Pharmacy PGY-1 Residency Program

The residency program in Postgraduate Year One (PGY-1) Pharmacy conducted by VA Nebraska/Western Iowa Healthcare System, Grand Island is accredited by the American Society of Health-System Pharmacists.

(Established 2005)
Residency Handbook

Purpose Statement
PGY1 pharmacy residency programs build on 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.

Program Competency Areas
- Competency Area R1: Patient Care
- Competency Area R2: Advancing Practice and Improving Patient Care
- Competency Area R3: Leadership and Management
- Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Program Description
The VA Nebraska/Western Iowa Health Care System-Grand Island Division Pharmacy PGY-1 Residency program prepares its graduates for positions as clinical pharmacists in various patient care areas, particularly ambulatory care and geriatrics. Graduates are well equipped to serve as adjunct faculty for colleges of pharmacy, or to pursue Pharmacy PGY-2 residency programs. The Grand Island VA is part of the Nebraska/Western Iowa System which includes the Omaha and Lincoln campuses and surrounding community based outpatient clinics (CBOCs). The Grand Island facility is home to a 30-day Substance Abuse Residency Recovery Treatment Program (SARRTP) and Community Living Center (CLC).

Pharmacy Residents are given the opportunity to practice in various disease states in the outpatient Patient Aligned Care Team (PACT) clinics including: hyperlipidemia, diabetes, smoking cessation, chronic obstructive pulmonary disease, heart failure, thyroid disease, anticoagulation, hypertension, polypharmacy, pain management, and general pharmacy clinics. In the CLC, pharmacy residents gain experience in geriatrics, kinetics, anticoagulation, pain management, palliative and hospice care, infectious disease, diabetes and chronic obstructive pulmonary disease. Pharmacy residents also gain experience in clinical pharmaco-economics and therapeutic conversions, project management, pharmacy practice, education/in-services, pharmacy management, drug-information and medication use evaluation.

Accreditation Standards
This program recognizes the importance of the ASHP standards for the Pharmacy Practice Residency Program. An ASHP residency accreditation team surveyed the site initially in the spring of 2006 and was therefore received ASHP accreditation. The program was reaccredited in 2012 for six years. The reaccreditation site visit took place in November 2017. This program is considered a level PGY1.
Benefits
Residents have several benefits available to them through the Veterans Affairs. Benefits will be outlined by the Human Resources Department. Such benefits include:

- Stipend
- Vacation leave and sick leave (hours are accrued each pay period) – see PHARM-106
- Interview days for VA interviews
- 10 federal holidays off
- Travel stipend for MPRC if available
- On-site exercise room and health program

- Federal Employees Dental and Vision Insurance Program (FEDVIP) - FEDVIP is a voluntary benefits program that provides supplemental dental and vision insurance coverage. You may enroll in dental insurance only, vision insurance only, neither, or both. For more information on the program go to: http://www.opm.gov/insure/DentalVision/index.asp.
- Federal Employees Health Benefits (FEHB) - FEHB is a voluntary health insurance program offered to permanent Federal employees and employees with appointments for more than one year, including pharmacy residents. The program offers coverage under fee-for-service and health maintenance organizations (HMO) plans. For more information on the program go to: http://www.opm.gov/insure/health/index.asp.
- Federal Employees’ Group Life Insurance (FEGLI) – FEGLI is a voluntary term life insurance program offered to permanent Federal employees and employees with appointments for more than one year, including pharmacy residents. The program offers Basic Life, Standard, Additional, and Family Option coverage. For more information on the program go to: http://www.opm.gov/insure/life/index.asp

Resident Responsibilities & Expectations
Professional Conduct
Pharmacy residents are representatives of the Pharmacy always. It is important that high standards of professional conduct are upheld at any time that you are a representative of the Pharmacy, including professional meetings. Residents are expected to conduct themselves in a professional manner consistent with the VA mission, vision and values and in a manner reflecting upon themselves and the VA. Residents are expected to abide by the hospital’s conduct regulations always.

In return, residents can expect fair and considerate treatment, favorable working conditions and a sincere concern on the part of the VA for them as individuals.

Patient Confidentiality
Patient confidentiality is essential. Any discussion of patients' therapies must be conducted privately with concern for the patient and his/her family. Another area of confidentiality that must be maintained is the patient’s medical record (including computerized records). It is critical that employees do not leave a computer terminal open for access by other individuals. All individuals who have access to sensitive information are responsible for:

1) Completing formal privacy training and IT security training upon hire
2) Accessing the minimum necessary data for which they have authorized privileges and on a need-to-know basis in the performance of their official VA duties
3) Protecting an individual’s rights to privacy and ensuring the proper use and disclosure of information
4) Ensuring that individually identifiable information, whether computerized or printed, is secured when work areas are unattended
5) Appropriately safeguarding printed and electronic individually identifiable information
6) Reporting complaints and/or violations of privacy policies or procedures to the Privacy Officer in a timely manner
7) Consulting the Privacy Officer and VHA Handbook 1605.1 for guidance with unfamiliar privacy situations

If you find yourself in a position where patient confidentiality may be compromised, you should remove yourself from the situation. The resident is expected to adhere to HIPAA privacy and security regulations.

**Accountability**
Activities of the residents need to be coordinated with the preceptors for pharmaceutical care to be provided. Residents will gain graduated levels of supervision as they progress throughout the year. By the year’s end, residents are expected to practice independently from the pharmacists, but with input and supervision where appropriate. Utilizing the knowledge, skills, and abilities of the preceptors to become more proficient at pharmacy practice is critical to resident development.

Communication with preceptors, staff pharmacists, and technicians is important to resolve patient-specific problems. If the resident cannot solve a specific problem via routine channels, the preceptor or supervisor should be contacted, including calling a preceptor at home if needed. Residents can assist the Pharmacy Service by asking if the way things are done can be improved. Resident challenges to the staff are an important contribution to our improvement process.

**Professional Attire**
Each resident’s personal appearance contributes to the overall image of the Health Care System as a provider of quality of health care. It is the policy of this Health Care System that personal appearance and grooming will be neat, clean, and appropriate for the professional health care environment to facilitate care and concern for patients, family members, and the public. Residents are expected to wear the appropriate attire in all patient care and public contact areas. Name badges must be worn always with the resident’s name and photograph clearly visible. Any specific problems with attire will be discussed with the Residency Advisory Committee and/or the Residency Program Director.

**Parking**
A parking pass will be provided to each resident allowing them to park in designated areas.

**Badges, Keys, and Pagers**
Residents will receive an identification badge, ProxCard, and the necessary keys. It is the responsibility of the resident to wear his/her badge while at the institution or activities associated with the institution. Additionally, strict accountability of badges, keys and ProxCards must be maintained. All items must be returned when an employee ceases to be employed.
Pharmacy Licensure
All pharmacy residents are required to achieve a pharmacy license in any of the 50 U.S. states or the District of Columbia. It is recommended that residents take the pharmacy board exams prior to the July start date, as delays in licensure will jeopardize progression in residency. If residents are not licensed by the start of the residency program, they may be scheduled into the clinical setting for their first rotation in July, rather than completing Pharmacy Operations. They will then have to complete the Pharmacy Operations rotation once licensed. Any Service Commitment shifts that are missed because of lack of licensure will need to be made up after Pharmacy Operations is completed. All residents must pass the exams and achieve licensure by October 1st. Failure to provide proof of pharmacy licensure by this date will result in dismissal from the residency program.

Attendance
It is the responsibility of the resident to complete all educational activities and service commitments pertaining to the residency program. The resident’s hours will generally be 8am to 4:30pm, however may vary in relation to the requirements of the program and the requirements for extended hour coverage. It is mandatory that the resident be on-site for a minimum of 8 hours per day Monday through Friday. Unexcused absences will not be tolerated and every effort should be made to contact the RPD and current preceptor when an unexpected event arises. Excused absences include annual leave, sick leave, and professional leave.

Leave
Annual leave is earned at the rate of 4 hours every two weeks (~13 days/year) unless otherwise specified. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (i.e., licensure examinations, non-VA job interview) and emergency purposes (i.e., auto repair). It may be used only after it has been earned. Advanced leave is not permitted.

Leave must be requested in advance, preferably two weeks, and approved by the preceptor, RPD and pharmacy manager before being used. Residents cannot be on Annual Leave on the last day of their residency, unless special circumstances arise and approval of the RPD and the RAC have been obtained. Because residents cannot miss more than 25% of a rotation (due to annual, sick leave), those planning vacations greater than one week in length need to schedule the vacation across two rotations.

Request for Annual Leave is carried out by completing the computerized application for leave (i.e. VATAS); after approval by the preceptor and the RPD. As a courtesy, it is the resident's responsibility to directly notify the rotation preceptor(s) prior to taking approved leave. All leave requests are subject to the approval of the RPD and will be acted on considering the resident's ability to complete program requirements. Residents will be paid at the end of the residency for any annual leave that they have not used. If continuing service with the VA, any remaining Annual Leave will follow the resident to the new site.

Sick leave is earned at the rate of 4 hours every two weeks (~13 days/year) and can be used for illness and injury as well as medical, dental, optical, and other medical-related appointments or procedures. Sick leave must be reported as soon as they determine they will not be able to come to work and preferably at or prior to the beginning of their scheduled tour of duty; in any event, not later than two hours thereafter. It is the resident’s responsibility to directly notify the rotation preceptor, and the RPD of the absence via telephone. E-mails and text messages are not allowed. Upon returning to work, a
computerized application for leave must be completed for approval. Residents cannot miss more than 25% of any rotation (due to annual, sick leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If a resident’s request for sick leave exceeds the amount of earned sick leave hours, annual leave will be used. Leave without pay (LWOP) is only granted at the administrative discretion by the Chief of Pharmacy.

Authorized Absence (i.e. leave with pay) is granted to residents who are conducting VA related activities at a location other than VA NWIHC. National/regional conferences and training seminars are two examples that require Authorized Absence. In addition, residents who interview at other VA facilities for PGY2 resident positions or jobs may also be given Authorized Absence, as this activity is of substantial benefit to VHA in accomplishing its general mission (VA HANDBOOK 5011, PART III, Chapter 2). Authorized Absences must be requested in advance, preferably two weeks, by completing a computerized application for leave request. A justification (including city and state of the training) for the AA should be noted in the remarks section. Approval by the Chief of Pharmacy is required.

Extended Leave may be taken on a case-by-case basis during the program for valid reasons. Examples of valid reasons may include family member illness or death, resident or spouse giving birth, resident illness, natural disasters, or other unforeseen events that impact a resident’s capacity or ability to participate in the residency program. Residents must use all earned Annual Leave (AL) before the use of Leave Without Pay (LWOP) is considered. If extended medical or family care leave is required, the RPD will arrange for the program end date to be extended to a time when the resident can meet all program requirements. Opportunity to extend the program with pay will depend on the decision of the VA Central Office regarding extending the funding.

If you are leaving the VA system, every effort needs to be made to assure that all vacation time is utilized by the end of the residency program. As noted, above, unused Annual Leave will be paid out at the end of the residency year. If you are staying within the system for a PGY2 program or a clinical position, vacation days will roll over into your next year per Human Resource policies. As a PGY2 resident, you will need to follow the vacation, professional, and sick leave policy for the individual program. This may mean that you will not be able to take all the vacation days accrued by the end of your second residency program.

**No more than five days of leave (this includes vacation, professional, and sick leave) may be taken during any given rotation.** Effort will be made to accommodate attendance to Midyear Clinical Meeting (MCM) so that this does not count against the five days of leave. Typically the December rotation is extended to accommodate MCM and the holiday season.

**No more than three vacation days may be taken during the last week of the residency program.** Residents are expected to be familiar with and follow PHARM-106 ‘Pharmacy Resident Leave Policy.’

**Conferences**
The VA will grant AA (Authorized Absence) for the following conferences:
- ASHP Midyear Clinical Meeting (MCM)
- Midwest Pharmacy Residency Conference (MPRC)

While attendance at ASHP MCM is optional (as reimbursement cannot be guaranteed), residents are strongly encouraged to help with the recruitment process. ASHP MCM is an opportunity for residents to
provide information to prospective candidates, network with peers, participate in PPS for PGY-2 programs, etc.

Attendance at the Midwest Pharmacy Residency Conference is a requirement of the residency program. MPRC is the avenue for residents to present their final research project for the year.

**Policy Regarding Moonlighting/Duty Hours**
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

*If this moonlighting interferes with the ability of the resident to achieve the goals and objectives of the education program, the Resident will be advised to terminate moonlighting. A tracking method of duty and moonlighting hours will be used and reviewed by the RPD monthly. It is the responsibility of the resident to complete monthly and turn into the RPD. The RAC committee will meet monthly and discuss any issues that have arisen due to moonlighting and together will decide if the resident should stop moonlighting or have moonlighting hours decreased.

**Experience Schedule**
This program will provide a longitudinal experience in various areas of pharmacy practice. There will be a primary emphasis on Ambulatory Care and Geriatrics. In addition, there will be longitudinal pharmacy practice experiences in Drug Information, Professional Growth and Residency Projects. A complete schedule of daily activities and a calendar will be completed with the resident during orientation as a basic guideline to follow for the upcoming residency year. Residents will be responsible for maintaining and updating the calendar throughout the year. Since the program in longitudinal, the resident must become flexible in transitioning from one learning experience to another.

<table>
<thead>
<tr>
<th>Required:</th>
<th>July – 2-week rotation</th>
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<tbody>
<tr>
<td>-Orientation</td>
<td>VA orientation</td>
</tr>
<tr>
<td></td>
<td>Residency orientation with RPD</td>
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<tr>
<td></td>
<td>• Purpose, Residency handbook, Policies/Procedures</td>
</tr>
<tr>
<td></td>
<td>• ASHP Residency Learning System, ASHP Accreditation regulations and standards</td>
</tr>
<tr>
<td></td>
<td>• Learning Experiences, PharmAcademic Review and Evaluations</td>
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<td></td>
<td>• Schedule</td>
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<table>
<thead>
<tr>
<th>Pharmacy Operations Experience</th>
<th>Outpatient and Inpatient Pharmacy Operations (unless otherwise specified)</th>
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<tbody>
<tr>
<td>Rotational Experiences</td>
<td>Clinical Pharmacy Practice (Required)</td>
</tr>
<tr>
<td>4 weeks in length unless otherwise specified</td>
<td>• Ambulatory care clinics: PACT-1, PACT-2, PACT-3</td>
</tr>
<tr>
<td></td>
<td>• Anticoagulation clinic: Anticoag-1, Anticoag-2</td>
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<td></td>
<td>• Sub-Acute/Long-Term Care (Community Living Center) – CLC-1 and CLC-2</td>
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<tr>
<td></td>
<td>• Pharmacy Management</td>
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<tr>
<td></td>
<td><strong>Elective experience – 12 weeks total</strong></td>
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<tr>
<td></td>
<td>Resident may choose up to 12 weeks of elective experiences. Up to 8 weeks may be spent off site.</td>
</tr>
</tbody>
</table>
The opportunity to complete elective learning experiences is contingent upon successful completion of required learning experiences.

**12 weeks of electives** (up to 8 weeks off campus)

**Grand Island**
- Specialty Clinics (2 weeks)
- Anticoagulation-3 (4 weeks)
- SubAcute/Long-term Care (CLC-3) (4 weeks)
- Mental Health / Substance Abuse Treatment Program (4 weeks)
- Rural Ambulatory Care (2-4 weeks)
- HBPC (4 weeks)

**Omaha**
- Inpatient Internal Medicine Service (4 weeks)
- Inpatient Mental Health (2-4 weeks)
- Cardiology Service (inpatient + CHF clinic) (2-4 weeks)

**Lincoln**
- Telepharmacy (2-4 weeks)
- Informatics (2 weeks)
- Pharmacoeconomics (2 weeks)

<table>
<thead>
<tr>
<th>Longitudinal Experiences</th>
<th>Residency Project</th>
<th>Professional Growth / Duty Hour Documentation</th>
<th>Drug Information</th>
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</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Pharmacy Staffing</td>
<td>Professional Growth / Duty Hour Documentation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Drug Information</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Precepting (within PACT and anticoagulation clinics)</td>
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<tr>
<td></td>
<td></td>
<td>• Teaching Certificate (online) – optional</td>
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**Service Commitment (refer to PHARM-104)**
- Pharmacy Staffing as an independently licensed pharmacist (without direct supervision of preceptor) during facility extended hours
  - Will begin after sufficient training and successful completion of Pharmacy Operations
  - Current facility extended hours:
    - Tuesdays 4:00-6:30 (one out of every three)
    - Saturdays 8:00-12:00 (one out of every three)
  - Residents will rotate Tuesdays, working every third week
  - Residents will rotate Saturdays, working every third week
  - Residents will staff the Friday before their Saturday shift

*Extended hours and resident coverage during these hours is subject to change during the residency year*

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<table>
<thead>
<tr>
<th>Learning experience</th>
<th>Duration</th>
<th>Sequence</th>
<th>Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>2 weeks</td>
<td>July Rotation</td>
<td>Bilsland</td>
</tr>
<tr>
<td>Pharmacy Operations</td>
<td>4 weeks</td>
<td>July/August (if licensed)</td>
<td>Baldwin</td>
</tr>
<tr>
<td>Professional Growth / Duty Hour Documentation</td>
<td>12 months</td>
<td>Longitudinal</td>
<td>Bilsland</td>
</tr>
<tr>
<td>Residency Project</td>
<td>12 months</td>
<td>Longitudinal</td>
<td>Bilsland/TBD</td>
</tr>
</tbody>
</table>
### Drug Information

<table>
<thead>
<tr>
<th>Management</th>
<th>12 months</th>
<th>Longitudinal</th>
<th>Bilsrend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Acute/Long-term care (CLC) 1</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>McIntyre</td>
</tr>
<tr>
<td>Sub-Acute/Long-term care (CLC) 2</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Thompson</td>
</tr>
<tr>
<td>Ambulatory Care (PACT) 1</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Heuermann</td>
</tr>
<tr>
<td>Ambulatory Care (PACT) 2</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Carlson</td>
</tr>
<tr>
<td>Ambulatory Care (PACT) 3</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Heuermann</td>
</tr>
<tr>
<td>Anticoagulation 1</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Bilsrend, Bollwitt (primary)</td>
</tr>
<tr>
<td>Anticoagulation 2</td>
<td>4 weeks</td>
<td>Rotation</td>
<td>Bollwitt</td>
</tr>
<tr>
<td>Electives</td>
<td>12 weeks total</td>
<td>Typically, in the spring, however may vary based on the entering goals of the resident</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Timeline

#### July
- Orientation Learning Experience (see calendar)
- Pharmacy Operations Learning Experience (if licensed)
- Begin Rural Health Training Initiative (RHTI) monthly meetings
- Select Residency Project (inverse model)
  - Begin Citi Training
  - Begin with data collection
- Begin Professional Growth Learning Experience
  - Initial Resident Development Plan due

#### August
- Begin Pharmacy Service Commitment
- Begin Drug Information Learning Experience (presentations, newsletters, NWI pt cases/JC, student topic discussions, etc)
- Begin rotational clinical pharmacy experiences

#### September
- Begin teaching certificate course online (optional)
- ASHP poster abstract and submission (if available)

#### October
- Second Quarter Resident Development Plan due
- Continue data collection and begin analysis
- Begin completing non-formulary/restricted drug consults

#### November
- Complete data analysis and begin working on manuscript
- Create poster for ASHP Mid-Year (as available)
- Recruiting events with RPD (as available)

#### December
• ASHP MCM
  o Poster presentation (as available)
• FINAL manuscript due if completing reverse order projects
• MPRC slides due if completing reverse order projects

January
• Third Quarter Resident Development Plan due
• Help with next year’s residency candidate application reviews (as available); begin interviews
• Choose DUE/MUE, based on availability from FAT an P&T as available
• Selection of second residency project

February
• RRAB for second project
• Abstract *DUE* for Midwest Pharmacy Residency Conference (MPRC)
• Participate in residency interviews and rank order meeting

March
• Begin work on protocol for second project
• Prepare project for MPRC

April
• Fourth Quarter Resident Development Plan due
• NWI Pharmacists Retreat
  o Lecture (if available)
  o Poster Presentation on residency project
• Practice presentations for MPRC
• Project
  o Begin draft of project manuscript if traditional order project
  o Protocol due if reverse order

May
• Residency Project Presentation at MPRC (PowerPoint)

June
• Annual GIVA residency retreat (two days)
• Submit teaching portfolio (if completing optional certificate course)

Goals and Objectives

Competency Area R1: Patient Care
• Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
• Goal R1.2: Ensure continuity of care during patient transitions between care settings.
• Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
Competency Area R2: Advancing Practice and Improving Patient Care
- Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.

Competency Area R3: Leadership and Management
- Goal R3.1: Demonstrate leadership skills.
- Goal R3.2: Demonstrate management skills.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge
- Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
- Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Feedback and Evaluations
ASHP has assisted Pharmacy PGY-1 Residency programs by developing a set of goals and objectives. The goals and objectives are separated into four required competency areas: Patient Care, Advancing Practice and Improving Patient Care, Leadership and Management, and Teaching, Education, and Dissemination of Knowledge. Each education goal includes a broad statement of abilities, while the educational objectives are observable, measurable statements describing what residents will be able to do because of participating in the residency program. It is critical that residents review these goals since they are the basis of the residency training experience. The goals are followed by criteria that may have several components. The criteria contain specific, qualitative comments that describe competent performance for each objective. Residents should review the criteria as a marker of reaching the objective, to improve clinical skills. The goals and objectives form the basis of each evaluation period.

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives

At the beginning of every resident’s experience, he/she needs to review (with the preceptor) his/her goals and objectives that are established and any specific plans for the resident during that the learning experience. The preceptor needs to discuss with the resident the plans for the experience to maximize the learning opportunity. Residents and preceptors will document this discussion by signing the learning experience and indicating the date.

The Goals and Objectives form the basis for feedback and evaluation. Feedback and evaluations are essential components of residency training. It is important to differentiate the two.

Feedback is given at short intervals to provide the resident with an ongoing assessment of individual tasks, patients, and problem solving exercises (e.g., having progress notes co-signed). Frequent feedback should be expected from the preceptor while completing various experiences. The resident should ask the preceptor for feedback on a regular basis.
Evaluations are a summation of skill development over a longer time interval and should reflect the feedback provided during the time period. The purposes of evaluation are to provide the resident with an assessment of progress in the various experiences and to make recommendations for improvement in practice. Prior to each experience residents should review the evaluation form to understand the expectations. If additional objectives are needed or desired, they should be considered prior to start or early in the learning experience. The evaluation is intended to review the progress made over the course of the learning experience.

When self-evaluations are assigned, residents should sign off on their evaluations so preceptors may review prior to face-to-face discussion. (Once the preceptor and the resident have completed evaluations, they will be discussed face-to-face). After discussion, the preceptor will sign the summative evaluation of the resident in PharmAcademic, noting the date of the discussion and that it was done in a face-to-face review. Areas of improvement will be reviewed and deficiencies and/or disciplinary actions that are needed will be addressed per the discipline policy.

Additionally, each resident will be asked to give an honest appraisal of the preceptor and the rotation. Residents are expected to provide preceptors with constructive assessment of precepting skills, as well as the design of the learning experience.

Summative evaluations will be completed quarterly for longitudinal experiences and at the end of each extended learning experience.

The completed evaluations will then be sent to Residency Program Director for review and signature. Evaluations that are incomplete or that are not criteria-based will be returned to residents to amend.

Overall Assessment Strategy

Preceptor Evaluation of Resident

1. Preceptors will provide appropriate orientation to the learning experience on or before the first day of the start of that experience. Preceptors will cover the education goals and objectives selected for that experience, learning activities, expectations, schedule (if appropriate) and evaluation schedule.

2. Preceptors will give continuous criteria-based feedback, most often verbally, but formative feedback is also encouraged (snapshots, drafts of projects, newsletters, presentations, monographs, MUE's, patient cases, notes, etc).

3. Any written formative feedback should be placed in the resident’s binder for review at summative evaluations.

4. Summative evaluations should be completed no later than 5 working days of the scheduled evaluation (10 working days for longitudinal rotations). They must be discussed between the resident and preceptor in person. This face-to-face discussion must be documented in PharmAcademic in the comments section at the end of each evaluation.

   a. If this is not documented when RPD co-signs the evaluation, the RPD will contact both the preceptor and resident to confirm the date of the face-to-face evaluation. The RPD will then enter this date in the comments section of the PharmAcademic Evaluation.

5. Any evaluation completed in PharmAcademic will be completed independently of the resident's summative self-evaluation.

6. Preceptors will use the following rating scale when completing summative evaluations:
1. Functioning at the level of a pharmacy student. Further description: Resident may be at this level for orientation rotation and the start of the rotation, if limited previous exposure to ambulatory care/long-term care, however would not want them in this range for long. This area would be detrimental to the resident and the program if significant improvements are not made. The preceptor, resident, and residency director must make coordinated plans to ensure that this area is improved quickly.

*Unable to perform tasks or complete assignments. The resident lacks understanding of basic concepts. Requires extensive remedial training to achieve competency. Displays inappropriate and/or unethical behavior. Resident will require remediation in the rotation. Action: The preceptor should document with a snapshot evaluation as soon as possible and discuss with the resident. Snapshot or mid-point evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target “satisfactory progress” (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions to ensure that this area is improved immediately.*

2. Resident needs significant guidance from preceptor (direct instruction); clinical work requiring regular preceptor review/intervention. Further Description: The resident should improve skills in order to appropriately handle the situation. This area constitutes a weakness that should be improved within a few months.

*Needs intervention to complete tasks. Unable to work independently. The resident has limited ability to perform the listed function and is not fully competent. Resident will require remediation in the rotation in order to demonstrate sufficient progress. Action: The preceptor should document a snapshot evaluation as soon as possible and discuss with the resident. Snapshot or mid-point evaluations that include a rating of 2 must include a documented action plan in PharmAcademic that will target “satisfactory progress” (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.*

3. Resident needing some guidance from preceptor (modeling/coaching), clinical work requiring some preceptor review/intervention. Further Description: Demonstrates a sufficient range of skills for handling the situation, providing the desired outcome. This should be considered a satisfactory outcome.

*Frequently completes tasks with little or no intervention. Displays ability to work with minimal supervision. Performs within expectations with an acceptable degree of competence. Level is acceptable early on in the year, however expect improvement in more complex rotations.*

4. Functioning with some autonomy, needing minimal guidance from preceptor (facilitating); clinical work requiring little preceptor review. Further Description: Demonstrates the full range of skills appropriate for handling a situation, providing an ideal outcome. *(Achieved for residency)*

*Completes tasks with little or no intervention. Often displays ability to work with unsupervised. Performs within expectations with a high degree of competence.*

5. Functioning similarly to 1st year clinical pharmacist with a high level of autonomy and skills leading to self-directed learning. Further description: Demonstrates an exemplary skill set, showing a particularly sophisticated approach to handling the situation. The preceptor needs to give very little corrective actions, although the resident may still ask for input from preceptors.

*Exceeds expectations. Consistently displays ability to work unsupervised. The resident can perform the listed function independently with a high degree of competence.*
7. Narrative comments should be criteria-based and objective. Comments should be qualitative, not just quantitative.

8. RPD will review and co-sign the evaluations in PharmAcademic.

9. The incoming preceptor should review the last evaluation in PharmAcademic before the start of the resident into his/her learning experience to help focus on learning activities that will help the resident improve their work.

10. The Residency Advisory Committee (RAC) will meet monthly to discuss resident progress on goals and objectives, and changes that need to occur in the overall individual residency plan.

11. At the end of the residency year, the RAC will meet to consider attainment by each resident of the overall programs educational goals/objectives.

**Resident Self-Evaluation**

1. If assigned a self-evaluation, the resident will complete it independently of the preceptor's summative evaluation. Residents should sign the self-evaluation so the preceptor may review prior to face to face evaluation. Should discrepancies be noted, the preceptor will send the evaluation back and the resident will need to provide further self-reflection. Summative evaluations should be completed within _5 working days_ of the scheduled evaluation (10 working days for longitudinal rotations).

2. Residents will use the same rating scale as preceptors.

3. Narrative comments should be used where areas are marked “1-2”

4. Comments should reflect the quality of work and level of independence gained.

5. At the end of the residency year, the residents will be provided with an end of the year self-assessment to complete prior to completion of the program.

6. The RPD will review the evaluations. If evaluations are not qualitative in nature or are not well-matched to preceptor’s evaluation, the RPD will send back for further edits.

**Resident Evaluation of Preceptor and Learning Experience**

1. Resident will complete each evaluation no later than _5 working days_ of the scheduled evaluation (10 working days for longitudinal rotations).

2. Completed evaluations will be discussed with the preceptor and the date of the discussion will be documented in PharmAcademic.

3. The RPD will review the evaluations.

**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 remediation is insufficient, the residency certificate will not be issued. This determination will be made jointly by the resident, RPD, RAC, and the Chief of Pharmacy.

Residency Certificate Minimum Requirements:

1. Twelve (12) months of full time experience
2. The resident must be present for at least 75% of required rotation days, unless there are extenuating circumstances. If the resident misses more than 25% (for reasons other than attending interviews for future jobs / PGY2s) in one rotation, the resident may be required to complete additional time on that rotation. This additional time may be added to the time of the 12-month residency commitment period or be taken away from elective rotation times, as determined by the RPD and preceptor.
3. Completion of all management projects
4. Completion of all Rural Health Training Initiative (RHTI) assignments
5. Completion of all Drug Information projects and presentations
6. Residency Project completion, including:
   a. Poster presentation at pharmacist retreat (as available)
   b. PowerPoint presentation at MPRC
   c. Written manuscript
7. At least 90% of the goals/objectives marked as achieved for residency (AchR = 4)
   a. Residents must achieve all the objectives of a goal before it will be the goal will be marked as AChR
8. Completion of all summative, learning, and preceptor evaluations

Disciplinary Actions
It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or inferior performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, abuse of annual and/or sick leave, violating VA policies and procedures, patient abuse, and violating ethics or laws of pharmacy practice.

Residents who are struggling with the clinical expectations of a rotation may be given a remediation timeframe to improve on their abilities. Residents will be permitted to remediate for an additional four-week rotation if needed.

- Residents are permitted up to two remediation periods for separate rotations, but may not fail any single rotation more than once. If they are unable to meet the expectations after the remediation period, or the resident requires remediation in more than two rotations, the RPD will recommend dismissal from the program in accordance with the PHARM-105 policy.

- For longitudinal rotations, residents will be permitted a four-week period for remediation and corrective action. If unable to meet the expectations of the longitudinal experience after the remediation period, the RPD will recommend dismissal from the program in accordance with the PHARM-105 policy.
Refer to the Discipline policy, PHARM-105.

**Resident Files/Binder Guidelines**

The RPD will keep an electronic file of your residency achievements and progress throughout the residency year. However, your residency binder should also be kept neat and orderly. Dividers should be utilized to maintain organization. At the end of each quarter during your individualized development plan, please insure that your binder is up to date – it will be used as part of your evaluation. Residents will be responsible for including all forms of ‘formative’ feedback given throughout the year, including draft version of presentation, notes from CPRS, etc. Final version of all projects/presentations should be uploaded (by each resident) to your electronic file in PharmAcademic, as well as submitted to RPD.

- Please note, any patient identifiers must be removed.

**Orientation/Operations**
- Handbook
- Orientation LE
  - Calendar
  - Policy Sign off
  - Orientation checklist
- Pharmacist Specific Job Training Check Off
- Pharmacy Operations LE
  - Formulary Preferred list
  - Formulary Process
  - Looking up Meds in Vista
  - Duty Sheet

**Research**
- Residency Project LE
- RRAB schedule
- Manuscript format
- Documents:
  - Copy of Citi training certificate
  - IRB forms or non-research forms
  - Draft and final protocols
  - Data analysis
  - Abstract drafts and final version
  - MPRC abstract and presentation drafts / final version
  - Copy of manuscript drafts and final version

**Drug Information**
- Drug Information LE
- PowerPoint Pet Peeves
- Journal Club
  - Schedule
  - Template
  - Ideas for analysis
- Print out articles and write ups completed
  - Presentations
    - Include all drafts with feedback
  - Newsletters
    - Schedule
      - Copies of drafts and final version
      - Copy of feedback given to other residents when acting as ‘Peer Review’
    - Clinical Pearls
      - Copies of draft and final version
      - Formative feedback given by preceptors
  - Nursing Presentation
    - Copies of draft and final version
    - Formative feedback given by nursing staff or preceptors
  - Patient Forums
    - Formative feedback from preceptors or patients
    - Copies of draft and final presentation/handout given to patients
  - Teaching Certificate assignments if participating
  - MUE
    - Timeline
    - Template
    - Proposal, data, results and final document

Management
- Management LE
- Drafts and final copies of any agendas or schedules
- Drafts and final versions of any management projects

PACT
- DI write up template
  - Printed copies of DI requests completed
  - Include any comments from preceptors or requestor
- Copies of student lectures, including comments from preceptors
- Any student evaluations or written feedback on precepting

Anticoagulation
- Anticoagulation LE
- Copy of lecture given to students, including drafts if applicable

CLC
- CLC LE
- Formative feedback on notes

Professional Growth
- Professional Growth LE
- Duty Hour record form – Blank
  - Duty hours should be completed in PharmAcademic
- Performance Appraisal
- RHTI projects
- Copies of customized training plans

Electives
- Respective LE
- Formative feedback on notes
- Any projects completed (plus formative feedback on drafts)

**The Residency Advisory Committee has the right to make changes to the program structure as they see fit after the annual residency retreat held in the Spring prior to the start of the new residency year. Any changes will be discussed with the oncoming residents during orientation***

UPDATED August 23, 2018
I, ______________________________ have read and understand the residency handbook and its contents, terms and conditions as related to me and my participation and completion of this residency program at the Grand Island VA. I accept the match results and will begin my 12-month long residency training on July 1st, 2019 at the Grand Island VA.

___________________________________  ______________________________
Resident signature and date    RPD signature and date

Mail back this page signed and dated by May 12, 2019

Lisa Bilsland, Pharm.D., BCACP
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