during a rotation. While working in the Dual appointment role, the individual will be paid the wages of a clinical pharmacist.

Milwaukee residents may begin working weekends after certified in pharmacokinetics and anticoagulation. The residents interested in working the weekends will as a group determine the weekends they each will staff. Once a schedule is determined, information will be placed on the Pharmacy Residency SharePoint site and the inpatient Pharmacy Supervisor will be informed. This should be done approximately 4-6 weeks prior to the weekend being worked. Once the resident commits to working that weekend, it is their responsibility to find coverage in the event they are unable to work that weekend. Any arrangements made may not result in additional overtime for the department being incurred. If switches are made to the schedule, the residents are responsible for updating the SharePoint calendar and notifying both the Pharmacy Clinical Manager and Inpatient Supervisor.

The weekend hours are 7:30AM to 4PM. The resident will be responsible for the pharmacokinetic service, weight based heparin service, and anticoagulation service for the facility on Saturday and Sunday. This includes monitoring all patients, progress notes, e-mail messages, etc. If time allows, the resident will also assist with pending non-formulary consults and outpatient pharmacy responsibilities. While working the weekend, the resident will also assist in anticoagulation monitoring for colleagues monitoring patients in Spinal Cord Injury and the Community Living Center. In addition, the resident will work closely with the clinical pharmacist assigned to the Outpatient Pharmacy. Coordination of breaks and lunches will be performed between these individuals to ensure continuous customer service in the Outpatient Pharmacy. At the beginning of each shift, the resident should check in with the pharmacist with whom they will be working most closely. They should collaboratively establish how Anticoag and PK should be staffed, as this may vary dependent on the amount of experience a resident may possess. At that time the resident and pharmacist should discuss lunch coverage, anticipated work load, etc.

If the resident does not work the assigned tour of duty (either stays late or leaves early), the resident should communicate the hours worked to the person certifying the timecards and the Pharmacy Division Manager along with reason why additional time was required.

Since working the weekends does assist in the development of the resident, an evaluation form will be completed for each weekend by the clinical pharmacist with whom they are working. See Appendix C. Information will be aggregated and provided to the resident on routine basis dependent on the number of weekends worked.

Skills Survey and Plan for Development

At the beginning of each residency year, each resident will complete a Resident plan for development. Each program has its own Skills Survey and may be found in the Appendix of that program. This plan for development will assist the Residency Director, Mentor (if applicable), and Preceptors in identification of areas of strength and weakness as well as assist in determining the direction of the resident for future development.

The Plan for Development should be completed and returned to the Mentor and Residency Director by July 16th. At that time a plan for development will be developed and discussed with the resident, mentor, and program director and any adjustments may be made. Following that, the plan will also be shared with the preceptors and posted on the PharmAcademic system.

Performance evaluation:

The Residency Program and the PharmAcademic System is based on the ASHP Residency Learning System. Residents should acquaint themselves with the RLS at the beginning of the residency year. It is available at: <http://www.ashp.org/DocLibrary/Accreditation/ResidentsGuidetotheRLS.aspx>.

The PGY2 programs and the PGY1 – Community Pharmacy Program are broken down into Outcomes, Educational Goals, and Educational objectives.

Outcomes: Educational outcomes are statements of broad categories of the residency graduates' capabilities.

Educational Goals (Goal): Educational goals listed under each educational outcome are broad sweeping statements of abilities.

Educational Objectives: Resident achievement of educational goals is determined by assessment of the resident's ability to perform the associated educational objectives below each educational goal. . Each objective is classified by taxonomy (cognitive, affective, or psychomotor) and level of learning within that taxonomy to facilitate teaching and assessment of performance.

Instructional Objectives IO: Instructional objectives are the result of a learning analysis of each of the educational objectives. They are offered as a resource for preceptors encountering difficulty in helping residents achieve a particular educational objective.

The PGY1 Pharmacy Residency is now broken down by Competencies, Educational Goals (Goals), Educational Objectives, and Criteria.

Competencies: Categories of the residency graduates' capabilities. PGY1 Pharmacy Residencies have 4 Required Competencies and eight elective competencies. Programs may choose what if any elective competencies will be required for all residents of their program. Elective competencies may be chosen for individual residents.

Educational Goals (Goal): Educational goals listed under each competency are and are broad statements of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. Each objective is classified by taxonomy (cognitive, affective, or psychomotor) and level of learning within that taxonomy to facilitate teaching and assessment of performance.

Criteria: Instructional objectives are the result of a learning analysis of each of the educational objectives. They are offered as a resource for preceptors encountering difficulty in helping residents achieve a particular educational objective.

Refer to the explanation and full listing of ASHP PGY1 Residency available at: http://www.ashp.org/s_ashp/docs/files/RTP_PGY1GoalsObjectives.doc for more information.

For the Precepting and Faculty Development elective rotation, custom outcomes, goals and objectives have been defined. Please refer to the Rotation Description for more information on those elements.

Performance Evaluations will be tracked through the web-based PharmAcademic system. Each resident will receive access codes for PharmAcademic at the beginning of the Residency Year. PharmAcademic models this same structure for the evaluation of residents. For each Learning Experience, the program has assigned which outcomes, and associated goals and objectives will be taught and/or evaluated. This may be viewed by the resident in PharmAcademic along with a description of the learning experience itself. Refer to the Residency SharePoint site links to more training and information on the PharmAcademic system.

At the conclusion of each learning experience, the resident will complete an evaluation of the learning experience and a self-evaluation. The designated preceptor will complete the evaluation. The Residency Director will sign off on all forms. The expectation is that all evaluation forms be completed by the preceptor and resident within 2 weeks of the end of the rotation or learning experience.

PharmAcademic prompts an evaluation for each outcome, goal, and objective. Refer to Appendix G for the Residency Policy that defines successful completion of the residency program as well as the definitions of levels of achievement. Free text commentary is also available for each outcome, goal, and objective. Whenever possible, preceptors and residents should use concrete examples to

demonstrate progress towards these outcomes, goals and objectives, For example, for an outcome related to drug information, describe the drug information query completed and the outcome of that information being provided. For patient follow-up issues, list how you ensured the patients had adequate follow-ups and referrals. The free text provides the residents an opportunity for self-reflection. It is not expected that residents or preceptors will have comments for every objective. At a minimum commentary should be provided for each outcome. Emphasis should also be placed on the comments at the conclusion of the evaluation, to summarize the learning experience, as the most critical element of the evaluation.

Evaluations by non-pharmacists will be collated using Appendix E. These evaluations will be collated and summarized by the Clinical Pharmacist responsible for that rotation and will be incorporated into the PharmAcademic system. Longitudinal experiences in which the resident participates continually (e.g. non-formulary consults, warfarin monitoring) will be evaluated at predetermined intervals. Longitudinal experiences in which the resident participates on a monthly basis (e.g. IV to PO conversions) will be evaluated at the conclusion of each month.

Quarterly (or more frequently if needed), the Residency Director will meet with each resident individually. The Residency Plan for Development will be reviewed. Also at this time, the Residency Director will review progress with the Pharmacy Practice Requirements and the Residency Project.

Throughout the residency, the resident will keep a portfolio of all completed projects, drug information queries, presentations, and evaluations. This portfolio will be utilized by the preceptors and director for review and evaluation. At the end of the program, the mentor, preceptors, the Program Director, and the Pharmacy Program Manager will review the portfolio as to whether the program goals have been met and the whether the residency certificate should be awarded.

It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any 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 that 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 Residency Program Director, Residency Advisory Board, and the Pharmacy Program Manager.

Other required activities

A residency project must be completed and presented at the Great Lakes Residency Conference. Residents are also required to attend Pharmacy meetings unless excused by specific pre-arrangement. These include staff meetings, Journal Club, Clinical Pharmacist meetings, etc. Residents in Milwaukee are required to attend the Milwaukee City-Wide residency Conference.

Stipend and benefits

The PGY1 stipend is \$42,516 annually, provided from training funds. The PGY2 stipend is \$46,059. Benefits include 13 days paid annual leave, 10 holidays, administrative leave for professional meetings, some assistance with registration fees and travel funds, library facilities, and computer access. Health insurance is also available. Pay periods are every 2 weeks.

Annual Leave

Annual leave are vacation days for the employee to schedule. Employees accrue leave each pay period. Residents (and all employees with less than three years of government service) accrue 4 hours per pay period. Over the course of 26 pay periods or 52 weeks, each resident will accrue 13 days of annual leave.

Residents are allowed to use appropriate leave during the course of the residency year. Taking planned leave requires a time off request. Adequate staffing to ensure patient care is the first priority when evaluating these requests. The resident should also have accrued ample leave balances to

cover the time they will be away. Leave requests should be made as early as possible to allow for staffing planning.

If the resident would like to take scheduled leave as accrued, the resident should first discuss those dates with the rotation preceptor. The resident is responsible for finding coverage for all patient care activities during his or her absence. This includes longitudinal assignments such as monitoring of warfarin patients. If a PGY2, the leave should next be approved by the Residency Program Director. The resident should then place the time off request in VATAS for timekeeper purposes. In the VATAS request, the resident should state that rotation preceptor (and Residency Director if applicable) has already approved the time off from the rotation. If, in the judgment of the rotation preceptor or Residency Director, patient care requirements do not allow the resident to be away from the rotation, the leave request may be disapproved and the resident will be notified of that decision.

Annual leave may be taken in 15 minute increments and full days do not need to be taken. Residents are encouraged to take time off throughout the course of the residency program, as good mental health is important to maintain. In the event the resident has a balance of annual leave remaining at the time of the residency completion and the resident is not staying within the VA system, it will be paid out to the resident in a lump sum.

Sick Leave

Sick leave is time that may be used in the event of illness or the medical appointments. Employees accrue leave each pay period in the same manner as annual leave. All employees accrue 4 hours per pay period. Sick leave may be used in the event of an illness, but may also be scheduled prior to medical/dental appointments. Care leave which will be deducted from sick leave balances may also be used to care for an immediate family member (defined as spouse, parent, child, etc.) in accordance with the Family Friendly Leave Act. Care leave may also be used for bereavement of family members.

To schedule sick or care leave for previously scheduled appointments, check with the primary rotation preceptor in the same manner you would for annual leave. The resident would then enter the time off request in VATAS, again denoting concurrence from primary preceptor.

In the event the employee needs to use unplanned sick or care leave, the resident should immediately notify the person with whom they were scheduled to work with that day. Either the preceptor or the resident should then notify the Residency Director. When calling in sick, the resident must speak to a preceptor or the Residency Director. Leaving a message on voice mail or speaking to support personnel (e.g. secretary) is not an acceptable practice. Upon return to work, enter the information into VATAS.

Holidays

All residents are excused from work for all Federal holidays.

Authorized Absence (AA)

If the resident is authorized to be away from work to attend an educational conference, a request for authorized absence must be made. Like Annual Leave, time away must first be approved by the rotation preceptor and Residency Director. Residents should not schedule any time away from the rotation without receiving approval prior. AA requests are also made in VATAS in the same manner as other leave. It is coded as Administrative Leave. Examples of when AA would be granted include ASHP mid-year meeting, PSW meetings, meetings at the University of Wisconsin, etc. When meeting or visiting another VA facility, that is considered travel, not authorized absence.

While on Authorized Absence for Professional Meetings, residents are expected to attend all portions of the meeting. The Absence is a privilege, and behavior while on Authorized Absence should reflect the same high standards that are maintained when the residents are on site.

Authorized absence will be granted to take the necessary initial licensure tests to be a registered pharmacist. If additional tests are taken (e.g. to obtain licensure in an additional state), that leave would be deducted from accrued annual leave.

When interviewing for post residency positions, residents will be granted up to 40 hours of authorized absence. In order to qualify for the authorized absence, the location and nature of the position must be disclosed to the residency director who serves as the timekeeper for the residents. If a total of over 40 hours are necessary, additional hours must be taken from accrued annual leave.

Jury Duty

If summoned for Jury Duty, residents will be excused from the Residency Program. Leave will be entered in VATAS as "Court", with Jury Duty selected in the Drop Down Box.

Extended Periods of Absence

If it is necessary for a resident to be absent from the residency for an extended period of time, the residency will be suspended and a leave of absence taken. To complete the residency, the resident would be required to complete missed hours.

Timecards

Although often the residency is not a 7:30 AM to 4PM position, it is the official tour of duty for the purposes of the timekeeper and payroll. If the resident is unable to be here at 7:30AM, that resident may be considered absent without leave. Continued tardiness may result in disciplinary action. Unless leave is taken or on an offsite rotation, residents are expected to be on the premises (or affiliated site) for a minimum of 8.5 hours daily.

It is the resident's responsibility to review his or her timecard to ensure accuracy. This includes the primary timecard as well as the Dual Appointment timecard if working a dual appointment position. Due to the timecard certification process, with the exception of emergencies, all time off requests for the second Friday of the pay period must be made by Thursday afternoon.

Talent Management System (TMS)

The Talent Management System (TMS) is the online system the VA uses to track mandatory and other training for VA employees. It is the resident's responsibility to identify in TMS their TMS supervisor. Residents should identify their supervisor as the person who certifies their timecard. Periodically during residency training learning will be assigned through the TMS system. It is the residents' responsibility to stay up to date on all TMS training requirements. If the resident becomes delinquent, on TMS training there is the potential for the resident to become disused from the VA network.

Pagers

Each Milwaukee resident will be given a numeric pager. It is the responsibility of the resident to keep the pager in good working order. For a complete list of pager and phone numbers, contact the Pharmacy Secretary. The Pharmacy Secretary can also supply batteries when needed. The pager will be returned in good working order at the completion of the residency.

E-mail

Each resident is assigned an e-mail account. E-mail is a primary mode of communication for the residency program. It is each resident's responsibility to read their e-mail at least daily (Monday-Friday) and respond appropriately.

Microsoft Lync

Microsoft Lync is a software utility available for all residents to use. This instant messaging function allows for rapid communication to solve quick issues. All residents are expected to sign in to Microsoft Lync while using the computer. A function in Microsoft Lync is able to be set that will enable automatic sign in when logged into the computer.

Home access

If a resident would like access to the VA network from home, contact the ADP coordinator to arrange. This is not a requirement of the residency program, but residents may find this a useful tool throughout the year.

Microsoft Office

The latest version of Microsoft Office is available for purchase at a reduced rate for VA employees. Contact the ADP coordinator for information on how to purchase.

Using Government Vehicles

When traveling for official residency duties, residents are eligible to use a car from the motor pool. Prior to using a motor pool vehicle, the driver must complete the required TMS course, "Mini Fleet Course". The certificate of completion for that course should be carried by the driver when picking up the vehicle from the motor pool.

To make a vehicle reservation, an electronic request may be entered via the Milwaukee Home Intranet page, via the quick links.

When using the vehicle, the driver must complete the required paperwork. Prior to returning the vehicle, the driver should re-fuel the vehicle using the credit card provided to them when picking up the vehicle.

If the driver would experience any car issues while in possession of the vehicle, the motor pool should be called during normal business hours. If after hours, contact the GSA fleet service. That number is on the back of the credit card that is given with the car.

Travel

ZVAMC will support residents in the pursuit of additional education and training to the extent the organization is able. This includes the attendance of local and National Conferences. See Appendix O for a flow sheet of the process for requesting travel.

Licensure

Residents may apply for licensure in any state; residents do not need to be licensed in Wisconsin. PGY1 residents are encouraged when feasible to sit for licensure exams prior to the beginning of the residency. Doing so allows the resident to become more efficiently integrated in the residency and institution. PGY1 Residents must have completed all necessary licensure obligations by October 1st. Failure to do so will not be automatic grounds for dismissal from the program, if the resident has made sufficient progress towards licensure. This will be reviewed by the preceptors on a case-by-case basis and arrangements will be made to assist the resident in accomplishing the goal.

PGY2 residents must prove licensure at the time the PGY2 residency is offered to them. All residents must maintain their licensure throughout their residency year.

Pharmacy Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Service and University policy and procedures.

Please refer Appendix H for the Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy.

Responsibilities of All Residents

1. Report to:
 - a. Residency Program Director
 - (1) Schedule, program goals, overall evaluations, committee responsibilities
 - (2) Keep informed of special projects and assignments
 - (3) Resident project (may be delegated)
 - (4) Administrative and personnel issues, including leave
 - b. Mentor (if applicable)
 - (1) Schedule, program goals, overall evaluations, committee responsibilities
 - (2) Keep informed of special projects and assignments
 - (3) Resident project (may be delegated)
 - (4) Administrative and personnel issues, including leave
 - c. Preceptor: Each rotation assignment, evaluations, any projects

2. Contact preceptor before each rotation to establish a time and place to meet. Review objective goals and understand expectations.
3. Review goals periodically to assess progress.
4. Complete rotation evaluations in a timely manner. It is important to provide detailed and honest feedback, so that both the resident's performance and the program's quality can be improved. The expectation is that all evaluation forms be completed by the preceptor and resident within 2 weeks of the end of the rotation or learning experience.
5. Meet periodically with Program Director to assess progress and address problems.
6. Attend assigned meetings; inform program director if conflicts arise.
7. If applicable, meet monthly with mentor to assess progress throughout the residency year.

Residency Projects

A completed research project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Discussions with the preceptors of possible projects should be undertaken early in the residency. After deciding upon a topic, a preceptor will be responsible for guiding you through the entire project. Each resident is expected to have made sufficient progress to present some results at the Great Lakes Conference for Pharmacy Residents, Fellows, and Preceptors. The residents will also present the results of their projects to the Pharmacy department.

The final report for the project must be submitted to the Residency Program Director in a format suitable for publication by the completion of the residency program. It is also recommended that residents submit their projects to ASHP for consideration for presentation at the Midyear Clinical Meeting. The deadline for this submission is June 15th. Summaries of residency projects are also shared with VISN 12 Pharmacies. Opportunities for publishing in the Pharmacy Society of Wisconsin journal may also exist.

Our experience has shown that the project takes a low priority for the residents early in the year since it does not need to be completed until the end of the year. This has resulted in abandoning several excellent projects for lesser projects that could be accomplished. To avoid this end, a series of deadlines has been set to give the residents targets for completing projects.

Project Deadlines

Date	Task completed
8/1	<i>Research Education completed.</i>
8/15	<i>Website for ASHP Midyear Poster submissions opens</i>
9/1	<i>Topic choices, preceptor choices, and project proposals due</i>
10/1	<i>Abstracts for ASHP Midyear Poster Due</i>
10/4	<i>Human Studies Paperwork to be completed and turned into Research Service</i>
December	<i>Conduct Research Audit with Research Compliance Office</i>
2/1	<i>Abstracts due to Great Lakes</i>
3/1	<i>Deadline for Registration for Great Lakes</i>
3/15	<i>Collection of data completed</i>
4/1	<i>Initial draft of project results and conclusions</i>
4/10	<i>Slides uploaded to GLPRC site.</i>
4/27-29	<i>Present at Great Lakes Conference for Pharmacy Residents, Fellows, & Preceptors, West Lafayette, IN</i>
Late May	<i>Conduct Research Audit with Research Compliance Office</i>
6/15	<i>Submission of an abstract for ASHP Meeting</i>
6/25	<i>Submission of the final project to the Residency Program Director in a format suitable for publication in the <u>American Journal of Health-System Pharmacy</u> or other publication mutually agreed upon by the Residency Director and Resident.</i>

Project Proposal:

All proposals should be typed and double spaced and no more than 3 pages (formal written protocol is the responsibility of the resident). The proposal should contain the following sections:

- Statement of the problem
- Purpose of the project
- Value to the Medical Center/Pharmacy
- Brief background which should include a discussion of similar work performed by other investigators
- List of proposed co-investigators
- Methods and procedures including Type of Subject, Sample size, Outcome variables, statistics to analyze, etc.,
- Equipment or materials to be used (if any)
- References.

All submitted research proposals are reviewed and evaluated by the Residency Preceptor Team. They rate each proposal on its rationale (good study?), significance (relevant?), value to the Medical Center, methods (clearly stated? adequate sample size?), investigator (qualified?), patients & facilities (enough subjects? resources available?), and feasibility.

Teaching certificate

The Pharmacy residency Programs at ZVAMC offer the residents the ability to achieve a Teaching Certificate program in conjunction with our Academia Affiliates. The program(s) offered is determined by the respective Residency Directors dependent on work flow of the Residency. Currently teaching certificates programs are being offered through the University of Wisconsin or Concordia University. Note that the Teaching Certificate Programs may require time away from the residency as well as time after hours. Time spent on these activities after hours will not be monetarily compensated. Other Residency responsibilities must continue to be maintained. In addition, the residents will be responsible for the fees associated with the program.

University of Wisconsin: This program includes the participation in, leading of and attendance at a series of seminar sessions held at the University of Wisconsin, on the Madison campus. At the conclusion of the series, residents will be asked to provide a portfolio of work. That portfolio will be judged by the University to determine the award of the teaching certificate. The seminar sessions are held in the evening, after work hours. For the 2015-2016 year, this is anticipated to be approximately \$100.

Concordia University: The completion of a teaching certificate program with Concordia University requires that the resident complete the Faculty Development curriculum of Concordia University. This also would require committing 4 weeks of the residency to the program. This may be done in a full time fashion (4 consecutive blocks) or part time fashion (spending 2.5 days at Concordia over 8 weeks). Refer to Appendix I for more information.

Pharmacy, Nutrition and Therapeutics (PNT) Council

The residents serve as resource members of the ZVAMC Pharmacy, Nutrition, and Therapeutics Council. As such attendance is expected unless previously approved by the Residency Program Director. In addition, the PNT Council Secretary should be notified if the resident will not be in attendance. Residents are non-voting members of the PNT Council.

Milwaukee City-Wide Residency Conference

ZVAMC participates in a network for all pharmacy residents in the metro Milwaukee area. Milwaukee residents are expected to participate in the conferences held for this network, unless excused by their Residency Program Director.

Appendices

Appendix A

PGY1 Pharmacy Residency Mentoring Program Zablocki VA Medical Center

Purpose: The purpose of the mentoring program is to provide professional growth opportunities, expand clinical knowledge and skills through utilization of various learning resources, and to provide encouragement, advice, and feedback on the resident's progress. The relationship between the mentor and resident should be confidential; however the Residency Program Director (RPD) and the Residency Advisory Board will help to foster the relationship and provide assistance to either the mentor or the resident whenever necessary.

Description: Each pharmacy resident will be assigned a mentor by the RPD in July of each academic year. The mentor-resident pair will be chosen according to the following factors as determined by the RPD: resident preference, mentor preference, personality pairings, and other factors deemed necessary by the RPD. The RPD will provide a copy of the initial Customized Training Plan to each mentor.

Mentor Qualifications: All qualified pharmacy preceptors will be invited to participate as mentors. Interested and qualified preceptors may not necessarily be chosen each year to mentor a resident. Mentors must:

- Have been in their current position for at least one year.
- Have received VHA Mentor certification.
- Have completed "Essential Mentoring Techniques: Mentoring Fundamentals" (Catalog # 2496969) module in TMS.
- Attend all scheduled Preceptor Meetings. If the mentor cannot attend a meeting, the mentor is responsible for assigning another preceptor to provide detailed feedback regarding the resident's progress.

Mentor Responsibilities:

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with the resident for a minimum of 1 hour each month.
- Utilize the GROW Model during mentoring sessions (Attachment B).
- Attend all on-site presentations given by resident and provide a "Presentation to a Group" Custom Evaluation in PharmAcademic (If mentor cannot attend, they must assign another preceptor to complete the evaluation).
- Act as a liaison between the resident and the RPD.
- Act as a liaison between the resident and the Residency Advisory Board/preceptors.
- The mentor will assist with developing the resident's Customized Training Plan and Evaluation each quarter focusing on strengths, weaknesses, interests, and goals (Attachments C and D).
- The mentor will track the resident's goals and objectives at least quarterly in order to assist the RPD in ensuring all goals and objectives are being met.
- Provide feedback at Preceptor Meetings to ensure preceptors are aware of the resident's progress.
- Document comments from each monthly meeting in the Customized Training Plan and Evaluation. This will be kept as a password protected file with access granted to the RPD, Mentor, and Resident.
- Document all mentor meetings as practical experience on the VHA Mentor Certification website in working towards Resident or Fellow level.

Residents Responsibilities:

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with their mentor for a minimum of 1 hour each month.
- Inform mentor of all scheduled presentations that they are assigned.

- Assist the mentor with the development of their own quarterly Customized Training Plan and Evaluation.

Program Assessment: Residents and mentors will be asked to assess the effectiveness of the mentor program and changes will be made by the RPD accordingly.

Dissolution: In the case whereby a mentor-resident pair needs to be dissolved (resident request, mentor request, or observation by RPD that the pair is not functioning as intended), the RPD will reassign the resident to another mentor.

Appendix B

Pharmacy Practice Resident's Rights and Responsibilities

As a resident at the Clement J Zablocki VA Medical Center you have rights and responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy.

Resident Rights

- The resident has the right to have an active voice in their residency program allowing the program to be congruent with the resident's future career plans.
- The resident has the right to timely, specific, open feedback on the progress of their development.
- The resident has the right to adequate guidance for assigned responsibilities including the residency project.
- The resident has the right to dignity and respect and will not be discriminated against based on race, religion, gender, or other factors.
- The resident has the right to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns without the fear of retribution or penalty.
- The resident has the right to benefits (e.g. vacation time, sick leave, etc.) as outlined by the program.
- The resident has the right to practice in an environment and be shown a model of following applicable state and federal pharmacy laws and regulations and the practice Pharmacy in an ethical manner.

Resident Responsibilities

- The resident has the responsibility to complete required outcomes and goals of as outlined by the American Society of Health Systems Pharmacists standards.
- The resident has the responsibility to provide timely, specific, open feedback on preceptor performance and program structure.
- The resident has the responsibility to request assistance as needed for all assigned duties.
- The resident has the responsibility to treat preceptors, staff, fellow residents, and patients with dignity and respect without discrimination based on race, religion, gender, or other factors.
- The resident has the responsibility to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns to the appropriate personnel with specific details and suggestions for improvement to better the program.
- The resident has the responsibility to use benefits appropriately, communicating to the preceptors and Residency Program Director.
- The resident has the responsibility to follow all applicable state and federal pharmacy laws and regulations and to practice Pharmacy in an ethical manner.

The Residency Team is pleased to you have selected us to foster your pharmacy career. We view the residency experience as a partnership and commitment to mutually contribute to the future success of each other and the profession

Appendix C

Resident Weekend Progress Report

Resident: _____

Pharmacist Completing Report: _____

Date: _____

Please rate the resident by circling the rating:

Key: NI = Needs Improvement SP = Satisfactory Progress ACH = Achieved NA= Not Applicable

Satisfactory Progress means the resident is adequate, but still requires some guidance. Achieved indicates that the resident is able to perform that task without assistance.

1. This resident reports to pharmacy on time each day.	NI	SP	ACH	
2. The resident is aware of his/her responsibilities in pharmacy.	NI	SP	ACH	
3. The resident is able to effectively manage anticoagulation.	NI	SP	ACH	
4. The resident is able to effectively manage pharmacokinetics.	NI	SP	ACH	
5. The resident is able to assist in the outpatient pharmacy.	NI	SP	ACH	NA
6. The resident is able to perform duties at an acceptable pace.	NI	SP	ACH	
7. The resident is able to perform duties with minimal assistance.	NI	SP	ACH	
8. The resident enjoys work/ good attitude/team player.	NI	SP	ACH	
9. The resident does not leave w/o completing all needed duties.	NI	SP	ACH	
10. The resident treats coworkers with respect.	NI	SP	ACH	

* Refer to Crosswalk to determine the respective residency goals covered by each evaluation point.

Areas the resident did well:

Areas Resident could focus effort to improve skills:

Please return form to Residency Program Director. Results will be aggregated and included in resident feedback. All feedback provided will be kept confidential.

Crosswalk of Weekend Staffing Evaluation to Respective Residency Program Goals

	PGY1	PGY2 ID	PGY2 IM	PGY2 MUS	PGY2 Psych
1. This resident reports to pharmacy on time each day.	R3.1	R 2.2	R4.3	R1.1	R3.1.3 R3.1.4
2. The resident is aware of his/her responsibilities in pharmacy.	R3.1, R3.2.4	R 2.2, 6.3	R2.2, R4.3	R1.1	R3.1.4
3. The resident is able to effectively manage anticoagulation.	R1.1, R1.2	R2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R 2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R4.1, R4.2, R4.5	R2.4.1 R2.4.2 R2.6.1 R2.6.2
4. The resident is able to effectively manage pharmacokinetics.	R1.1	R2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R 2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R4.1, R4.2, R4.5	R2.4.1 R2.4.2 R2.6.1 R2.6.2
5. The resident is able to assist in the outpatient pharmacy.	R1.1, R1.3	R2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R 2.2, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12	R4.1, R4.2, R4.5	R3.1.4 R3.2.1 R3.2.2
6. The resident is able to perform duties at an acceptable pace.	R3.2.4	R 2.2	R2.2, R4.1, R4.3	R1.1	R3.1.1 R3.1.4
7. The resident is able to perform duties with minimal assistance.	R3.2.4	R 2.2	R2.2, R4.1, R4.3	R1.1	R3.1.1 R3.1.4
8. The resident enjoys work/ good attitude/team player.	R3.1	R 6.3	R2.1	R1.1	R3.1.4 R3.2.1 R3.2.2
9. The resident does not leave w/o completing all needed duties.	R3.2.4	R 6.3	R4.1, R4.3	R1.1	R3.1.4
10. The resident treats coworkers with respect.	R3.1	R 6.3	R2.1	R1.1	R3.1.4 R3.2.1 R3.2.2

Appendix D

PHCL 2

April 29th, 2015

Pharmacy Resident Candidate Qualifications and Selection Process

Purpose: To establish the minimum qualifications to be considered for the PGY1 and PGY2 Pharmacy Residency Programs. To specify method by which candidates are selected for the ZVAMC Pharmacy Residency Programs.

Definitions:

- **ACPE** – Accreditation Council for Pharmacy Education
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **PhORCAS** - Pharmacy Online Residency Centralized Application Service
- **RMP** – Residency Matching Program, “The Match”
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

Policy:

1. ZVAMC incorporates an Early Commitment Process, whereby the position of the PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety specialty residency programs can be committed to a current ZVAMC PGY1 resident in advance of the matching process. Please refer to PH CL 7 – PGY2 Early Commit Policy for full details of that process.
2. All candidates for ZVAMC residency programs must be enrolled in (with anticipated graduation) prior to the start of the residency (PGY1) or graduates of a Pharmacy College accredited by ACPE.
3. Resident candidates must be US citizens.
4. The ZVAMC Residency Programs will participate in the PhORCAS, unless the Early Commitment Process is utilized.

Procedure:

1. For the first round, all resident candidates must participate in the RMP, when the program is participating in the RMP. The ZVAMC Pharmacy Residency Programs abide by all terms and conditions of the RMP.
2. All resident candidates must submit the following materials to be considered:
 - a. Letter of Intent
 - b. Transcripts from College of Pharmacy
 - c. Curriculum Vitae
3. Via PhORCAS (for programs participating in the RMP), three individuals will serve as references on behalf of PGY1 candidates. A letter may accompany the PhORCAS submission, but is not required.
4. PGY2 candidates have additional requirements:
 - a. All candidates for the ZVAMC PGY2 programs must have successfully completed an American Society of Health-Systems Pharmacists (ASHP) accredited PGY1 Pharmacy Practice Residency or equivalent experience. If the candidate is in the process of completing a PGY1 program, successful completion will be required as part of the terms and conditions upon acceptance into the PGY2 program.
 - b. Candidates must be licensed to practice pharmacy in any state
5. Resident candidates must participate in an on-site interview to be considered for the ZVAMC residency programs.

6. Candidates will be screened to offer onsite interviews. Considerations will include writing skills, Letters of Recommendation (if applicable), grade point average, leadership activities, pharmacy experience, VA experience, and if applicable, phone interview performance.
7. Following the onsite interview, preceptors will assign a numeric score to each resident based on the application materials and onsite interview performance.
8. Preceptors and current residents will meet to discuss the numeric ranking of candidates. During this process adjustments may be made to the rank order list. Discussion will also take place to determine if any resident candidates should be omitted from the rank order list.
9. The RPD will submit the rank order list to the RMP, unless the Early Commit Process is used.
10. The RPD is responsible for contacting candidate(s) matched within 5 business days of the match results being released.
11. In the event vacancies remain after the match process, the RPD or their designee will contact unmatched candidates from the rank process or other interested parties. If the candidate did not previously interview at the facility, the same application materials and interview would be required.

Lindsey Ladell, PharmD, BCPS
 PGY2 Medication Use Safety
 Residency Director

Claire Dysart, PharmD, BCPS
 PGY2 Infectious Disease
 Residency Director

Matthew Haas, PharmD, BCPP, BCPS
 PGY2 Psychiatry
 Residency Director

Jennifer Koch, PharmD, BCPS, CGP
 PGY2 Internal Medicine
 Residency Director

Angela C. Paniagua, PharmD, BCPS, CGP
 PGY1- Practice Residency Director
 Pharmacy Clinical Manager

Brian Holtebeck, PharmD
 PGY1 – Community Residency Director
 CBOC Pharmacy Manager

Rick Purko, RPh
 Pharmacy Division Manager

References:

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.
- National Resident Match Program. Available at: <http://www.nrmp.org>.
- Pharmacy Online Residency Centralized Application Service. Available at: <https://portal.phorcas.org/>.
- PH CL 7 – PGY2 Early Commit Policy. Dated April 29th, 2015.

Review Date: April 29th, 2018

Rescission: Pharmacy PGY1 Resident Candidate Qualifications and Selection Process, dated April 4th, 2014.

**Clement J Zablocki VA Medical Center
Pharmacy Program
Post Graduate Year Two (PGY2) Early Commitment Policy**

- I. Policy:
 - A. The Zablocki VA incorporates an Early Commitment Process, whereby the position of the PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety specialty residency programs can be committed to a current PGY1 resident at ZVAMC in advance of the matching process.
 - B. Both the Post Graduate Year One (PGY1) and PGY2 residencies will be continuous years of employment within the Zablocki VA.
 - C. Once the residency program offers the appointment to the resident and the resident agrees to accept the appointment, the residency program and the resident acknowledge that this appointment will be contingent on the resident satisfying all PGY1 residency program requirements.
- II. Procedure:
 - A. The Residency Program Director (RPD) will provide to interested candidates residency and program information related to eligibility requirements for the PGY2 program as well as general information pertaining to clinical training. The Residency Manual of the PGY2 program will be available to the interested candidate which includes the requirements for successful completion of the residency program.
 - B. Interested PGY1 residents must submit the following to the respective RPD no later than the last Friday in November:
 - 1. Letter of intent
 - 2. Curriculum vitae
 - C. All interested PGY1 residents will be interviewed by the respective RPD and PGY2 preceptors.
 - a. Application materials, career goals, professionalism, leadership skills, verbal communication skills, written communication skills, and initiative/enthusiasm will be used to evaluate each resident. If more than one PGY1 resident applies to the PGY2 program, a numeric score will be assigned to each resident based on previously mentioned criteria.
 - b. The PGY2 Residency Program Director, Preceptors and the current PGY2 resident (if applicable) will meet to discuss the candidates to determine which candidate(s) is the best fit for the program. That chosen candidate will then be formally offered the position.
 - c. If no candidate is deemed appropriate, the program will participate in the Residency Match Program.
 - D. Once the position of the PGY2 residency is offered and accepted, the American Society of Health-System Pharmacists Resident Matching Program Letter of Agreement form will be

signed by the resident and RPD and returned to the National Matching Program by the third Friday in December. By signing this agreement it is understood that:

1. The resident will not make any commitments to or contracts with any other program for PGY2 training beginning the following year. If the resident has already registered for the Match, the resident agrees to be withdrawn from the Match.
2. The residency program agrees to have the position withdrawn from the Match.
3. The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.

Lindsey Ladell, PharmD, BCPS
PGY2 Medication Use Safety
Residency Director

Claire Dysart, PharmD, BCPS
PGY2 Infectious Disease
Residency Director

Matthew Haas, PharmD, BCPP, BCPS
PGY2 Psychiatry
Residency Director

Jennifer Koch, PharmD, BCPS, CGP
PGY2 Internal Medicine
Residency Director

Angela C. Paniagua, PharmD, BCPS, CGP
PGY1- Practice Residency Director
Pharmacy Clinical Manager

Brian Holtebeck, PharmD
PGY1 – Community Residency Director
CBOC Pharmacy Manager

Rick Purko, RPh
Pharmacy Division Manager

References:

- National Matching Service Rules. Available at: <http://www.natmatch.com/ashprmp/aboutecp.html> .
- American Society of Health Systems Pharmacists. Available at www.ashp.org.

Review Date: April 29th, 2018.

Rescission: PH CL 7 PGY2 Early Commitment Policy, dated April 4th, 2014.

Pharmacy Resident Grievance Process, Disciplinary Action, & Dismissal Policy

Purpose: To establish policy and procedures related to need for the grievance process, disciplinary action and procedures for dismissal of a Pharmacy Resident at the Clement J. Zablocki VA Medical Center (ZVAMC). This policy encompasses both the PGY1 program as well as the PGY2 programs.

Definitions:

- **ACPE** – Accreditation Council for Pharmacy Education
- **ASHP** – American Society of Health Systems Pharmacists
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **Residency Advisory Committee** – Committee comprised of the PGY1 and PGY2 Residency Program Directors, the Pharmacy Division Manager and other appointed preceptors of the PGY1 and PGY2 programs.
- **WOC** – Without Compensation
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

Policy:

1. Residents are employees of the Medical Center. As such they are subject to all rules and regulations pertaining to personnel of the Medical Center. In addition, they are also subject to the requirements of the residency program.
2. Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Program and University policies and procedures. Residents are also expected to meet the standards for “minimum expected level of performance” for all performance elements to receive a residency certificate.
3. It is not expected that any grievance or disciplinary actions will be needed during the residency. However, criteria have been established to outline the course of action that will be taken if a resident displays unprofessional conduct or unacceptable performance. Each resident and preceptor is expected to perform in an exemplary manner. Please also refer to the Resident's Rights and Responsibilities.
4. Grievance Process
 - a. The Residency Preceptors believe that most problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff), as part of the on-going working relationship. Residents are encouraged to first discuss any problems or concerns with their preceptor. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If resident-preceptor discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the resident.
 - b. **Informal mediation:** Either party may request that the Residency Director act as a mediator, or help in selecting a mediator who is agreeable to both the resident and the preceptor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change rotations (or make some other alteration in their learning competencies, goals and objectives) in order to maximize their learning experience. Residents may also initiate a request to change rotations. Changes in rotations must be reviewed and approved by the Residency Director, and must still fulfill all residency requirements.
 - c. **Formal grievances:** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the resident may initiate a formal grievance process by sending a written request for intervention to the Residency Director.

- i. The Residency Director will notify the Pharmacy Division Manager of the grievance, and call a meeting of the Residency Advisory Committee to review the complaint. In the event the resident is a PGY2, the Pharmacy Clinical Manager will also be notified. The resident and preceptor (or other staff) will be notified of the date of the review and be given the opportunity to provide the Residency Advisory Committee with any information regarding the grievance.
- ii. Based upon a review of the grievance and any relevant information, the Residency Advisory Committee will determine the course of action which best promotes the resident's learning experience. This may include recommended changes within the rotation itself, a change in preceptor assignment, or a change in rotation.
- iii. The resident will be informed in writing of the Residency Advisory Committee's decision, and asked to indicate whether they accept or dispute the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Pharmacy Division Manager, who will be familiar with the facts of the grievance review. The Pharmacy Division Manager will render the appeal decision, which will be communicated to all involved parties and to the Residency Advisory Committee.
- iv. In the event that the grievance involves any member of the Residency Advisory Committee (including the respective Residency Director), that member will excuse themselves from serving on the Residency Advisory Committee for issues related to the grievance due to a conflict of interest. A grievance regarding the Residency Director may be submitted directly to the Pharmacy Division Manager for review and resolution in consultation with the Residency Advisory Committee.
- v. Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the employee's direct supervisor (either in Pharmacy or other Division) for appropriate personnel action.

5. Discipline/Dismissal Policy:

- a. Grounds for Discipline/Dismissal: If a resident demonstrates unprofessional conduct or unacceptable performance as defined below disciplinary action will be taken. The definitions are intended to give examples, but are not limited to items listed.
 - i. Unprofessional Conduct: Residents are responsible for participating in the care of patients at ZVAMC as part of a multi-disciplinary team. The residents will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner as to jeopardize patient welfare, the safety of patients and/or staff, or to impair the medical center's ability to provide essential care may be considered for immediate dismissal. This includes, but is not limited to the following:
 - Patient abuse
 - Possession of a firearm, explosives, or other weapon on station
 - Possession of illicit drugs or alcohol on government property
 - Providing false information on application or during an official investigation
 - Abandonment of duty, including but not limited to abuse of annual leave or sick leave
 - Violating VA Medical Center policies and procedures
 - Violating ethics or laws of pharmacy practice

Less serious breaches of conduct, as described in the Employee Handbook, may require disciplinary action. Repeated offenses may lead to suspension (without pay) or dismissal.

Residents are expected to conduct themselves at all times in a professional manner. Lack to do so may also result in disciplinary action.

- ii. Unacceptable performance: If a resident fails to meet the requirements of the residency program, as established by the ASHP Accreditation and as set forth in this residency manual, disciplinary action may be taken. Repeated failure to meet the requirements as established

in this residency manual may lead to suspension (without pay) or dismissal. This includes, but is not limited to the following:

- Repetitive failure to complete assignments
- Being late for clinical assignments
- Providing false information on evaluation forms
- Failure to complete evaluation forms as scheduled
- Failure to develop proficiency in the skills necessary to clinical pharmacy practice
- Failure to receive “Satisfactory Progress” (SP) for evaluation of all competencies, goals and objectives as assigned in the residency manual.
- Inadequate progress on Pharmacy Practice Requirements as defined by the Residency Advisory Committee (PGY1 Programs only)

Residents are expected to have completed all necessary licensure obligations by October 1st. In the event the resident has not attained licensure by this date, the Residency Advisory Committee will review progress towards licensure. If insufficient progress towards licensure is determined by the Residency Advisory Committee this may be grounds for disciplinary action as described below.

- b. The residency program aims to develop advanced professional competence. Conceivably, a resident could be seen as lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the Residency Director or Residency Advisory Committee will help residents identify these areas and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the resident would not get credit for the residency unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the Residency Director at the earliest opportunity in order to allow the maximum time for remedial efforts.
 - c. The normal steps in a disciplinary/dismissal action process are as follows:
 - i. Residents will be given verbal counseling by their primary preceptor or residency director if they fail to adhere to the residency requirements or VA policies and procedures. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved primary preceptor or residency director. This verbal counseling will also be documented in their Residency Training File and their Human Resources trifold by the involved primary preceptor or residency director. The residency director must be informed of the action if they are not directly involved.
 - ii. If a resident fails to correct his/her behavior, the Residency Advisory Committee will meet and decide an appropriate disciplinary action for the resident (such as an additional project, removal from certain activities or working after normal hours, etc.) This action will be documented again in their Residency training file and will be immediately communicated to the Residency Preceptors. No approval is required from the Pharmacy Division Manager if the disciplinary action does not affect patient care services. If the disciplinary action would affect patient care services (e.g. being removed from direct patient care), appropriate service managers/clinical coordinators should be consulted.
 - iii. Unsatisfactory resolution of problems following the above will result in a final termination of the resident from the program. Final termination will be with a consensus of the RPD, Pharmacy Division Manager, and a majority of the Residency Preceptors. Any benefits of compensation will be forfeited. A written notice of termination will be prepared and the resident given a copy. This termination is final and the resident will not be allowed to complete the residency program.
6. **Awarding a residency certificate:** It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any 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 that 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 Residency Program Director, Residency Advisory Committee, the Pharmacy Clinical Manager, and the Pharmacy Division Manager.

- a. In the event the resident fails to comply with the disciplinary action, has unfulfilled practice or residency requirements, fails to complete required evaluation forms of the residency program, or fails to meet the minimum standards for the residency program, a residency certificate will not be awarded.
- b. If requirements are not fulfilled by the end of the resident's employment period, and the Residency Advisory Committee determines that the remaining deficiencies are achievable, the resident may be given the opportunity to complete requirements under a Without Compensation (WOC) appointment. In this case, all requirements would need to be completed within 90 days, and any time spent completing requirements would not result in payment of the resident. If all requirements were then completed to the satisfaction of the Residency Advisory Committee, a residency certificate would then be awarded.

Lindsey, Ladell, PharmD, BCPS
PGY2 Medication Use Safety
Residency Director

Claire Dysart, PharmD, BCPS
PGY2 Infectious Disease
Residency Director

Matthew Haas, PharmD, BCPP, BCPS
PGY2 Psychiatry
Residency Director

Jennifer Koch, PharmD, BCPS, CGP
PGY2 Internal Medicine
Residency Director

Angela C. Paniagua, PharmD, BCPS, CGP
PGY1- Practice Residency Director
Pharmacy Clinical Manager

Brian Holtebeck, PharmD
PGY1 – Community Residency Director
CBOC Pharmacy Manager

Rick Purko, RPh
Pharmacy Division Manager

Rescission – PH CL 3Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy, dated April 4th, 2014.

Review Date: April 29th, 2018

Appendix G

PH CL 10

April 29th, 2015

Clement J Zablocki VA Medical Center Pharmacy Program Criteria for Successful Completion of the Residency Program

Purpose: To establish the criteria for successful completion of the Residency Program. Residents will be awarded a residency certificate if all of the criteria are met.

Definitions:

- **IRB-** Investigational Review Board
- **ASHP-** American Society of Health System Pharmacists

Policy:

The following are required criteria that the resident must meet prior to receiving a residency certificate:

5. The resident must complete a major research or quality improvement project.
6. The resident must submit their project to the IRB and gain approval, unless it is a quality improvement project and is deemed exempt from IRB.
7. The resident must present a poster at the ASHP Mid-Year Clinical Meeting, or other state or national meeting deemed appropriate by the residency director.
8. The resident must present at the Great Lakes Pharmacy Residency Conference. In the event of extenuating circumstances the resident may present at an alternative conference with approval of the residency director.
9. The resident must complete a manuscript for their research project suitable for publication according to ASHP guidelines or other publication format agreed upon by the resident and residency director.
10. For the required Competencies and Goals (as applicable to the individual residency programs), the resident must have $\geq 90\%$ achieved for the residency as determined by the following rubric.
 - a. **Achieved for the Residency:** This designation indicates that the resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required.
 - b. **Achieved:** The resident has fully demonstrated the ability to perform the educational goal or the objective without assistance from preceptor.
 - c. **Satisfactory Progress:** The resident is able to perform the task at a satisfactory level and requires minimal input or help from the preceptor. This applies to an educational goal or objective whose achievement requires skill development during more than one learning experience. In the current learning experience the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.
 - d. **Needs Improvement:** The resident requires consistent help and instruction from the preceptor in order to complete the task. Often times directed questioning in a problem solving manner is required to help the resident finish the task.
11. The resident must complete all practice requirements for the residency.
12. The resident must complete all evaluations in PharmAcademic®.

Lindsey Ladell, PharmD, BCPS
PGY2 Medication Use Safety
Residency Director

Claire Dysart, PharmD, BCPS
PGY2 Infectious Disease
Residency Director

Matthew Haas, PharmD, BCPP, BCPS
PGY2 Psychiatry
Residency Director

Jennifer Koch, PharmD, BCPS, CGP
PGY2 Internal Medicine
Residency Director

Angela C. Paniagua, PharmD, BCPS, CGP
PGY1- Practice Residency Director
Pharmacy Clinical Manager

Brian Holtebeck, PharmD
PGY1 – Community Residency Director
CBOC Pharmacy Manager

Rick Purko, RPh
Pharmacy Division Manager

References:

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.

Rescission – PH CL 10 Criteria for Successful Completion of the Residency Program, dated April 4th, 2014.

Review Date: April 29th, 2018

Appendix I



Concordia University Wisconsin School of Pharmacy (CUWSOP) Preparing Pharmacy Educators Experience (P²E²)

The Concordia University Wisconsin School of Pharmacy (CUWSOP) welcomes interested Milwaukee area PGY1 and PGY2 residents to participate in the P²E² series. P²E² offers residents flexible and valuable opportunities to enhance their teaching skills through academic rotations and additional programming. This experience includes interactions with faculty, didactic online seminars in pedagogy (teaching methods), live seminars preparing participants for understanding and pursuing academic careers, participation in academic-related projects, and lecture and small group teaching of student pharmacists.

Residents will interact with faculty, staff and students at CUWSOP located in Mequon, WI during this experience. The CUWSOP Director of Residencies and Practice Development will provide oversight and coordination for this rotation, working with faculty, staff, residency program directors and residents to facilitate resident learning and schedules based on resident interest, teaching needs at CUWSOP and resident availability. Faculty advisers will be assigned to each resident to provide individual guidance and resident evaluation of performance.

Three structured options for resident involvement have been developed to provide opportunities that match resident interest. These options include;

- Introductory Teaching Experiences
- Advanced Teaching Experiences
- Future Pharmacy Faculty Certificate

A summary of the requirements and benefits of each option are described in the following table. Further details for each rotation option are available in the following pages.

Activities	Rotation Options		
	Introductory Teaching Experiences	Advanced Teaching Experiences	Future Pharmacy Faculty Certificate
Teaching students in lab settings	X	X	At least 12 small group facilitations completed
Delivering lectures to students	Not required	Not required	1 required
Completion of online teaching skills modules	Five modules required for teaching preparation	10 modules required that comprehensively detail teaching methods	10 modules required that comprehensively detail teaching methods
Live full-day Saturday seminar on preparing for academic careers	Not required	Not required	Required
Completion of academic projects (activity design, assessment, etc.)	Not required	Required	Required
Completion of	Not required	Not required	Required

teaching portfolio			
Teaching Certificate Awarded?	No	No	Yes

About Concordia University Wisconsin School of Pharmacy

Concordia University Wisconsin School of Pharmacy (CUWSOP) is located in the suburb of Mequon, Wisconsin, on approximately 200 acres of magnificent Lake Michigan shoreline. It is approximately 15 miles north of downtown Milwaukee. Our location lends itself to tremendous synergy with hospitals, clinics and pharmacies in Southeastern Wisconsin, as well as the remainder of the state – partnering to bring our students high quality clinical experiences.

Concordia’s commitment to health care education can be seen through its nationally recognized programs in nursing, physical therapy and occupational therapy. The pharmacy school is an excellent complement to the existing programs and encourages interdisciplinary approaches to health care education. More information on Concordia University Wisconsin can be found at www.cuw.edu.

Contact Information

For more information, please feel free to contact;

Andrew P. Traynor, Pharm.D., BCPS
 Director of Residencies and Practice Development
 Associate Professor, Department of Pharmacy Practice
 Concordia University Wisconsin School of Pharmacy
andrew.traynor@cuw.edu
 262-243-2782



**Concordia University Wisconsin School of Pharmacy (CUWSOP)
 Preparing Pharmacy Educators Experience (P²E²)
 Learning Experience Options Description Document**

Three structured options for a resident’s academic rotation have been developed to provide opportunities that match resident interest. Careful consideration of each resident’s career goals as they relate to teaching and academia as well as time commitment should be considered in the residents’ choice of rotation option. The options include;

- Introductory Teaching Experiences
- Advanced Teaching Experiences
- Future Pharmacy Faculty Certificate

Each option is described in further detail in the following pages.

Resident Prerequisites

In order to be successful on their academic rotation, residents must possess;

- A curiosity for content that enhances their teaching skills.
- A genuine interest in teaching student pharmacists.
- A commitment to developing excellence in teaching and student learning.
- The ability to engage in self-directed learning.

- Time management skills with the ability to meet deadlines.
- Openness to feedback from students, faculty and staff.
- An ability to openly communicate with students, faculty and staff.
- The ability to be prompt and organized.

Academic Rotation Process Outline

- Promotion of the academic rotation will take place before or during resident site orientation at the discretion of each residency program director. A resident open house will take place annually in July at CUW to provide an onsite overview of the rotation.
- Scheduling will be facilitated by the CUWSOP Director of Residencies and Practice Development, working in conjunction with residency program directors and residents.
- All residents will need to come to campus prior to their first official day of rotation to complete paperwork and obtain an ID badge.
- Academic rotation orientation will take place on the first day of the resident's academic rotation. Residents will not engage in teaching activities on their first day.
- Each resident will work with the CUWSOP Director of Residencies and Practice Development and faculty to facilitate the resident's learning experience.
- Each resident will have access to a computer, phone, internet, work space, refrigerator, microwave and work supplies while on campus.
- Evaluation of resident performance will consist of an initial self-evaluation and interest, goals and experiences form. Each resident will receive formative assessment throughout the rotation and schedule mid-point and final summative evaluations with the CUWSOP Director of Residencies and Practice Development and their faculty mentor.

Appendix J – PGY1 Practice Program Materials

Rotations

The rotation schedule is customized to ensure the resident meets their personal goals and objectives for the residency program. Therefore, for the required rotations, a minimum number of weeks have been established. If desired, the resident may choose a moderate number or maximum number of weeks in each of the required rotations to offer more experience in that area.

Below are the offered rotations and lengths.

	Minimum	Moderate	Maximum
<u>Required rotations</u>			
Cardiology	4	6	8
Critical Care	4	6	8
General Medicine	4	6	8
Infectious Disease	4	6	8
Oncology	4	6	8
Orientation	5		
Project/Midyear	4+1	4+1	4+1
<u>Electives</u>			
Administration	2		4
CHF	3	4	6
Emergency Room	3	4	6
Endocrine	4		6
ER	3	4	6
Geriatrics	3	4	6
Hepatitis C	3	4	6
Medication Safety	3	4	6
Mental Health	3	4	6
Neurology	4		6
Nutrition	2		4
Pharmacoeconomics	2		4
Precepting	4		6
Spinal Cord Injury	3	4	6
Staffing	2	4	6
Teaching certificate @CUW	4		

To fulfill residency requirements for drug information and pharmacy administration, experiences are interspersed throughout the residency year. The resident attends meetings of groups overseeing drug use (Pharmacy, Nutrition, and Therapeutics Council and its associated subcommittees and task forces, Human Studies Committee, Clinical Pharmacy Committee),

Journal Club, and other relevant medical conferences. This is intended to provide a general idea, but based on the resident's prior exposure to areas may be modified to some degree.

Skills Survey and Plan for Development

At the beginning of the Residency Program, the resident will be asked to complete the Skills Survey and Plan for Development.

Longitudinal Experiences

In addition to the assigned rotations, residents will be given the opportunity to participate in clinical pharmacy activities over the longitude of the residency program. There are 2 longitudinal experiences.

Extended care & Spinal Cord Anticoagulation Monitoring / Geriatric Evaluation & Management (GEM) Rounds. All residents participate in the management of warfarin patients for the Extended Care and Spinal Cord Injury areas throughout the year. At the beginning of the residency year, residents will receive training on warfarin monitoring. Incorporated with the training will be the co-management of patients in conjunction with an experienced clinician. After the residents have become competent warfarin providers, and their clinical scopes of practice reflect this, residents will be assigned warfarin patients who they will be responsible for during the residency year and throughout the patients' admission to the specified units. While assigned the patient, the resident will be responsible for all warfarin dosing, lab monitoring, progress note documentation, etc. involved in the anticoagulation of the patient. Any major clinical issues should be addressed by the resident to the Primary Physician in charge of the care of the patient. Please refer to that Learning Experience Description for more details. In addition, the resident assigned to this longitudinal activity will also review the list of inpatients on warfarin that need to be monitored by the Pharmacy service. *Geriatric Evaluation & Management (GEM) Rounds:* The resident that is in charge of overseeing the anticoagulation service for the month will also be responsible for preparing for and attending weekly rounds with the GEM team. The resident should review the patient's medication and CPRS profile prior to the meeting and be prepared to make recommendations to the team in order to improve the pharmacotherapy for each patient being followed by the team.

Pharmacy Administration: Throughout the residency program, the resident will be exposed to pharmacy administration and drug use policy issues. These are incorporated into the residency to make a more true to life experience than devoting a full 4 week block to the activity. Part of the Pharmacy administration experience will include regular meetings with the Pharmacy Program Manager to discuss administrative topics. See the learning experience descriptions for more details. For some of these meetings, it will be required to review policies or other assigned readings prior to the meeting. To ensure the residents are exposed to a variety of administrative tasks and experiences, the residents will complete activities on the Pharmacy Administration Requirements. See Attachment 2. These requirements must be fulfilled prior to completion of the residency.

It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing so with their rotation preceptor, their mentor, or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands needs to be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should determine if and how coverage would need to be re-assigned to other staff.

Practice Requirements

After orientation, the resident is not expected to staff in a dispensing capacity on a regular basis. The resident is not required to work any weekends, holidays, or off-shifts. The resident is also not required to be "on-call" to the Medical staff on off tours.

To ensure that graduates of the Pharmacy Practice Residency Program are still competent practitioners, a set of Pharmacy Practice Requirements has been developed. See Attachment. All activities of this requirement must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The Residency Director will review progress on completion of requirements quarterly. In addition, the resident and the mentor will review progress monthly and document where indicated.

Other required activities

In addition, to the required rotations, residents will be required to facilitate UW Case Presentations for the Ambulatory Care and Acute Care Courses and the UW Discussion seminar sessions. Residents will also spearhead the organization of Pharmacy Week activities. This includes arranging activities for the staff, coordinating a luncheon, and Medical Center publicity of Pharmacy Week. This is a shared activity in which all PGY1 residents should participate.

Chief Resident

While it is the intention of the Program that the residency class functions as a cohesive team, sharing responsibilities of each other and working collaboratively, at times, it would be helpful to have one person who serves as the ultimate bottom line for the residency class.

A Chief Resident role will be explored for the PGY1 Residency Program. The Chief Resident will assist the Residency Program Director in the coordination of all residency activities. Please see Attachment D for a description of expectations.

At the beginning of the Residency Year, the Residency Program Director will review the responsibilities of the Chief Resident. Residents may then choose if they would like to function as the Chief Resident. If four or no residents volunteer, each resident will randomly be assigned one quarter. If 3 residents volunteer, the responsibilities will be restructured so that each resident takes on 4 months. If 2 residents volunteer, each resident will be assigned 2 non-consecutive 3 month periods. If one resident volunteers they will be allowed to be responsible for all 12 months.

UW Responsibilities

PGY1 Residents additional responsibilities in the organization and grading of clerkship students. Students from the University of Wisconsin School of Pharmacy rotate through the VA for 3 different clerkships. Clerkship blocks are either 7 or 8 weeks long.

- 740 – Acute Care Rotation. Students work with Jennifer Koch on acute care wards.
- 741 – Ambulatory Care Rotation. Students are in a retail setting (e.g. CVS, Walgreens) for 4 - ½ days a week, and then come to the VA for ½ day a week. During the ½ day a week they work in different area to see an "advanced practice" of ambulatory care.
- 760 – Specialty Rotations. ZVAMC offers a number of specialty rotations. These include Primary Care, Oncology, Infectious Disease, Cardiology, Critical Care, Mental Health, Spinal Cord Injury, and Geriatrics.

Grading forms, orientation pieces, and other forms for the University of Wisconsin can be found on the corresponding SharePoint page.

Block leaders

The residents will rotate being the block leader for each of the UW rotation blocks. The block leader is not expected to complete necessary activities by him or herself, but will be the point person and the one to coordinate all activities that block.

Orientation to the VA

All students at the VA full time, will be given an orientation to the VA the first day of the block. The orientation will be provided by residents receiving a stipend from the University of Wisconsin.

Case Presentations

All 740 and 741 students must present a case presentation. Case presentations are given over the noon hour using typically the last 2 weeks of the rotation. Case presentation date assignments will be made by the Clinical Manager.

Resident responsibilities for the case presentations include the set-up of the AV equipment, attendance at the case presentations and grading of case presentations. At the conclusion of the case presentation, one resident will collect all evaluation forms, tabulate results and calculate a mean. This mean and the forms will be returned to the students. In addition, all grades will be recorded by evaluator for quality assurance purposes.

Discussion Sessions

All Milwaukee hub students will attend weekly discussion sessions at the VA. Dates and times may vary, based on resident availability.

The first 3-4 weeks of the block will be orientation or presentations to the student. Prior to the session, students may be assigned topics or readings. The final weeks of the block will be project presentations for course 760. Project presentation dates will be assigned by the Clinical Manager. Residents will grade the project presentations and log the grade into the UW grading system.

Residents are responsible for all necessary audio visual equipment set-up.. The weeks with project presentations 2 AV set-ups are required.

Residents are responsible for presenting the discussion materials. The residents do not need to present all material, but are responsible for arranging speakers/activities for all sessions. Residents are responsible for taking student attendance at seminar sessions and logging in the UW grading system.

Clinical inquiry grading

Each 760 Student is required to submit one clinical inquiry for grading. These questions will be divided equally amongst the residents receiving a stipend from the University of Wisconsin. Each information question must be graded according to the University of Wisconsin Evaluation Form. All questions must be graded within 4 business days of receipt. After grading, all student identification will be removed from the document, and it will be saved on the Ph Drug Information server in the appropriate file folder. Residents will log the grade into the UW grading system.

Concordia University and Other Colleges of Pharmacy Responsibilities

All residents are responsible for assisting in the orientation of new students. This includes giving tours and providing CPRS training. Residents will also assist with the Introductory Pharmacy Practice Experiences (IPPEs) for Concordia University students.

Attachment 1

Pharmacy Administration Requirements

Objective	Comments	Evaluated By:	Contact person:
Incumbent attends 1 Pharmacy-Nursing Subcommittee. (Document Date.)	Held monthly on the first Wed of month at 10AM.		Contact Bill Stafford to receive agenda.
Incumbent attends 5 Drug Safety Subcommittee Meetings. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.		Contact Jen Koch to coordinate.
Incumbent completes minutes for at least 1 Drug Safety Subcommittee Meetings. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.		Contact Jen Koch to coordinate.
Incumbent attends one Infection Control Council Meeting. (Document Date).	Held quarterly on first Wed of Aug, Nov, Feb, and May .		Contact Claire Dysart for agenda.
Incumbent attends one Veterans Health Education Council Meeting.	Held monthly on second Wednesday of month at 12:30PM.		Contact Sandy Fetzer for agenda.
Incumbent attends one VISN 12 Formulary Committee Meeting. (Document Date).	Held monthly on third Thurs of most months at 2 PM.		Contact Angie Paniagua for agenda.
Incumbent attends one Human Studies/ Investigational Review Board Meetings.	Held Monday PMs once a month.		Contact Sue Piscitello to coordinate.
Incumbent attends one Health Promotion & Wellness Committee.	Held monthly on second Thursday at noon.		Contact Janel Larew to coordinate.
Incumbent discusses procurement/inventory process.			Contact Dustin Ehster to coordinate.
Incumbent discusses Emergency Management process for Pharmacy.			Contact Dustin Ehster to coordinate.
Incumbent observe 4 drug rep meetings with Rick and/or Angie.			Tuesday PMs.
Incumbent discusses the Medication Use Evaluation (MUE) process.			Date to be arranged with Amy Suss.
Incumbent completes one MUE.			Can be done on any rotation. Contact Amy Suss to coordinate.
Incumbent participates in at least one Joint Commission Tracer activity.			Date to be coordinated with Angie Paniagua

Attachment 2

Pharmacy Practice Requirements

Inpatient Pharmacy

Objective	<u>Date Completed:</u>	<u>Evaluated by:</u>	<u>Consider completing this activity:</u>
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet system.			Orientation
Incumbent becomes familiar with the Auto Replenishment Program.			Orientation
Incumbent completes Heparin Rounds on 10 different days. (Write each date.) May be completed during Weekend Dual appointment activity.			General Medicine
Incumbent completes pharmacokinetics rounds on 10 different days. (Write each date.) May be completed during Weekend Dual appointment activity. Must be for all IP wards, not just NHCUs. PK assessments completed during ID rotation and Critical Care do not count towards this requirement.			Infectious Disease
Incumbent completes Admission assessment for 10 admissions. (Write each patient and last 4 of SSN.) May be completed during Weekend Dual appointment activity.			General Medicine
Completes orientation to the principles of sterile product preparation, including the preparation of Total Parenteral Nutrition and special solutions used in the operating room.			Orientation
Incumbent spends 16 hours with inpatient pharmacists completing orders. (Write each date/block of time.)			Orientation/Geriatrics

Incumbent spends four hours with the Unit dose Technicians. (Write each date/block of time.)			Orientation
Incumbent serves as one of the Discharge Pharmacist for 3 days. (Write each date).			
Incumbent completes 2 Dysphagia consults			
Incumbent is able to check materials for the Code-4 carts.			Orientation
<u>Outpatient Pharmacy</u>			
Incumbent is able to check prescriptions independently.			Orientation
Incumbent is able to fill, document, and label prescriptions accurately.			Orientation
Incumbent is able to finish prescriptions independently.			Orientation
Incumbent spends 12 hours checking outpatient prescriptions. (Write each date/time block.)			Orientation
May be completed during Weekend Dual appointment activity.			
Incumbent spends 4 hours at the dispensing window. (Write each date/time block.)			Orientation
May <u>not</u> be completed during weekend Dual Appointment.			
Incumbent spends a total of 8 hours in the intake area of the Outpatient Pharmacy. (Write each date/time block.)			Orientation
May <u>not</u> be completed during weekend Dual Appointment.			

Other

Objective	Comments	Date Completed	Evaluated By:	Consider completing this activity:
Incumbent documents 10 adverse reactions into the VA ADERS system	Print off report and keep.			Contact Kim Bell to train on VA ADERS.

Incumbent documents a minimum of 2 ADRs that require submission to the FDA MedWatch program	Print off report and keep.			Contact Kim Bell to train on VA ADERS.
Incumbent completes 1 patient newsletter OR writes a patient education pamphlet. The pamphlet must be approved through the Veterans Health Education Council process.				Contact Angie to reserve topic.
Incumbent completes 2 pharmacist newsletters (<i>Secundum Artem</i>).	One edition must be completed by January 1 st .			Contact Angie to reserve topic.
Incumbent presents two Journal Clubs. (Document Dates)	Held the third Wednesday every month.			Contact Steve Kennedy to coordinate dates.
Incumbent spends 4 hours in Investigational/Narcotic Pharmacy. (Document Dates.)				Contact Sue Piscitello to coordinate.
Incumbent presents a minimum of 1 UW seminar session.				
Incumbent attend at least one HIV Treaters meeting				Contact Claire Dysart for details.

Attachment 3 - Chief Resident Responsibilities

The Chief Resident functions as an administrator for the PGY1 Residency group. They serve to coordinate activities, ensure timely completion, and communication. The Chief Resident responsibilities will be split amongst the interested parties in blocks of time. The length one will serve as Chief Resident is dependent on the number of parties interested in accepting this responsibility.

Continuous Responsibilities:

- Communicate with Pharmacy Clinical Manager and Inpatient Supervisor the scheduling for dual appointment weekends.
- Coordinate which residents will be attending meetings for the administrative requirements.
- Keep Residency Calendar up to date on Residency SharePoint site. This should include all meetings the residents will be involved in, topic discussions, case presentations, seminars, teaching certificate programs, weekend dual appointments, etc.
- Coordinate Orientation leaders for student rotations.
- Send reminder e-mails to preceptors regarding student project & case presentations.
- Review daily warfarin lists for Community Living Center
- Reserve needed vehicles for events.
- Check the phone in the resident office for voice mail messages.
- Initiate weekly e-mails for the PGY1 Resident Group.
- Coordinate monthly Resident meeting.

QTR 1 responsibilities (July through September):

- Coordinate Pharmacy week activities with co-residents
- Coordinate ZVAMC City Wide presentation
- Coordinate social outing for preceptors and residents
- Ensure deadlines are met for ASHP posters.
- Coordinate travel, hotel arrangements for ASHP.

QTR 2 responsibilities (October through December):

- Coordinate scheduling for Residency interview lunches, tours, writing samples. (If a resident is on Administrative Rotation, this will be completed by that person.)
- Coordinate scheduling of resident coverage of discharge days.
- Coordinate scheduling of residents to work with IP pharmacist.
- Ensure residents register in ACES for Great Lakes.
- Reserve vehicles for Great Lakes.

QTR 3 responsibilities (January through March):

- Coordinate Annual UW Preceptor Meeting
- Coordinate Great Lakes Practice Sessions
- Ensure Great Lakes Deadlines are met by residents and attending preceptors including Abstracts, Registration, and slide submission.

QTR 4 responsibilities (April through June):

- Arrange for dinner reservations for GLPRC.
- Coordinate an end of the year dinner/outing.
- Coordinate seminar speakers for upcoming academic year.

Appendix K – PGY2 Infectious Disease Pharmacy Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council and its associated subcommittees and task forces; Infection Control Council; Clinical Pharmacy Committee; Journal Club; HIV Treater's meeting; micro rounds; and other relevant medical conferences.

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training.
 - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
 - c. Service policies and procedures
 - d. Computer systems
 - e. Practice experience in a major area(s) (IV room, de-central inpatient)
 - f. Identification of a project
 - g. Assessment of personal goals and needs
2. Antimicrobial Stewardship Program (1 month)
3. Adult inpatient ID consults service (1 month)
4. Hepatitis C Clinic (1 month and longitudinally)
5. Antimicrobial Stewardship Program/Adult inpatient ID consult combined service (5-6 months)
6. Outpatient Parenteral Antimicrobial Therapy clinic (longitudinal, every other Monday afternoon)
7. Outpatient ID clinic (longitudinal, every Tuesday morning)
8. Infectious Diseases Pharmacy Administration which will include antimicrobial drug information and antimicrobial drug use policy (longitudinal)
9. Inpatient hematology/oncology service (1 month)
10. Critical Care (1 month)
11. Microbiology laboratory (2-4 weeks; depending on Laura Lange's schedule)
12. Other longitudinal responsibilities built into core rotations: OPAT program, student ID lecture series, IV to PO conversion program, research project
13. Electives can include General Medicine, Observation at the Wound Clinic, Observation at the FMLH and/or ARCW HIV clinics
14. Miscellaneous such as vacation, meetings, electives, job search (4-6 weeks).

In addition to the required rotations and activities outlined in the manual, the resident will be asked to submit an application for "Trainee" membership to the Society of Infectious Diseases Pharmacist and membership to MAD-ID.

Teaching Responsibilities

The VA offers an infectious diseases clinical rotation for the University of Wisconsin and Drake University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student

evaluations. The resident will attend all case presentations that are given by each student on rotation at the VA. Throughout the residency year, the resident will present the student ID lecture series to all students on rotation at the VA.

Formal Lectures

The resident will be required to give several formal student lectures throughout the year. Below is a tentative lecture schedule:

- UW seminar lectures
 - Summer: Infections in the Adult Hospitalized Patient
 - Fall: Update on Immunizations
 - Winter: HIV Pharmacotherapy
 - Winter: Hepatitis C
- VA Grand Rounds
- Concordia University ID Elective class
 - TBD
- Concordia University 2nd year Pharmacotherapeutics Class
 - Surgical Prophylaxis
 - Hepatitis C
- Concordia University 2nd year Pharmacotherapeutics Lab Class

Teaching certificate

The PGY2 ID resident may choose to participate the University of Wisconsin teaching program. Participation in the CUW teaching program will be considered on a case-by-case basis.

Proposed Schedule for 2015-2016

	July	August	September	October	November	December	January	February	March	April	May	June
PGY2	Orientation	ASP Micro	ID Consults	Elective	Critical Care	ASP & ID Consults	ASP & ID Consults	ASP & ID Consults	ASP & ID Consults	Heme/ONC	ASP & ID Consults	ASP & ID Consults
Student					Husson	Husson	UW	UW	UW			

Appendix L – PGY2 Internal Medicine Pharmacy Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council and its associated subcommittees and task forces; Clinical Pharmacy Committee; Journal Club; and other relevant medical conferences.

1. Orientation: (~4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including procedures, safety, & other training.
 - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
 - c. Service policies and procedures
 - d. Computer systems
 - e. Practice experience in a major area(s) (IV room, de-central inpatient)
 - f. Identification of a project
 - g. Assessment of personal goals and needs
 - h. Clinical training (anticoagulation, pharmacokinetics)
2. General Medicine (5 months)
3. Inpatient Cardiology (1 month)
4. Critical Care (1 month)
5. Inpatient Infectious Diseases (1 month)
6. Electives and/or Concordia Academic Rotation (3 months)
7. Miscellaneous such as vacation, meetings, electives, job search (~4 weeks).
8. Longitudinal responsibilities include: student precepting and medication safety.

Teaching Responsibilities

The VA offers a general medicine clinical rotation for the University of Wisconsin, Midwestern College of Pharmacy, and Drake University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations. Throughout the residency year, the resident will be involved in pharmacy student education.

Formal Lectures

The resident will be required to give several formal student lectures throughout the year. Below is a tentative lecture schedule:

- One UW seminar lecture
- VA Grand Rounds or equivalent experience
- Concordia University of Wisconsin lecture

Teaching certificate

The PGY2 Internal Medicine resident may choose to participate in an optional teaching certificate program through Concordia University Wisconsin School of Pharmacy. The resident must complete the teaching certificate program if they wish to complete the PGY2 Academic Rotation at Concordia.

Attachment

Example Rotation Schedule

Week of:	
7/13/2015	Orientation
7/20/2015	Orientation
7/27/2015	Orientation/IM
8/3/2015	Internal Medicine
8/10/2015	Internal Medicine
8/17/2015	Internal Medicine
8/24/2015	Internal Medicine
8/31/2015	Internal Medicine
9/7/2015	Internal Medicine
9/14/2015	Internal Medicine
9/21/2015	Internal Medicine
9/28/2015	Concordia/Pain (Oct/Nov)
10/5/2015	Concordia/Pain
10/12/2015	Concordia/Pain
10/19/2015	Concordia/Pain
10/26/2015	Concordia/Pain
11/2/2015	Concordia/Pain
11/9/2015	Concordia/Pain
11/16/2015	Concordia/Pain
11/23/2015	Concordia/Pain
11/30/2015	Medication Reconciliation
12/7/2015	Midyear
12/14/2015	Cardiology
12/21/2015	Cardiology
12/28/2015	Cardiology
1/4/2016	Cardiology
1/11/2016	Internal Medicine
1/18/2016	Internal Medicine
1/25/2016	Internal Medicine
2/1/2016	Precepting
2/8/2016	Precepting
2/15/2016	Precepting
2/22/2016	Precepting
2/29/2016	Nephrology
3/7/2016	Nephrology
3/14/2016	Internal Medicine/Precepting
3/21/2016	Internal Medicine/Precepting
3/28/2016	Infectious Diseases (April)
4/4/2016	Infectious Diseases

4/11/2016	Infectious Diseases
4/18/2016	Infectious Diseases
4/25/2016	ID/Critical Care
5/2/2016	Critical Care
5/9/2016	Critical Care
5/16/2016	Critical Care
5/23/2016	Critical Care
5/30/2016	Critical Care
6/6/2016	Step down Elective
6/13/2016	Step down Elective
6/20/2016	Step down Elective
6/27/2016	Precepting/New resident training
7/4/2016	Precepting/New resident training
7/11/2016	Precepting/New resident training

Appendix M – PGY2 Medication Use Safety Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council, Drug Safety Committee, Medication Events Committee, Clinical Pharmacy Committee, Pharmacy Staff Meetings, Journal Clubs, Student Case Presentations, and other relevant medical conferences.

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including procedures, safety, sexual harassment, ethics training.
 - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
 - c. Service policies and procedures
 - d. Computer systems
 - e. Practice experience in a major area(s) (IV room, de-central inpatient)
 - f. Identification of a project
 - g. Assessment of personal goals and needs
2. Informatics (1 month)
3. Medication Safety and Quality Improvement course at Froedtert (1 month)
4. Patient Safety and Quality Improvement (Intensive experience 4-6 weeks, longitudinal 12 month)
5. Administration (4-6 weeks)
6. Drug Safety I and II (longitudinal, 6 months each)
7. Medication Events committee (longitudinal- 12 months)
8. Supply Chain and Drug Shortage Management (1 month)9. Formulary Management (1 month)
10. Internal Medicine (Intensive experience – 2 weeks, longitudinal staffing – 12 month)
11. Informatics (1 month)
12. Chief Resident in Quality and Safety (CRQS) (longitudinal – 12 month)
13. Concordia Teaching Experience (8 weeks- elective rotation)
14. Miscellaneous such as vacation, meetings, electives, job search (~4 weeks)
15. Longitudinal responsibilities include research project and chief resident in quality and safety activities

Teaching Responsibilities

The resident will have involvement precepting pharmacy students and PGY1 residents on medication use evaluations and various safety initiative projects throughout the year. The resident will also have the opportunity to provide seminars to pharmacy students on rotation in the Milwaukee Area.

Formal Presentations

The resident will be required to give several formal student presentations throughout the year. Below are presentations that the resident will be involved in:

- UW seminar lecture
- VA Grand Rounds
- Concordia University School of Pharmacy Phar541: Medication Safety for Health Systems Lecture
- ASHP Midyear Clinical Meeting – Poster Presentation
- Great Lakes Pharmacy Residency Conference

Teaching certificate

The PGY2 Medication Use Safety resident is strongly encouraged to participate the Concordia University Wisconsin School of Pharmacy teaching program.

Attachment

Sample Schedule for 2015-2016

Date	Rotation (Primary)	Rotation (Secondary)	Longitudinal
July 13 - 17	Orientation		Drug Safety 1st Half Medication Events Committee Quality Management CRQS
July 20 - 24	Orientation		
July 27 - 31	Orientation		
Aug 3 - 7	Orientation		
Aug 10 - 14	Quality Management		
Aug 17 - 21	Quality Management		
Aug 24 - 28	AL		
Aug 31 - Sept 4	MCW Course	Internal Medicine (1 day staffing)	
Sept 7 - 11*	MCW Course		
Sept 14 - 18	MCW Course	Internal Medicine (1 day staffing)	
Sept 21 - 25	MCW Course	CRQS Boot camp	
Sept 28 - Oct 2	Internal Medicine	Internal Medicine (1 day staffing)	
Oct 5 - 9	Internal Medicine		
Oct 12 - 16*	Informatics	Internal Medicine (1 day staffing)	
Oct 19 - 23	Informatics		
Oct 26 - 30	Informatics	Internal Medicine (1 day staffing)	
Nov 2 - 6	Informatics		
Nov 9 - 13*	Administration	Internal Medicine (1 day staffing)	
Nov 16 - 20	Administration		
Nov 23 - 27*	Administration	Internal Medicine (1 day staffing)	
Nov 30 - Dec 4	Administration		
Dec 7 - 11	ASHP Midyear		Drug Safety 2nd Half Medication Events Committee Quality Management CRQS
Dec 14 - 18	Quality Management - Med Event		
Dec 21 - 25*	Quality Management - Med Event		
Dec 28 - Jan 1*	Quality Management - Med Event		
Jan 4 - 8	Supply Chain	Internal Medicine (1 day staffing)	
Jan 11 - 15	Supply Chain		
Jan 18 - 22*	Supply Chain	Internal Medicine (1 day staffing)	
Jan 25 - 29	Supply Chain		
Feb 1 - 5	Concordia	Internal Medicine (1 day staffing)	
Feb 15 - 19*	Concordia		
Feb 22 - 26	Concordia	Internal Medicine (1 day staffing)	
Feb 29 - Mar 4	Concordia		
Mar 7 - 11	Concordia	Internal Medicine (1 day staffing)	

Mar 14 - 18	Concordia		
Mar 21 - 25	Concordia	Internal Medicine (1 day staffing)	
Mar 28 - Apr 1*	Concordia		
Apr 4 - 8	Formulary Management	Internal Medicine (1 day staffing)	
Apr 11 - 15	Formulary Management		
Apr 18 - 22	Formulary Management	Internal Medicine (1 day staffing)	
Apr 25 - 29	Great Lakes Residency Conference		
May 2 - 6	Formulary Management	Internal Medicine (1 day staffing)	
May 9 - 13	Longitudinal		
May 16 - 20	Longitudinal	Internal Medicine (1 day staffing)	
May 23 - 27	Longitudinal		
May 30 - Jun 3	Longitudinal	Internal Medicine (1 day staffing)	
June 6 - 10	Longitudinal		
June 13 - 17	Longitudinal	Internal Medicine (1 day staffing)	
June 20 - 24	Longitudinal		
June 27 - July 1	Longitudinal	Internal Medicine (1 day staffing)	
July 4 - 8*	New Resident Training		
July 11 - 14	New Resident Training		

Appendix N – PGY2 Psychiatric Pharmacy Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goals, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council and its associated subcommittees and task forces; Pain Review Board; Pain Steering Committee; Clinical Pharmacy Committee; Journal Club; and other relevant medical conferences.

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training
 - b. Mental Health Division orientation, including general organizational overview, as well as overview of acute care program, outpatient program, and rehabilitation programs
 - c. Overview of Pharmacy department (administration, inpatient, IV room, outpatient, clinical, primary care)
 - d. Service policies and procedures
 - e. Computer systems
 - f. Practice experience in major areas (outpatient pharmacy, IV room, de-central inpatient, Mental Health Residential Rehabilitation Treatment Program)
 - g. Identification of a project
 - h. Assessment of personal goals and needs
2. Acute Inpatient Psychiatry #1 (2 months)
3. Consult/Liaison Psychiatry (2 months)
5. Domiciliary Residential Rehabilitation Treatment Program #1 (2 months)
6. Concordia University Wisconsin - Academic Rotation (2 months)
8. Acute Inpatient Psychiatry #2 (2 months)
9. Domiciliary Residential Rehabilitation Treatment Program #2 (1 month)
10. Primary Care Mental Health Integration (longitudinal, every Wednesday afternoon)
11. Metabolic Syndrome Monitoring Clinic (longitudinal, every Wednesday morning for 4 months)
12. Smoking Cessation Clinic (longitudinal, every Monday afternoon for 2 months)
13. Longitudinal responsibilities include pharmacy administration, student precepting and research project
14. Electives can include Neurology (1 month), Geriatric Psychiatry (1 month), Pain Management Clinic (1 month), Mental Health Urgent Care Clinic (2-4 weeks), or Concordia University Wisconsin - Mental Health Advanced Psychopharmacology elective (longitudinal, every Monday afternoon for 3 months)
16. Miscellaneous such as vacation, meetings, job search (2-4 weeks).

In addition to the required rotations and activities outlined in the manual, the resident will be asked to submit an application for “trial membership” to the College of Psychiatric and Neurologic Pharmacists.

Teaching Responsibilities

The VA offers a mental health clinical rotation for the University of Wisconsin and Drake University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations. Throughout the residency year, the resident will be involved in pharmacy student education.

Formal Presentations

The resident will be required to give several formal presentations throughout the year. Below is a tentative lecture schedule:

- One UW seminar lecture
- Concordia University Wisconsin Pharmacotherapy Class
- Concordia University Wisconsin Mental Health Elective Class
- ASHP Midyear Clinical Meeting – Poster Presentation
- Great Lakes Pharmacy Residency Conference
- CPNP Annual Meeting – Poster Presentation

Teaching certificate

The PGY2 Psych resident is strongly encouraged to participate in the Concordia University Wisconsin specialty emphasis teaching program as part of the Academic Rotation.

Attachment

Example Rotation Schedule for 2015-2016

JULY - Pharmacy Orientation (separate schedule)					
AUGUST					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Acute Inpatient	Acute Inpatient	Metabolic Clinic	Acute Inpatient	Acute Inpatient
PM	Acute Inpatient	Acute Inpatient	PCMHI	Acute Inpatient	Acute Inpatient
SEPTEMBER					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Acute Inpatient	Acute Inpatient	Metabolic Clinic	Acute Inpatient	Acute Inpatient
PM	Acute Inpatient	Acute Inpatient	PCMHI	Acute Inpatient	Acute Inpatient
OCTOBER					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Administrative Time	Concordia	Metabolic Clinic	Concordia	Concordia/ Administrative Time
PM	Smoking Cessation	Concordia	PCMHI	Concordia	Concordia/ Administrative Time
NOVEMBER					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Administrative Time	Concordia	Metabolic Clinic	Concordia	Concordia/ Administrative Time
PM	Smoking Cessation	Concordia	PCMHI	Concordia	Concordia/ Administrative Time
DECEMBER					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Elective	Elective	Elective	Elective	Elective
PM	Elective	Elective	PCMHI	Elective	Elective
JANUARY					

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	DRRTP	DRRTP	DRRTP	DRRTP	DRRTP
PM	C/L Psychiatry	C/L Psychiatry	PCMHI	C/L Psychiatry	C/L Psychiatry

FEBRUARY

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	DRRTP	DRRTP	DRRTP	DRRTP	DRRTP
PM	CUW - MH elective	C/L Psychiatry	PCMHI	C/L Psychiatry	C/L Psychiatry

MARCH

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Acute Inpt	Acute Inpt	Acute Inpt	Acute Inpt	Acute Inpt
PM	CUW - MH elective	Acute Inpt	PCMHI	Acute Inpt	Acute Inpt

APRIL

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Acute Inpt	Acute Inpt	Acute Inpt	Acute Inpt	Acute Inpt
PM	CUW - MH elective	Acute Inpt	PCMHI	Acute Inpt	Acute Inpt

MAY

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	DRRTP	DRRTP	DRRTP	DRRTP	DRRTP
PM	DRRTP	DRRTP	PCMHI	DRRTP	DRRTP

JUNE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Elective	Elective	Elective	Elective	Elective
PM	Elective	Elective	PCMHI	Elective	Elective

Electives: Concordia Mental Health Elective (Monday Afternoon), Pain Management, Geriatric Psych

Appendix O – PGY1 Community Pharmacy Program Materials

Rotations

For the PGY-1 Community Residency, the rotations will each consist of 6 weeks and include:

- Pharmacy Practice
- Pharmoeconomics and Formulary Management
- Three Primary Care rotations (each with a different focus: diabetes, hypertension/MOVE!, lipid management)
- Pharmacy Administration
- One Elective (based upon specialties available at the clinic)
 - Mental Health
 - Oncology
 - Others as HCC services allow

Skills Survey and Plan for Development

At the beginning of the Residency Program, the resident will be asked to complete the Skills Survey and Plan for Development. See Attachment 1.

Longitudinal Activities:

PGY-1 Community residents will receive a panel of 8-10 primary care anticoagulation patients to follow.

Pharmacy Administration: Throughout the residency program, the resident will be exposed to pharmacy administration and drug use policy issues. These are incorporated into the residency throughout the year as well as during the Administration rotation. See the learning experience description for more details. To ensure the residents are exposed to a variety of administrative tasks and experiences, the residents will complete activities on the Pharmacy Administration Requirements. See Attachment 2. These requirements must be fulfilled prior to completion of the residency.

It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing so with their rotation preceptor or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands needs to be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should determine if and how coverage would need to be re-assigned to other staff.

Practice Requirements

After orientation, the resident is not expected to staff in a dispensing capacity on a regular basis. To ensure that graduates of the Community Pharmacy Residency Program are still competent practitioners, a set of Community Pharmacy Practice Requirements has been developed. See Attachment 3. All activities of this requirement must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The Residency Director will review progress on completion of requirements quarterly.

Attachment 1

Community Pharmacy Administration Requirements

Objective	Comments	Date(s) Completed	Evaluated By:	Contact person:
Incumbent attends 5 Drug Safety Subcommittee Meetings. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent completes minutes for at least one Drug Safety Subcommittee Meeting. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent attends one VISN 12 Formulary Committee Meeting. (Document Date).	Held monthly on third Thursday of most months at 2 PM.			Contact Shannon Pace for agenda.
Incumbent attends one Health Promotion & Wellness Committee.	Held monthly on second Thursday at noon.			Contact Janel Larew to coordinate.
Incumbent discusses procurement/inventory process.				Contact Dustin Ehster to coordinate.
Incumbent discusses Emergency Management process for Pharmacy.				Contact Brian Holtebeck to coordinate.
Incumbent observes 2 drug rep meetings with Brian.				Contact Brian Holtebeck to coordinate
Incumbent discusses the Medication Use Evaluation (MUE) process.				Date to be arranged with Shannon Pace.
Incumbent completes one MUE.				Can be done on any rotation. Contact Shannon Pace.
Incumbent participates in at least one Joint Commission Tracer activity.				Date to be coordinated with Brian Holtebeck.
Incumbent will participate in a weekly seminar discussing the ASHP Managing and Leading Text				Dates to be coordinated with Shannon Pace
Incumbent will write formal responses to at least 2 drug information questions.				Can be done on any rotation. Contact Shannon Pace.

Attachment 2

Community Pharmacy Practice Requirements

Inpatient/Outpatient Pharmacy

Inpatient Pharmacy	<u>Date Completed:</u>	<u>Evaluated by:</u>	<u>Consider completing this activity:</u>
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet system.			Orientation
Incumbent becomes familiar with the Auto Replenishment Program.			Orientation
Completes orientation to the principles of sterile product preparation, including the preparation of and special solutions used in the operating room.			Orientation
Incumbent completes 1 Dysphagia consult			Coordinated by Jen K
Incumbent is able to check materials for the Code-4 carts.			Orientation
Incumbent to complete 1 – 2 CLC chart reviews monthly.			Coordinated by Angie

<u>Outpatient Pharmacy</u>			
Incumbent is able to check prescriptions independently.			Orientation
Incumbent is able to fill, document, and label prescriptions accurately.			Orientation
Incumbent is able to finish prescriptions independently.			Orientation
Incumbent is able in ScriptPro to edit a formulary item, able to run a report, able to refill a cell in the Robot.			Orientation
Incumbent is familiar with the counting machines.			Orientation
Incumbent spends 12 hours checking outpatient prescriptions. (Write each date/time block.) These hours will satisfy the orientation block. Additional exposure to this activity will occur during the scheduled rotation.			Orientation
Incumbent is familiar with the dispensing window and knows how to			Orientation

dispense a prescription.			
Incumbent spends a total of 24 hours in the intake area of the Outpatient Pharmacy. These hours will satisfy the orientation block. Additional exposure to this activity will occur during the scheduled rotation.			Orientation

Other

Objective	Comments	Date Completed	Evaluated By:	Consider completing this activity:
Incumbent documents at least 5 adverse reactions into the VA ADERS system per month	Print each report and keep in file.			Contact Shannon Pace to train on VA ADERS.
Incumbent documents a minimum of 2 ADRs that require submission to the FDA MedWatch program	Print each report and keep in file.			Contact Shannon Pace to train on VA ADERS.
Incumbent completes 1 patient newsletter.				Contact Angie to reserve topic.
Incumbent completes 2 pharmacist newsletters (<i>Secundum Artem</i>).	One edition must be completed by Jan 1 st .			Contact Angie to reserve topic.
Incumbent presents two Journal Clubs. (1 local Green Bay presentation and 1 teleconferenced Milwaukee presentation)	Held the third Wednesday of the month at Milwaukee or the third Friday of the month at Green Bay.			Contact Shannon Pace/Steve Kennedy to coordinate dates.
Incumbent presents a minimum of 1 UW seminar session.				Contact Shannon Pace/John Cesar to coordinate.
Incumbent to help facilitate/grade a minimum of 2 seminar sessions.				Contact Shannon Pace/John Cesar to coordinate.
Incumbent will longitudinally follow 8 – 10 anticoagulation patients				Contact Primary Care Pharmacist to coordinate.
Incumbent will longitudinally follow 1 – 2 diabetic patients				Contact Primary Care Pharmacist to coordinate.