

# **PHARMACY PRACTICE RESIDENCY MANUAL**

**2015-2016**

**VETERANS AFFAIRS MEDICAL CENTER**

**MARTINSBURG, WV**



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Dear Residents:

The purpose of the Residency Manual is to provide general information on policies, procedures, benefits, and other information that may be helpful towards the completion of your residency. Please read this manual and keep it for further reference.

If you have any questions regarding this manual, please address them with me.

Please be aware that policies and procedures may be revised at any time, when deemed appropriate. Residents will be informed of any changes.

Best wishes for a successful and rewarding residency year!

Sincerely,

Sarah Mickanis, PharmD, BCPS  
Clinical Pharmacy Specialist  
Residency Program Coordinator  
Veterans Affairs Medical Center  
Martinsburg, WV

## **ORIENTATION REQUIREMENTS**

Your orientation schedule is as follows: (Residents will be notified of any changes)

### **June 29, 2015- June 30, 2015:**

0800-1630 New Employee Orientation for VAMC Martinsburg (Report to HR on 6/29)

\*\*\*Must register for ACES, please see Anneke for assistance\*\*\*

### **July 1, 2015 (207B)**

0800-0900: Tour of Facility

0900-1000: Orientation to RLS and Residency Evaluations

1000-1030: Review of residency manual

1030-1130: Q&A with Residency Program Director

1200-1230: Luncheon

1230-1630: CPRS class (3C-120)

### **July 2, 2015:** Administrative day and clinical Orientation (217 Computer lab)

1300-1330: Myers Briggs discussion (Anneke)

1330-1430: NF training/ VA Online Resources/Encounters (Anneke)

1500-1600: Pharmacokinetics Training (Heather)

### **July 3, 2015:** Government Holiday

### **July 6, 2015, 1430-1530:** VADERS and ADR Reports/ TPN training (Trisha's office)

### **July 9, 2015 at 1400:** Introduction to the Residency Research Project (Melinda's office)

### **July 20, 2015, 0930-1130:** Anticoagulation/PACT Boot Camp (Neo/Susan and Donna/Sarah) (4B-123)

### **July 27, 2015:** BCLS Skills Check (Contact: Joe Love)

### **August 4, 2015:** Orientation for Shenandoah University (BJD School of Pharmacy)

### **Additional Dates of Importance**

### **July 28, 2015-July 29, 2015:** ACLS Course (Please register through the Education Office ASAP)

### **September 1, 2015:** Pharmacy licensure required

### **September 24, 2015:** TEACH for success (register through Lois Waybright)

### **Other Important Items:**

- PIV Office, Parking permits
- Pharmacy Access (Ann McCarter)
- Online Research Training for Research (CITI, TMS)
- Secure Scrubs (Uniform office)
- BCMA training course number 19028
- **Must complete TMS training within 90 days of hire**

## **VA MISSION STATEMENT**

To fulfill President Lincoln's promise – **“To care for him who shall have borne the battle, and for his widow, and his orphan”** – by serving and honoring the men and women who are America's veterans.

### **VA Vision**

To provide veterans the world-class benefits and services they have earned – and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

### **VA Core Values**

**Compassion** – We will treat all veterans and their families with the utmost dignity and compassion. We will provide services in a caring manner, with a sympathetic consciousness of others' distress together with a desire to alleviate it.

**Commitment**– Veterans have earned our gratitude and respect. Their health care, benefits, and memorial service needs to drive our actions

**Excellence** – We strive to exceed the expectations of veterans and their families. We strive to perform at the highest level of competence and take pride in our accomplishments.

**Professionalism**– Our success depends on maintaining a highly-skilled, diverse, and compassionate workforce. We foster a culture that values equal opportunity, innovation, and accountability.

**Integrity**– We recognize the importance of accurate information. We practice open, truthful, and timely communication with veterans, employees, and external stakeholders. By carefully listening and responding to their concerns, we seek continuous improvement in our programs and services.

**Accountability**– We will perform in a manner at all times that makes us accountable, responsible, and answerable to veterans and their families, our leaders and other employees as well as external stakeholders.

**Stewardship**– We will ensure responsible stewardship of the human, financial, and natural resources as well as data and information entrusted to us. We will improve performance through the use of innovative technologies, evidence-based medical practices, and sound business principles.

### **Strategic and Enabling Goals**

**Goal 1** – Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.

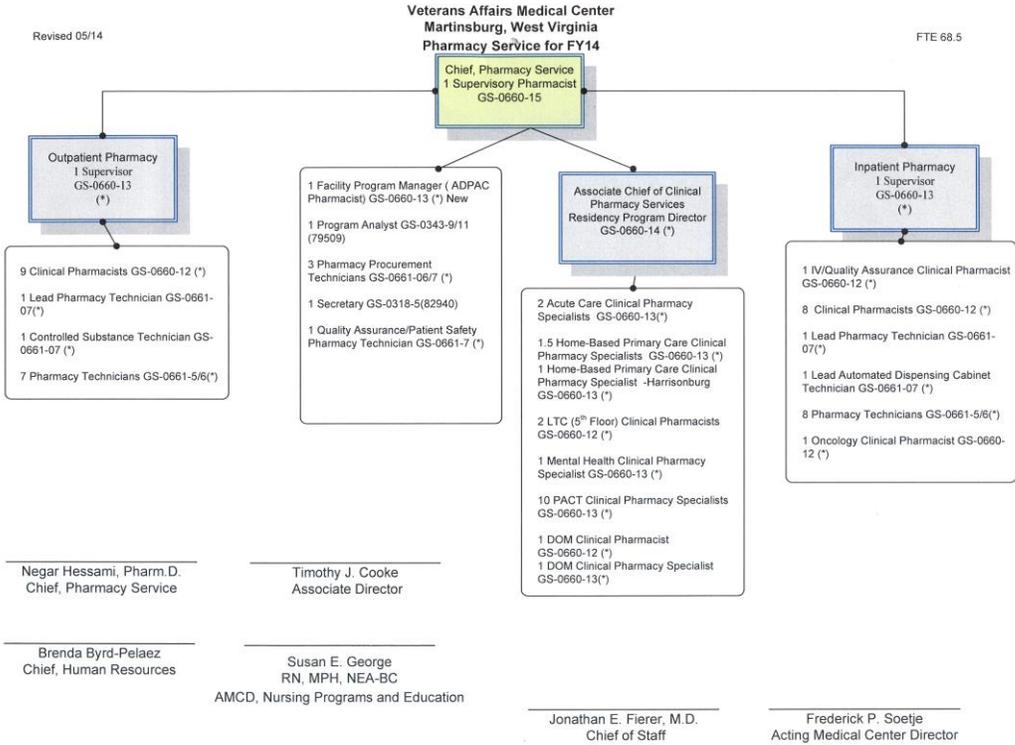
**Goal 2** – Ensure a smooth transition for veterans from active military service to civilian life.

**Goal 3** – Honor and serve veterans in life, and memorialize them in death for their sacrifices on behalf of the Nation.

**Goal 4** – Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

**Enabling Goal** – Deliver world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources

# PHARMACY SERVICE ORGANIZATIONAL CHART



(\* Pharmacists & Technicians have functional statements, no position number)

## **PURPOSE OF THE VAMC MARTINSBURG/SHENANDOAH UNIVERSITY SCHOOL OF PHARMACY PGY1 RESIDENCY**

**Purpose of this residency:** The mission of the VAMC Martinsburg Pharmacy Residency Program is to develop competent pharmacists professionally equipped to serve as clinical pharmacy specialists in a variety of practice settings. A graduate of this residency program will be an experienced practitioner in ambulatory care and internal medicine. Graduates of this program will also have a firm grasp of management and the pharmacist's role and function in a medical center and the community. This residency will instill graduates with enthusiasm for the profession, problem solving, and personal growth, while holding them to the highest ethical standards. This residency graduates pharmacy leaders who are dedicated to a career of pharmacy service and have potential for future development to assume the uppermost responsibilities of leadership and citizenship in the medical community.

### **From the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Resident Programs: Purpose of PGY1 Residencies:**

Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

### **Principles used for guidance of PGY1 residencies as set forth by ASHP:**

**Principle 1:** The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.

**Principle 2:** The pharmacy residency program will provide an exemplary environment conducive to resident learning.

**Principle 3:** The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.

**Principle 4:** The resident's training will be designed, conducted, and evaluated using a systems-based approach.

**Principle 5:** The Residency Program Director (RPD) and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents.

**Principle 6:** The organization conducting the residency will meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

**Principle 7:** The pharmacy will be organized effectively and will deliver comprehensive, safe, and effective services.

**Program Goals for the VAMC Martinsburg/Shenandoah-SOP PGY1 Pharmacy Residency Program**

Each PGY1 Pharmacy Residency accredited by ASHP must meet the required program goals as set forth by ASHP:

**ASHP Required Outcomes:**

- Outcome R1: Manage and improve the medication-use process.
- Outcome R2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
- Outcome R3: Exercise leadership and practice management skills.
- Outcome R4: Demonstrate project management skills.
- Outcome R5: Provide medication and practice-related education/training.
- Outcome R6: Utilize medical informatics.

**Potential Electives for PGY1 Pharmacy Residency Programs**

- Outcome E1: Conduct pharmacy practice research
- Outcome E2: Exercise added leadership and practice management skills.
- Outcome E3: Demonstrate knowledge and skills particular to generalist practice in the home care practice environment.
- Outcome E4: Demonstrate knowledge and skills particular to generalist practice in the managed care practice environment.
- Outcome E5: Participate in the management of medical emergencies.
- Outcome E6: Provide drug information to health care professionals and/or the public.
- Outcome E7: Demonstrate additional competencies that contribute to working successfully in the health-care environment.

The VAMC Martinsburg Pharmacy Residency Program is committed to providing a residency program that meets the accreditation standards and underlying principles set forth by ASHP for PGY1 Pharmacy Residency Programs. The program will be adapted to the unique goals, objectives and career plans of the resident. Residency program requirements may be altered due to changes as required by ASHP guidance.

Graduates of the PGY1 Residency will be prepared to enter clinical practice, a fellowship program, or a PGY2 residency.

See Residency Learning System (RLS) for additional information (Available on ASHP website):

<http://www.ashp.org/DocLibrary/Accreditation/ResidentsGuidetotheRLS.aspx>

## **GENERAL EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS**

### **Citizenship**

Pharmacy residents at the Veterans Affairs Medical Center, Martinsburg Pharmacy Practice Residency must be U.S. citizens.

### **Pharmacy Education**

Pharmacy residents must have graduated with a Pharm.D. from an ACPE accredited school of pharmacy.

### **Licensure**

To be accepted into the Martinsburg Veterans Affairs Medical Center Residency Program, the applicant must be a U.S. citizen, a graduate of an accredited school of pharmacy, and hold an active pharmacy license or be eligible for licensure in any U.S. state or territory.

After beginning the residency, the Pharmacy Resident will have until **September 1st** of that same year to become licensed in any state as a pharmacist, which consists of passing both the NAPLEX exam provided by NABP and the respective state Law Exam provided by the state's Board of Pharmacy.

If the resident is not licensed by September 1<sup>st</sup>, the Residency Program Director has the right to dismiss the Resident from the residency program. In the event of extenuating circumstances, the Residency Program Director may approve an extension, if deemed appropriate.

### **Attendance and Leave**

Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record and the Residency Program Coordinator.

#### **Sick Leave**

Four hours per pay period (13 days per year)

Call Residency Director (backup: Pharmacy Chief) and current preceptor

Must submit electronic leave request upon return to duty

Missing 3 or more days requires a note from your physician

#### **Late**

Call Residency Director (backup: Pharmacy Chief) and current preceptor

Must submit electronic leave request upon return to duty

#### **Annual Leave**

Four hours per pay period (13 days per year)

Must be planned and electronically requested/approved in advance

AL should be used for short vacation, job interviews, extended holidays

#### **Leave for Professional Meetings and Interviews**

Residents will be granted Authorized Absence for approved professional meetings (generally ASHP Midyear and Eastern States). Residents may use annual leave for interviews, however Authorized Absence may be granted to residents interviewing within the VA system.

#### **Residency Completion Time**

Residents are expected to complete the residency program within one year of beginning the program. The time frame may be extended to 18 months in order to complete the requirements of the residency program in the event of extenuating circumstances such as extended sick or family medical leave. In such a case,

the Residency Program Director, in conjunction with the Residency Advisory Board, must approve the extension.

### **Working Externally**

From the ASHP Residency accreditation standard: Resident's primary professional commitment must be to the residency program. Therefore, it is expected that any commitments made outside of the residency will not interfere in any way with residency obligations.

### **Professional Conduct**

It is the responsibility of all residents to uphold the highest degree of professional conduct at all times in accordance with the VA Core Competency Definitions: <http://vaww.va.gov/hpdm/> (intranet only)

### **Dress Code**

Pharmacy residents will dress professionally at all times. It is required that identification badges are worn. Scrubs may be worn in inpatient care areas. If the resident wears attire that is deemed unprofessional by the Residency Director or preceptors, the resident will be asked to leave and change into professional attire.

During outside rotations, the resident is to comply with the dress code policy at the rotation site.

### **Patient Confidentiality**

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy. Residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during new employee orientation and abide by HIPAA regulations during practice.

### **Social Networking Policy**

Residents represent the VA Medical Center and are expected to maintain professionalism at all times. Therefore, they are to refrain from posting negative, inflammatory, or sensitive information regarding preceptors, students, Veterans, or any person associated with the VA on social networking or any other public internet web sites.

## **ROTATIONS, REQUIREMENTS, AND OPTIONAL LEARNING EXPERIENCES**

The Martinsburg Veterans Affairs Medical Center Pharmacy Residency is a one year, one day appointment.

### **Rotations**

*Rotations are subject to change and availability. Residents will be notified of any changes.*

#### Orientation:

1. New Employee Orientation (4 days)
2. Inpatient Pharmacy (3 weeks)
3. Outpatient Pharmacy (2 weeks)
4. Clinical Pharmacy (1 Day)
5. Centralized telephone anticoagulation clinic (1 Day)

#### Primary Care:

1. PACT Pharmacy (Core, 6 weeks)
2. Management (Core, 6 weeks)
3. Anticoagulation Telephone Clinic (Longitudinal)
4. Emergency Medicine (Elective, 4 weeks)
5. Pulmonary Care (Elective, 4 weeks)
6. Women's Health (Elective, 4 weeks)

#### Acute Care:

1. Internal Medicine (Core, 6 weeks)
2. Intensive Care (Elective, 4 weeks)
3. Psychiatric Care (Elective, 4 weeks)
4. Infectious Disease (Elective, 4 weeks)

#### Long Term Care:

1. Oncology/Palliative Care (Core, 6 weeks)
2. Long Term Care (Elective, 4 weeks)

#### Other:

1. Academic (Elective, 4 weeks)

#### Longitudinal Management/Practice Rotations (12 months):

1. Journal Club/Forum – Shenandoah University (Core)
2. Teaching Certificate – Shenandoah University (Optional, teaching certificate not required)
3. Practice management/Research project (Core)
4. Practice Management and Leadership (Core)
5. Staffing (Core)
6. Centralized telephone anticoagulation clinic (Core)

Rotations will be scheduled in the following order (Longitudinal rotations will coincide with orientation, core and elective rotations):

1. Orientation rotations
2. Core rotations and elective rotations as requested and as available

### **Longitudinal Responsibilities**

1. Development, submission to IRB, implementation, analysis, presentation, and completion of a manuscript of a practice-based research project.
2. Professional writing development through required:
  - A. Drug Information Questions
  - B. Drug Utilization Evaluations (retrospective) to be presented at PT&N, and/or TMC as appropriate
  - C. Medication Use Evaluations to be presented at PT&N, and or TMC as appropriate
  - D. Pharmacy Newsletter (The Capsule)
  - E. Drug Monograph or Medication Class Review
  - F. Website maintenance (Pharmacy intranet and Residency internet)
3. Teaching Presentations
  - A. Medical Grand Rounds
  - B. Journal clubs for pharmacy students
  - C. Case-based disease state management discussions
4. Precepting and management of pharmacy student learning experiences
5. Administration and participation in the facility emergency preparedness cache drill (Spring)
6. Participation and leadership within the institution's committees:
  - A. Pharmacy Therapeutics & Nutrition (ADR reporting, MUE, DUE)
  - B. Patient Safety (ISMP report, nursing medication error report)
7. Participation and leadership within the pharmacy department's staff development:
  - A. Pharmacy Staff Meeting
  - B. Participate in Pharmacy Week Planning
8. Completion of the Teaching Certificate Program offered by Shenandoah University (optional).
9. Patient Group Education in:
  - A. Smoking cessation
  - B. Diabetes Education
  - C. MOVE! Weight loss class
  - D. Mental Health (substance abuse, mental illness, and PTSD)
10. Attendance and presentation at required clinical meetings:
  - A. ASHP Midyear
  - B. Eastern States
  - C. Residency trips (TBA).
  - D. ACCP (optional): ACCP Resident/Fellow Travel Awards - ACCP offers travel stipends and/or complimentary meeting registrations to help defray the costs residents and fellows incur attending an ACCP national meeting. Resident and Fellow Members of ACCP who are in their training program at the time of the meeting are invited to apply for a travel award. Applications received from individuals who have already completed their training will not be considered. Applicants must submit the following:
    - A curriculum vitae
    - An essay up to 250 words detailing applicant's objectives for attending an ACCP meeting
    - One letter of reference
      - See website for details: <http://www.accp.com/>
11. Staffing on weekends (See "Staffing Requirements")

**Residents are expected to fulfill the following general requirements in addition to longitudinal practice responsibilities:**

1. Attend Residency Orientation at the School of Pharmacy

2. Attend all orientations for VAMC Martinsburg
3. Attend Residency Forum/Journal Club meetings at SU every 3<sup>rd</sup> Friday
4. Complete all trainings required for employees of the VA, including BCLS and ACLS
5. Attend Residency Graduation

Residents have the option to participate in the following:

1. School of Pharmacy faculty meetings
2. School of Pharmacy social events
3. Residency Teaching Certificate Program (Appendix 8)
4. Residency conference calls: **4th Thursday of every month 14:00-15:30PM EST: Access Code 14884**

### **Staffing Requirements**

Each resident will staff every 3<sup>rd</sup> weekend. Resident will staff in Inpatient Pharmacy on Saturdays and Sundays (tour to be determined), beginning after completion of both Outpatient and Inpatient orientations.

The resident may elect to take a day off during the week before the staffing weekend, and the week after the staffing weekend, meetings and other commitments permitting. If a day off is elected, please inform the Residency Program Director which days are planned for leave. Do not enter this leave electronically.

### **Other Requirements for Completion of Program**

1. Successful completion of all site specific residency requirements as set forth by ASHP Residency Accreditation Standards
2. Successful completion of all required longitudinal practice responsibilities.
3. Successful completion of all general requirements
4. Successful completion of a residency research project and written manuscript in a publishable format for a peer reviewed journal.
5. Attendance at the Residency Graduation Ceremony

### **Resident Evaluations**

For each learning experience the following evaluations will be completed:

1. Summative Evaluation by the Preceptor
2. Summative Evaluation by the Resident
3. Learning Experience Evaluation by the Resident
4. Preceptor Evaluation by the Resident

Evaluations for rotations will occur via the ResiTrak® software program. For an overview of the Residency Learning System and ResiTrak®, the resident should refer to the Resident's Guide to the RLS available on the ASHP website and Martinsburg VAMC Pharmacy Residency Internet Homepage and ResiTrak® program available on the ResiTrak® website (<https://www.resitrak.com/>).

For rotations that are 4 or 6 weeks long, evaluations are due on the last day of the rotation. For longitudinal rotations, evaluations occur quarterly. The resident and the preceptor are prompted by ResiTrak® approximately five days in advance of the date that the evaluation is to be completed. The resident must have the learning experience summative self-evaluation, preceptor evaluation, and learning experience evaluation completed in the last week of the rotation, prior to the summative evaluation. It is the resident's responsibility to arrange a meeting with their current and upcoming preceptors prior to the ending of each rotation. The purpose of this meeting is to complete and discuss evaluations as well as to

set goals for the upcoming rotation to achieve all residency objectives. This meeting must take place before the resident is able to proceed to the next rotation.

For rotations that are longitudinal, all evaluations are due on the quarterly evaluation date, or the nearest business day. The final evaluation is due on the last day of the rotation. All self-evaluations, learning experience evaluations, and preceptor evaluations are due before the summative evaluation date, and should be completed in the same week that the summative evaluation is due.

The Residency Program Director will review all evaluations of the residents' performance as they are completed. After completion of a rotation, the preceptor may elect to discuss the resident's performance at the next Residency Advisory Board meeting.

### **Snapshot Evaluations**

Preceptors are encouraged to complete snapshot evaluations throughout the resident's rotation to provide additional written feedback to residents if deemed appropriate by the preceptor.

### **Quarterly Evaluations**

The Pharmacy Coordinator shall meet with the resident quarterly. Prior to these meetings, the resident will complete the Quarterly Residency Plan (See Appendix 3: Quarterly Residency Plan). The purpose of quarterly evaluations is to review evaluations of the resident's performance, review of resident's evaluations of preceptors and rotations, review the plan for the next quarter, review any ongoing projects, and revise the residency plan if appropriate. The resident's progress and performance as they relate to the residency's goals and objectives will be discussed.

### **Additional Sources of Evaluation**

Additional sources of feedback can include written notes, emails, revisions and suggestions and oral feedback. The goal is for the resident to have frequent sources of feedback so that they can continue to develop their skills and improve in areas that need attention.

### **Compliance with Evaluation Policy**

Residents must comply with the evaluation policy and complete evaluations in a timely manner as required. Failure to comply with this policy may result in disciplinary action by the Residency Program Director.

### **Resi-Trak® Evaluation Parameters**

- (1) Does not know - Does not know how to perform activity
- (2) Knows some - Some knowledge about concept and processes, extensive intervention required
- (3) Knows - Demonstrates skill, performs independently most times, some intervention required
- (4) Competent - Performs independently with supervision, no intervention required
- (5) Mastered - Demonstrates ability to perform skill, can self monitor quality

## **GUIDANCE**

**\*\*Past residents' electronic binders are available on the pharmacy shared drive for format guidance if needed\*\***

### **Residency Project**

#### **The Research Project Advisory Group**

The Research Project Advisory Group at the Martinsburg VA Medical Center will advise the resident through each stage of the residency research project.

The Research Project Advisory Committee will consist of the:

1. Clinical pharmacist research preceptor (Melinda Albritton)

2. Institutional Review Board Liaison (Dr. Foley)
3. Pharmacy Department ADPAC (Scott Fisher)
4. Residency Program Director (Anneke Tavenner)

The research project will be developed based on the resident's practice interests.

The research advisory group will ensure that throughout the research project patient safety and sensitive healthcare information are protected. The research advisory group will help ensure that the resident meets all deadlines for timely completion of the research project.

The Ambulatory/Community Care Research Advisory Committee and Acute Care Research Advisory Committee from Shenandoah University may provide support and project oversight as necessary.

Please refer to the Uniform Guide for Manuscripts (Available online and from the Residency Program Director).

\*VA requires online LMS training: Information Security for Research and Development Personnel, as well as CITI training. Please be sure to complete this online class as soon as possible.

### **Journal Club Guidelines**

VAMC (To be distributed to pharmacy students): See Appendix 4: VAMC Journal Club Guidelines

SU (To be followed by residents): See Appendix 5: SU Journal Club Guidelines and Schedule

### **Residency Binder Guidelines**

Your residency binder should serve as a testament of your achievements during your residency, and you will take it with you when you graduate. You will be asked to provide an electronic copy of your binder to your Residency Program Director at the end of the residency year. A copy of your work for the facility's record will be maintained on ResiTrak® electronically.

While the content of your binder is at your discretion, there are core content requirements. The required contents are described below. Each of the bulleted items below should be a section in the binder. Any additional projects assigned to you should also be included as additional sections in the binder.

**\*ALL IDENTIFYING PATIENT INFORMATION MUST BE REMOVED FROM ALL MATERIALS PRIOR TO INCLUSION IN THE BINDER\***

#### **INITIAL PROGRAM PLAN WITH SCHEDULE**

##### **DISEASE STATE DISCUSSIONS**

The binder should contain a copy of the formal written case presentation that was discussed with the students, any handout that was supplied, and the PowerPoint presentation if applicable. The resident should incorporate pertinent clinical studies, evidence-based medicine, and treatment guidelines.

##### **GRAND ROUNDS PRESENTATION**

The binder should contain a copy of the PowerPoint presentation and any handouts that were provided. A copy of the "Feedback Form" provided by the Education Office following your presentation should also be included.

##### **RESEARCH PROJECT**

The binder should also include a copy of ALL forms submitted to the IRB for approval. Raw data should be included AFTER all patient identifying information has been REMOVED. The final abstract, a copy of your final poster, a copy of the PowerPoint presentation, and the completed

manuscript must be included. All copies of evaluation forms from Eastern States should be included. Finally, a copy of ALL paperwork submitted to IRB for the closure of the project should be included.

#### DRUG USE EVALUATIONS

The binder should contain a copy of the DUE proposal, data, results, and final presentation.

#### MEDICATION USE EVALUATIONS

The binder should contain a copy of the Word document used for the MUE template. A copy of the PowerPoint presentation used to present the MUE to the P&T Committee and screen captures of the CPRS version of the MUE should also be included.

#### NON FORMULARY REQUESTS

The binder should contain no less than 20 of your highest quality completed consults. Please use Word document files and do NOT include any patient identifying information in the copies for the binder.

#### JOURNAL CLUB PRESENTATIONS

**Student Journal Club** - The binder should contain a copy of each article discussed, a copy of the student's handout, and a copy of your evaluation of the student.

**Shenandoah Resident Journal Club** – The binder should contain a copy of each article discussed, a copy of your handout if presenting, and a copy of the evaluations you received.

#### DRUG MONOGRAPH (As appropriate)

The binder should include a final copy of your drug monograph. If the monograph was presented to the Pharmacy Benefits Management (PBM) group and Criteria for Use were developed, this documentation should also be included.

#### DRUG INFORMATION REQUESTS

The binder should include a copy of each drug information response. A copy of the completed Requestor's Contact Information form, found on the Pharmacy Intranet page, should accompany each response. Each response should include all the references in the National Library of Medicine referencing style. Evaluation forms submitted by each reviewing clinical pharmacist should accompany each response.

#### MEDWATCH FORMS

The binder should include a copy of each MedWatch form completed and presented to the P&T Committee. ALL patient identifying information must be REMOVED.

#### PATIENT EDUCATION CLASSES

A copy of the outline used to teach the patient education classes should be included. Copies of the research/reference material used to develop the teaching outline should also be included.

#### PHARMACY NEWSLETTER

A copy of each article composed for the quarterly pharmacy newsletter should be included in the binder. A copy of the final published edition of the newsletter should also be included.

#### CACHE DRILL

The binder should contain a copy of the drill scenario that was implemented. Any dispensing logs, information sheets, or handouts developed for the drill should be placed in the binder. A copy of the pharmacist in-service training should be included. A critique of the drill should be completed and placed in the binder.

#### ROTATIONS

Each clinical rotation should have its own section in this binder. All projects completed during the rotation should be maintained in this section (presentations, patient cases, additional journal

club/review of primary literature, additional DUE or projects, etc.). ALL patient identifying information must be REMOVED.

## EVALUATIONS

The binder shall contain any and all formative evaluations (presentation critiques, feedback on projects, snapshot evaluations, journal club evaluations). A copy of the completed “Skills and Areas of Interest survey” document should be included in the binder.

The binder should contain a copy of any evaluations and critiques of your work that are not maintained in ResiTrak®.

The binder should also contain a copy of the following for each quarter:

1. A log of activities completed by the resident during the quarter as part of the quarterly plan review

The binder should also contain a copy of the resident’s outgoing skills and interests survey and any reflections on the residency year.

## OTHER

The binder should contain a copy of any other projects that were completed during your residency.

## **Resi-Trak®**

Resident’s guide to ResiTrak®: See Appendix 6: ResiTrak® for Residents

## **SUGGESTED Residency Year Timeline**

### July

1. Make arrangements for NAPLEX and State Pharmacy Law exams (if not done already)
2. BCLS/ACLS class (if BCLS is not active or will expire soon)
3. Completion of required research training. The resident, in conjunction with his/her preceptor and potential project mentor will identify a research project from the list of possible projects provided to the residents. A written summary of the project's goals, methods, and anticipated impact on services, signed by the project preceptor must be submitted to his/her residency director no later than August 1st. Earlier submission is encouraged.

### August

1. Residents make final decision on residency projects by August 1. Residents present the following information for research projects to RAB: Background information, Hypothesis, Methods, Objectives/Outcomes, Statistics, Data collection tools, timeline for completion.
2. Choose a topic and date for Grand Rounds
3. Finalize topic and date for Grand Rounds by September 1st
4. Choose dates for submission of the monograph and presentation to P&TN if applicable.

### September

1. Topic and date for Grand Rounds due on September 1st.
3. Finalize protocol. Complete IRB forms and submit initial review packet to IRB (no later than end of September submission deadline). Earlier submission is encouraged.

### October/November

1. **ASHP** Abstract Deadline for presenting a poster at Midyear (optional) (see [www.ashp.org](http://www.ashp.org) for details on deadline)
2. Begin data collection following IRB, R&D, and final local approvals.
3. Prepare poster for ASHP Clinical Midyear Meeting (optional).
4. Present project to preceptors as a lunch seminar

### December

1. Present posters at ASHP Clinical Midyear Meeting (optional)
2. Continue data collection
3. Work on Grand Rounds and discuss with a mentor
4. Decide presentation style (poster or platform) for Eastern States Residency Conference

### February

1. Abstracts due for Eastern States
2. Grand Rounds
3. Finish data collection
4. Next residency class interviews (residents are expected to participate and help with recruitment)

### March

1. Data collection and analysis. Prepare statistical results and prepare presentation (poster/platform slides) for Eastern States.

### April/May

1. Practice presentations. Provide poster to Pharmacy School for poster production by the last full week in April.
2. Present at Eastern States
3. Compose manuscript

### June

1. Prepare for end of year
2. Research study closure, manuscript submission, and upload research and required documents to sharepoint.
3. Submission of all required materials.

### **Residency Checklist**

See Appendix 7.

## **RESIDENCY OVERSIGHT**

### **Residency Advisory Board**

The Residency Advisory Board (RAB) at the Martinsburg VA Medical Center will:

1. Provide direction, structure and leadership to the residency program
2. Monitor resident progress and provide feedback
3. Address problems and/or concerns identified by the residents regarding the residency program
4. Adjudicate and enforce Pharmacy Service SOP No. 1 “Pharmacy Resident Probation/Dismissal and/or Withdrawal”

All clinical pharmacist preceptors are encouraged to participate in the RAB meetings.

The Residency Advisory Board (RAB) will consist of the following voting members:

1. Residency Program Director
2. Shenandoah University Director for Post Graduate Education
3. Clinical pharmacy preceptors

The RAB will meet on a scheduled quarterly basis to monitor resident progress and conduct long-term planning for the residency program.

Additional meetings will be scheduled, as needed, to address the resident's problems and/or concerns or to investigate/initiate disciplinary proceedings.

### **Residency Oversight Committee**

#### **Programs:**

Martinsburg Veterans Affairs Medical Center	Valley Health
Amherst Family Practice	Prosperity/Acaria Health
Reston Hospital Center	Novant Health Prince William Medical Center
Summit Health	Valley Pharmacy

**Overview:** The Residency Oversight Committee is administered by Shenandoah University and shall provide guidance to all residency programs affiliated with the Bernard J. Dunn School of Pharmacy by ensuring a consistent, systems-based approach across all residency programs where possible. Each residency site may continue to have a Residency Advisory Committee for more residency site-specific issues.

**Purpose:** The purpose of the residency oversight committee is as follows:

1. To provide common structure to all programs where possible through the formation of core policies and requirements
2. To serve as a means of coordination, planning, and sharing of ideas between programs
3. To address global resident concerns
4. To provide peer review of each residency program
5. To provide strategic planning

**Membership:** The Residency Oversight Committee will have the following members: Residency Program Directors of affiliated residencies, Director of Postgraduate Education of the Bernard J. Dunn School of Pharmacy, one resident member to be chosen yearly by each residency class.

**Meetings:** Meetings will occur at least quarterly and could occur up to six times per year. Minutes will be recorded and distributed to the group.

### **PHARMACY RESIDENT PROBATION/DISMISSAL AND/OR WITHDRAWAL**

- I. **PURPOSE:** To establish policy and procedures for either placing a pharmacy resident on a probationary status or dismissing him/her from the program.
- II. **POLICY:** A pharmacy resident may be placed on probation, dismissed, or voluntarily withdraw from the program should there be evidence of their inability to function effectively or putting patients at risk. Examples which would require action are listed, but are not limited to the following:
  - A. Behavioral misconduct or unethical behavior that may occur on or off station premises
  - B. Unsatisfactory attendance
  - C. More than one unsatisfactory performance evaluation
  - D. Theft of government property
  - E. Mental impairment caused by mental disorder or substance abuse

### III. **DEFINITION:**

- A. Residency Appointment Period: 366 days; however, the resident may request an extension of up to 6-months if extenuating circumstances prevent completion of the residency within the assigned appointment period. This request should be in written format to the Residency Director for review and concurrence of the Residency Advisory Board.
- B. Residency Advisory Board consists of the following members:
  - 1. Residency Program Director
  - 2. Chief of Pharmacy Service
  - 3. Shenandoah University Director for Post Graduate Education
  - 4. All facility clinical pharmacist preceptors

### IV. **RESPONSIBILITY:**

- A. The preceptor will be responsible for:
  - 1. Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident at the terminal evaluation conference for the rotation.
  - 2. Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
  - 3. Documenting in writing any actions the resident may have taken that puts a patient's health at risk or causes endangerment to any patient or personnel.
- B. The Residency Advisory Board will :
  - 1. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases.
  - 2. Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken.
- C. The Residency Director will:
  - 1. Counsel the resident at the time of the first instance of unsatisfactory performance.
  - 2. Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
  - 3. Notify the resident verbally and in writing, of dismissal, upon receipt of the recommendation of the Residency Advisory Board.

### V. **PROCEDURE:**

- A. The preceptor clinical pharmacist will provide the Residency Director with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal will not result in probation.
- B. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional conduct or actions, the residency director will call an emergency Residency Advisory Board meeting to determine appropriate action. Action may be placing the resident on probation for four weeks, or additional counseling will be suggested.
- C. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave (AWOL), the residency director will call an emergency Residency Advisory Board meeting to discuss appropriate actions. Actions will be either dismissal or additional probation.

- D. Actions that the Board deems necessary will be communicated to the resident both verbally and in writing by the residency director within 24 working hours.
- E. Dismissal from the residency program shall occur if there is discharge for cause. The resident shall not receive the remainder of the stipend, and a certificate will not be awarded.
- F. At any time, a resident may submit a two-week notice of resignation to the residency director.
- G. The resident has the right to address the Residency Advisory Board on any issue related to dismissal. This can be both oral and in writing. This grievance will be sent to all parties involved in the dismissal procedure.

## **GENERAL INFORMATION (RESIDENCY LIFE)**

### **Residency Benefits**

Resident stipend

Health insurance

Sick leave: Four hours per pay period (13 days per year)

Annual leave: Four hours per pay period (13 days per year)

Travel funds for Professional Meetings

### **Government Holidays 2014-2015**

<b>2014 Holiday Schedule</b>	
<b>Date</b>	<b>Holiday</b>
Friday, July 3	Independence Day
Monday, September 7	Labor Day
Monday, October 12	Columbus Day
Wednesday, November 11	Veterans Day
Thursday, November 26	Thanksgiving Day
Thursday, December 25	Christmas Day

<b>2015 Holiday Schedule</b>	
<b>Date</b>	<b>Holiday</b>
Friday, January 1	New Year's Day
Monday, January 18	Birthday of Martin Luther King, Jr.
Monday, February 15	Washington's Birthday
Monday, May 30	Memorial Day

### **Office and Supplies**

Residents will have an office in room C-114 on the 1<sup>st</sup> floor. Code to office will be provided by the Residency Program Director. General office supplies can be obtained from Pharmacy Services. Ask Ann McCarter for information on procurement.

### **Pagers**

Residents may be issued pagers if necessary for the completion of rotation activities. Residents are financially responsible for lost pagers. Pagers must be turned in at termination of residency.

Pagers should be carried and turned on at all times when you are in the medical center. When you receive a page, it should be answered within 15 minutes unless doing so will interfere with patient care.

To page:

1. "5"
2. Enter their pager number
3. Enter your number or speak your message depending on the prompt

### **Phone**

Long Distance "8"

Local "9"

To transfer phone:

1. Press down on hang up bar or press flash button
2. Dial number
3. Wait for ringing
4. Hang up

To forward phone (from input desk):

1. Pick up phone
2. Press call forward button
3. Put in number to forward phone to (3143- IV Room)
4. Hang up
5. Red light under call forward should be on
6. To take off forward
  - a. Pick up phone
  - b. Press red light
  - c. Hang up

### **Uniforms**

Residents are issued scrubs for use during staffing and inpatient acute rotations. Uniform Services are in the basement (Ext. 3086). Call uniform services to complete procedure for issuing of scrubs.

### **Employee Identification Cards**

To be issued by Human Resources during new employee orientation or the PIV office (Ext. 2066)

### **Photocopying**

Copier machines are available in Pharmacy Service. These copiers are for business use only.

### **Resident Parking**

All employee cars must be registered and employees must follow all parking rules and regulations for the facility. To get a parking sticker, present license, registration, and proof of insurance to police office in building 217.

### **Keys**

Employee badges will serve to access restricted areas. Access privileges are assigned by Ann McCarter in Pharmacy.

Keys to outpatient pharmacy will be assigned by Ann McCarter. Residents are responsible for surrendering these keys to Pharmacy Service when clearing post.

### **Computer Access and Adding Share Drives**

DIAL H-E-L-P (4357) for IT issues

Access to Vista, GUI Mail, CPRS, BCMA, Outlook to be covered during new employee orientation

To add Pharmacy Share Drive:

1. Start
2. Run
3. Type: \\vhamwvfpc1
4. Right click Pharmacy folder
5. Create short cut on desktop

## **To set up Printer**

\*\*For each computer that you log into, a printer will have to be set up for your login. Once you have mapped a printer for a certain computer with your login, you won't have to do it again.

1. Start
  2. Run
  3. [\\vhamwvfpc4](#)
  4. Ok
- OR
- 1-4. Click on "Print Server" on the desktop  
THEN
  5. Find the printer you want and right click
    - a. All pharmacy printers start with "PHA"
  6. Double click on printer that you would like to use
  7. You are now mapped to this printer. The printer should show up as an option to print to when you print a document.

To set printer as default:

1. Double click on the *My Computer* icon on desktop.
2. Click on control panel.
3. Then click on printers.
4. Next click view printers (if you have windows XP).

A check mark will appear beside the printer that is set as default. If you want to set as default, right click on the printer and left click on set default.

## **Use of E-mail System**

To be covered during new employee orientation. To open your Outlook mailbox on a computer you've never used before, follow Outlook prompts for setting up the mailbox.

## **Microsoft Lync**

This instant messaging service may be used to communicate with other personnel in the VA and is the very best way to reach team pharmacists. Quick reference guides covering Lync topics are available online at: <http://office.microsoft.com/en-us/lync-help/quick-reference-guides-about-lync-HA103024172.aspx>

## **Mail**

Each resident will have a mailbox in the basement pharmacy area.

## **Secure Tubing**

To Send

1. Special Function
2. 73 (Return)
3. 1234 (Return)
4. Tube Number

To Receive

1. When beeping type in 1234 (return)

## **Library Services**

The library is in room 2B-150. The librarian can perform searches for you on materials that are not available online. To get to the following resources, go to VAMC Homepage → Electronic Library:

[A-Z](#) (access the library's full text by journal title)

**Access Pharmacy from McGraw-Hill (from Shenandoah University)**

[ATHENS Self-Registration](#) (printable only - request to sign up for Athens account)

[Briggs Telephone Triage](#)

[EBSCO](#) (CINAHL & Rehabilitation Reference Center databases)

[Lexi-Comp Dentistry](#)

[Martinsburg Library Catalog](#)

[MDConsult](#) (Select full text of medical books & journals & includes drug index)

[MICROMEDEX](#)

[Mosby's Nursing Consult](#) (Select full text resources in nursing & includes drug index)

[Mosby's Nursing Skills](#)

[Nursing Procedures 4.0](#) (Online version of Lippincott's standard nursing procedures)

[Outlines in Clinical Medicine](#)

[OVID On Line](#) (Interface to databases)

YOURJOURNALS@OVID – full-text of Martinsburg's OVID titles

BOOKS@OVID – Search 22 Complete books including Nursing Drug Handbook

MEDLINE – Search the NLM's MEDLINE medical articles index using OVID

PSYCHINFO – Search electronic Psychological Abstracts using OVID

[Martinsburg Library Catalog](#)

[Psychiatry Online](#)

[Sanford Guide](#)

[UpToDate Online](#) (Summary of diseases by experts in the field includes drug index.)

[VACO Library Network Office Online Library Resources](#)

## APPENDICES

### PHARMACY TELEPHONE NUMBERS

<u>Pharmacy Service Office Personnel</u>	<u>EXT</u>	<u>PAGER</u>
Negar Hessami, Chief of Pharmacy	3136	
Todd Holland, Supervisor, Inpatient Section	3141	5 - 1896
Angel Jordan, Supervisor, Outpatient Section	3148	5 - 2112
Anneke Tavenner, Associate Chief/Residency Director	3070	5 - 5287
Scott Fisher, Program Specialist	3140	5 - 2800
Ann McCarter, Program Analyst	3139	
Charles Harris, Secretary	3138	
Sherry Malatt	3132	
<u>Clinical Pharmacy Specialists</u>		
Susan Asmussen (ANTICOAG TELEPHONE)	4794	
Neo Melonas (ANTICOAG TELEPHONE)	2822	5 - 2110
Donna Salmiery CPC-1 (PACT)	3960/3961/3962	5 - 2102
Robert Cyparski CPC-2 (PACT)	3963/3964/3965	
Adam Gold CPC-3 (PACT)	3968/3664	5 - 3092
Mitch Johnston (PSYCH)	1406/2088	5 - 2113
Melinda Albritton (LTC)	5183	5 - 2115
Trisha Exline (MED/ICU)	3857	5 - 2108
Tim Kefauver (NHCU)	3159	5 - 7050
Beth Sheldon (HBPC)	4371	5 - 3300
Sarah Mickanis (HBPC)	4243	Cell: 304-268-1260
Christopher Floyd (HBPC)	3260	5 - 2111
Jerri Keel (DOM)	3787	
Heather Houseknecht (ED)	3722	5 - 4472
<u>CBOC Pharmacists</u>		
Ron Kessler (CUMBERLAND)	1620	
Samia Farah (STEVENS CITY)	1532	
Sharon Green (HAGERSTOWN)	2409	
Joy Chou (FREDERICK)	1754	
<u>Procurement Specialists</u>		
Peggy McKee (Procurement)	2393/3157	5 - 3990
Carolyn Schultz (Procurement)	2393/3157	5 - 3990
<u>Inpatient Section of Pharmacy Service</u>		
IV Room	3143	
FDS Machine	3146	
Filling Area	3145	
Input Pharmacist Workstation	3128/3142	
Conference Area	3180	
Omnicell	3144	5 - 2100
<u>Outpatient Section of Pharmacy Service</u>		
Consult Room #1	3871	
Consult Room #2	3872	
Consult Room #3	3873	
Rx Information	3150/3151	

Vault  
Outpatient Clinic Processing

3874/4128  
3171

Service Pagers

Nursing Home (Mon-Fri)  
Off Tours/Discharge

5 - 7050  
5 - 3301

Wards

4A (Medical/Pulmonary)  
4C (Intensive Care Unit)  
5A (Nursing Home)  
5C (Long Term Care)  
6A Ward  
NHCU-A  
NHCU-B  
Dom Clinic  
Trouble Line

3642/3644  
3660/3662  
3670/3671  
3666/3667  
3684/3685  
4616  
4620/4621  
4504/4500  
3370

FAX

Martinsburg VA Direct Line

304-264-4485  
304-263-0811

**Incoming Residency Plan Form  
Postgraduate Year 1 Pharmacy Residency  
Veterans Affairs Medical Center, Martinsburg**

**Initial plan for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Based on the resident's incoming knowledge, skills, and abilities as evaluated by the Skills and Areas of Interest Survey for Incoming Residents, please identify any areas for improvement and goals for overcoming these. (This will be reassessed quarterly throughout your residency).**

**Residency Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed and approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Quarterly Residency Plan Form**  
**Postgraduate Year 1 Pharmacy Residency**  
**Veterans Affairs Medical Center, Martinsburg**

Quarterly Residency Plan for \_\_\_\_\_ Date: \_\_\_\_\_

**A. Review of \_\_\_\_\_ quarter:**

1. Rotations completed:
2. Progress on research project:
3. Presentations (if applicable):
4. Professional Development:
5. Other:

**B. Resident goals and progress towards these goals (please review current goals and add any additional goals you have for the next quarter):**

**C: Core requirements:**

**Key:**

**NI = Needs Improvement      SP=Satisfactory Progress      EE=Exceeds Expectations**

<b>Residency Requirement</b>	<b>Date</b>	<b>Completed</b>	<b>Notes</b>
<b>MANAGEMENT</b>			
Drug Use Evaluation (DUE) as assigned			
Medication Use Evaluation (MUE) as assigned			
Drug Monograph			
ADR, FDA MedWatch, VADERS (Longitudinal)			
Pharmacy Newsletters (The Capsule)			
Drug Information Questions (as assigned/requested)			
Create and maintain an electronic copy of a Residency Binder to record progress. All documents to be saved on the pharmacy shared folder.			
Complete all Evaluations for each rotation on ResiTrak® in a timely manner.			
Answer Non-Formulary Consults (as assigned)			
<b>LEADERSHIP</b>			

Develop and present a Medical Grand Rounds Presentation			
Lead Patient Education Classes (q/month as assigned)			
Develop, implement and lead Student Journal Club (q/month as assigned)			
Develop, implement and lead Disease states discussion (q/month as assigned)			
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting			
Participate in recruitment activities as assigned			
Attend and present research at Eastern States			
Attend and present ISMP to Pharmacy Patient Safety Meetings			
Lead PT&N Committee Meetings, including developing agenda and drafting minutes (q/month)			
Staffing in Inpatient and Outpatient pharmacy every 3 <sup>rd</sup> weekend			
Coordinate pharmacy's response to and participate in the facility emergency preparedness cache drill			
Update and maintain the Pharmacy Service intranet site and the Pharmacy Residency Program internet site as assigned			
Attend and actively participate in Residency Forum/Journal Club meetings at the Shenandoah University School of Pharmacy			
<b>RESEARCH AND DEVELOPMENT</b>			
Submit Final Residency Research Project Proposal to IRB			
Get IRB and R&D approval for Residency Research Project			
Submit Residency Research Project Abstract to Eastern States			
Design poster or presentation for Residency Research Project			
Submit poster to R&D for approval			
Present Residency Research Project at Eastern States Conference			
Complete Manuscript for Residency Research Project			
<b>ORIENTATION TO THE SITE AND CLINICAL ROTATIONS</b>			
Facility New Employee Orientation (1 week)			

Attend Residency Orientation at the Shenandoah University School of Pharmacy (1 day)			
Inpatient Pharmacy Orientation Rotation (3 wks)			
Outpatient Pharmacy Orientation Rotation (2 wks)			
Clinical Orientation Rotation (2 days)			
Complete all required training for VA employees to include BCLS and ACLS			
Project/Management Orientation/Self Direct			
PACT - Primary Care (6 wks)			
Management (6 weeks)			
Internal Medicine - Acute Care (6 wks)			
Nursing Home/Palliative Care - Long Term Care (6 wks)			
Anticoagulation Telephone Clinic (Longitudinal, Evaluated Quarterly)			
Research Project (Longitudinal, Evaluated Quarterly)			
Management Longitudinal (refer to management responsibilities above) (Longitudinal, Evaluated Quarterly)			
Project/Management Self-Direct			
Elective 1 (4 weeks)			
Elective 2 (4 weeks)			
Elective 3 (4 weeks)			
Attend Residency Graduation			

**D. Ongoing Residency Plan (to be completed by Residency Program Coordinator):**

**Residency Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VAMC JOURNAL CLUB GUIDELINES

Martinsburg Veteran Affairs Medical Center

- Purpose:** To develop skills in assessing the primary literature and verbally presenting findings of clinical investigations published in medical literature
- Objectives:** For the journal club presentation, the student should be able to:
1. Develop oral communication skills by presenting timely articles of adult care interest
  2. Prepare and deliver an oral presentation by summarizing and critically evaluating a research article
- Guidelines:** Please follow these guidelines regarding journal club presentation:
1. Journal articles will be distributed one week prior to scheduled presentation date.
  2. Prepare a two-to-three page typewritten outline of your presentation to distribute at the time of the presentation.
  3. Prior to presenting the article, briefly give a two-to-three minute description of the journal from which the article was obtained. The following information should be provided: journal name, any association the journal has with professional organizations, the "type of articles" published in it, the intended readership, how often is it published, and would you recommend this journal for review.
  4. Presentation should not be read and used independent of notes as possible. Limit presentation to fifteen to twenty minutes, anticipating five to ten minutes for questions and discussions.
    - a. State the title of the article, authors, journal name and issue.
    - b. Provide background information justifying the study.
    - c. State hypotheses of study if possible.
    - d. Describe the methods used in the study by summarizing inclusion/exclusion criteria, treatment options and tests to assess outcomes.
    - e. Present the results specifying which findings are statistically significant.
    - f. State the author's conclusions and be able to defend or dispute these conclusions.
    - g. Identify strengths and weaknesses of the study and suggest improvements, if possible.
  5. The student pharmacist may wish to refer to various articles available on evaluating the medical literature.
  6. The student pharmacist should review the disease state being studied in the journal.
  7. Copies of the handout should be provided at the scheduled journal club session.

### GUIDELINES FOR EVALUATING CLINICAL TRIALS

- I. Overall Assessment
  - a. Was the article published in a reputable, peer-reviewed journal?
  - b. Were the investigators qualified to conduct the study?
  - c. Did the authors contribute substantially to the research effort?
  - d. Did the research site have appropriate resources and patients for the study?
  - e. Was the funding obtained from unbiased source?
- II. Title/Abstract
  - a. Was the title of the article unbiased?
  - b. Did the abstract provide a clear overview of the purposes, methods, results, and conclusions of the study?
- III. Introduction
  - a. Did the authors provide sufficient background information to demonstrate that the study was important and ethical?
  - b. Were study objectives clearly explained?
  - c. Were planned subgroup or covariate analyses indicated?

- d. Were the research and null hypothesis stated?
  - e. Was the study approved by an institutional review board?
  - f. Was the study ethical?
- IV. Methods
- a. Was the appropriate study design used?
  - b. Did the inclusion/exclusion criteria represent an appropriate patient population for the study?
  - c. Was the sample size large enough to detect a statistically significant difference between the treatment groups?
  - d. Was the study sample representative of the patient population to which the study results were intended to be generalized?
  - e. Was the study controlled? Were the controls appropriate?
  - f. Were the outcome variables relevant, clearly defined, objective, and clinically and biologically significant? Was the method used to measure outcome variables described in detail? Were the outcome variables measured at appropriate time intervals?
  - g. Was the study randomized using an appropriate method? After randomization, were demographics for the treatment and control groups similar?
  - h. Were subjects, investigators, outcome assessors, and data entry personnel blinded? Were these individuals unable to determine whether treatment or control was administered before the blind was broken?
  - i. Were data collected appropriately?
  - j. Was patient compliance with the study medication measured?
  - k. Were patient and investigator compliance with the study protocol monitored?
  - l. Were appropriate statistics used to analyze the data?
- V. Results
- a. Were dates for the study initiations and completion of the study provided? Is the study current and relevant?
  - b. Were numbers of patient screened, enrolled, administered study treatment, completing, and withdrawing from the study reported? Were reasons for study withdrawal described?
  - c. Were demographics for the treatment and control subjects similar at baseline?
  - d. Were data presented in a clear and understandable format? Were data for both efficacy and safety of the treatment clearly reported?
  - e. Was an intent-to-treat analysis conducted?
  - f. Were exact p-values or confidence intervals reported?
  - g. Was the study power calculated?
  - h. Could a type 1 or type 2 error have occurred?
  - i. Were the study results valid?
  - j. Can study results be generalized to patients in clinical practice?
  - k. Were the results both statistically and clinically significant?
- VI. Conclusions/Discussion
- a. Did the authors compare their study results to those of a systemic review of all previously published data?
  - b. Were the study conclusions consistent with the results and did they relate to the study conclusions?
  - c. Did the study results support the conclusion?
- VII. References
- a. Is the current literature well represented?

Adapted from Malone PM, Mosdell KW, Kier KL, Stanovich JE, eds. *Drug Information: A Guide for Pharmacists*, 2<sup>nd</sup> Edition. New York: McGraw Hill; 2001:607-9 (Appendix 6-1).

**REQUIREMENTS FOR COMPLETION OF RESIDENCY  
VAMC Martinsburg 2014-2015**

<b>Residency Requirement</b>	<b>Date</b>	<b>Completed</b>	<b>Notes</b>
<b>MANAGEMENT</b>			
Drug Use Evaluation (DUE) as assigned			
Medication Use Evaluation (MUE) as assigned			
Drug Monograph			
ADR, FDA MedWatch, VADERS (Longitudinal)			
Pharmacy Newsletters (The Capsule)			
Drug Information Questions (as assigned/requested)			
Create and maintain an electronic copy of a Residency Binder to record progress. All documents to be saved on the pharmacy shared folder.			
Complete all Evaluations for each rotation on ResiTrak® in a timely manner.			
Answer Non-Formulary Consults (as assigned)			
<b>LEADERSHIP</b>			
Develop and present a Medical Grand Rounds Presentation			
Lead Patient Education Classes (q/month as assigned)			
Develop, implement and lead Student Journal Club (q/month as assigned)			
Develop, implement and lead Disease states discussion (q/month as assigned)			
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting			
Participate in recruitment activities as assigned			
Attend and present research at Eastern States			
Attend and present ISMP to Pharmacy Patient Safety Meetings			
Lead PT&N Committee Meetings, including developing agenda and drafting minutes (q/month)			

Staffing in Inpatient and Outpatient pharmacy every 3 <sup>rd</sup> weekend			
Coordinate pharmacy's response to and participate in the facility emergency preparedness cache drill			
Update and maintain the Pharmacy Service intranet site and the Pharmacy Residency Program internet site as assigned			
Attend and actively participate in Residency Forum/Journal Club meetings at the Shenandoah University School of Pharmacy			
<b>RESEARCH AND DEVELOPMENT</b>			
Submit Final Residency Research Project Proposal to IRB			
Get IRB and R&D approval for Residency Research Project			
Submit Residency Research Project Abstract to Eastern States			
Design poster or presentation for Residency Research Project			
Submit poster to R&D for approval			
Present Residency Research Project at Eastern States Conference			
Complete Manuscript for Residency Research Project			
<b>ORIENTATION TO THE SITE AND CLINICAL ROTATIONS</b>			
Facility New Employee Orientation (1 week)			
Attend Residency Orientation at the Shenandoah University School of Pharmacy (1 day)			
Inpatient Pharmacy Orientation Rotation (3 wks)			
Outpatient Pharmacy Orientation Rotation (2 wks)			
Clinical Orientation Rotation (2 days)			
Complete all required training for VA employees to include BCLS and ACLS			
Project/Management Orientation/Self Direct			
PACT - Primary Care (6 wks)			
Management (6 weeks)			
Internal Medicine - Acute Care (6 wks)			

Nursing Home/Palliative Care - Long Term Care (6 wks)			
Anticoagulation Telephone Clinic (Longitudinal, Evaluated Quarterly)			
Research Project (Longitudinal, Evaluated Quarterly)			
Management Longitudinal (refer to management responsibilities above) (Longitudinal, Evaluated Quarterly)			
Project/Management Self-Direct			
Elective 1 (4 weeks)			
Elective 2 (4 weeks)			
Elective 3 (4 weeks)			
Attend Residency Graduation			

## **Bernard J. Dunn School of Pharmacy/Shenandoah University Pharmacy Residency Teaching Certificate Program**

### **Rationale**

The need for pharmacy educators will continue to increase in the future as new pharmacy schools are developed and existing pharmacy schools increase their class sizes in order to meet the demand for pharmacists. Minimum requirements for pharmacy faculty positions include residency training or equivalent experience. Most pharmacy residency programs focus on clinical practice and patient care with less emphasis on teaching and research. Because of this, many new faculty members have not been adequately trained for the responsibilities of didactic or experiential teaching, which may significantly impact the quality of instruction that is delivered. As a result, several pharmacy residency programs including The University of Kentucky, Purdue University, and others have developed formal teaching certificate programs. Many candidates for faculty positions from other schools of pharmacy will be graduating from programs that offer a teaching certificate program. Many pharmacy residents will not however go into an academic position upon graduation from their residency. The knowledge and experiences gained in The Bernard J. Dunn School of Pharmacy Residency Teaching Certificate Programs will be applicable in assisting the resident to strengthen their teaching skills and overall become more comfortable in teaching regardless of the practice setting.

### **Overall Program Description**

The certificate program will consist of varied experiences during the residency year. This will include attendance at and participation in a lecture seminar series on pedagogy topics; reading assignments; formal teaching experiences including didactic presentations, case-based laboratory facilitation, experiential teaching; evaluations and feedback of teaching; and development of a teaching portfolio. A certificate of completion will be awarded to the resident by Shenandoah University's Bernard J. Dunn School of Pharmacy and School of Education & Human Development upon the successful completion of all elements of the program as acknowledged by the Residency Teaching Certificate Program Directors.

### **Audience**

All pharmacy residents in residency programs affiliated with the Bernard J. Dunn School of Pharmacy can participate. The program will be optional for each resident based on their interests and career goals. New faculty and other residency programs may be invited to attend as appropriate.

### **Timeline**

The program is offered yearly and participants are expected to complete the program during their residency year.

### **Specific Program Elements**

1. **Pedagogy Seminars** will consist of twelve lectures of approximately 1.5 hours in length given in conjunction with the Shenandoah University Bernard J. Dunn School of Pharmacy and Shenandoah University School of Education & Human Development. Residents are expected to attend all lectures (minimum 80%). Unless otherwise specified, readings will be assigned from McKeachie WJ, Svinicki M, eds. *McKeachie's Teaching Tips*. 12<sup>th</sup> edition. Boston: Houghton Mifflin; 2006. It is expected that the residents will read the assigned readings before the lecture seminar and be prepared to discuss during the lecture seminar.
2. **Didactic experiences** will consist of two one-hour, peer-reviewed lectures given by the resident during the residency year at the School of Pharmacy. The resident will work closely with a content

expert, residency program director, and Residency Teaching Certificate Program Directors during the process.

3. **Experiential experiences** will consist of the resident serving as the primary preceptor in conjunction with a faculty member/preceptor for one student rotation in the spring semester.
4. **Two small group lab sessions** consisting of a student case work up, skill practice, and note writing exercise (PHAR 723/724 Patient Assessment I/II) will be facilitated by the resident in conjunction with a faculty member.
5. A **teaching portfolio** will be completed by the resident as a compilation of all teaching experiences and development of a teaching philosophy.

**DRUG INFORMATION RESPONSE**

**TO:** \_\_\_\_\_ (Requesting Provider)

**FROM:** \_\_\_\_\_ (Pharmacist)

**SUBJECT:** \_\_\_\_\_ (Drug Information Question)

**DATE:** \_\_\_\_\_

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**References:**

## **FUNCTIONAL STATEMENT FOR PGY-1 PHARMACY RESIDENT VAMC MARTINSBURG**

### **INTRODUCTION:**

The mission of the VAMC Martinsburg PGY-1 Pharmacy Residency Program is to develop competent pharmacists professionally equipped to serve as clinical pharmacy specialists in a variety of practice settings.

### **MAJOR DUTIES:**

Major duties of PGY-1 Pharmacy Residents are performed under the indirect or direct supervision of a licensed pharmacist or other appointed residency preceptor. Clinical pharmacy preceptors must ensure direct supervision of residents engaging in clinical practice in the facility.

#### **Customer Service:**

1. Treats patient, team members, other facility employees and visitors with respect. Respond to needs appropriate for the service in a courteous and timely manner.
2. Demonstrates appropriate and proactive interpersonal skills to achieve the goals of the service. Acts as a team member and is supportive of the group's efforts at all times.
3. Demonstrates an ability to work under a variety of circumstances to maximize group productivity and quality.

#### **Clinical Duties:**

The PGY-1 Pharmacy Resident is a pharmacist undergoing advanced training in pharmaceutical sciences, pharmacoeconomics, clinical pharmacy (pharmacotherapy), and leadership. They are responsible for evaluating medication therapy through direct patient care involvement. Through clinical assessment, they relate patient responses to medication therapy, communicate and document those findings, and make recommendations to appropriate individuals and in appropriate records. The PGY-1 Pharmacy Resident is responsible for appropriate pharmacotherapy of patients. This includes the selection of appropriate medication for disease state management, monitoring of patient outcomes, analysis of adverse drug events and medication reconciliation. Their indirect patient care activities include pharmacy benefits management, teaching, quality assurance, medication utilization review and staff development.

A PGY-1 Pharmacy Resident can perform all duties that are considered routine for a staff pharmacist. The PGY-1 Pharmacy Resident will work in concert and under the supervision of their preceptor, an attending physician(s) and the section chief for the clinic(s) in which they work. In addition, a PGY-1 Pharmacy Resident can carry out supervised functions in an advanced practice role, such as:

1. Obtains medication histories from patients and summarizes significant findings in the medical record and/or to the provider as appropriate.
2. Is actively involved in reviewing patient medication regimens for clinical effectiveness, drug selection, dosing, contraindications, side effects, potential drug interactions, and therapeutic outcomes as required and documenting those findings and recommendations to appropriate individuals and in appropriate records. Communicating findings with prescribers and provides appropriate alternatives to current treatment plans as needed.
3. Meets with patient's care team in to discuss, design, and implement treatment plans.
4. Designs, implements, documents, and monitors therapeutic drug plans to achieve definitive outcomes through direct interactions with patients and providers in assigned areas. Provides patient-specific drug

therapy modifications to maximize patient response and minimize drug interactions, adverse drug effects, and poly-pharmacy while providing cost-effective treatment. The assessments are based on clinical reviews and objective measures. The PGY-1 Pharmacy Resident in concert with a clinical preceptor will determine a referral to the physician is necessary when disease progression occurs or adverse drug events require treatment interventions.

5. Follows-up with patients on lab or test results to discuss the plan of therapy (i.e. changes in medication therapy, monitoring and evaluation, additional testing requirements, referral to primary care or specialty care physician).
6. Performs the physical measurements necessary to ensure the patient's appropriate clinical responses to drug therapy.
7. The PGY-1 Pharmacy Resident will consult with the clinical preceptor and supervising provider for any clinical practice area outside of his/her usual area of practice and/or not otherwise discussed in this scope of practice.
8. Provides in-services and other education to health care professionals when appropriate.
9. Effectively instructs patients and family members in the appropriate use of medications and medical devices. Is able to adjust communication and tracking methods based on age and developmental considerations. Is able to accurately assess and document patient comprehension. Is able to refer patients to educational programs provided at the medical center by multidisciplinary teams.
10. Documents information into VA Adverse Drug Event Reporting System (VA ADERS). Local medical centers may designate a single pharmacist to follow-up on unique cases, but all clinical pharmacists share the responsibility to ensure reporting of adverse drug events is completed by clinicians.
11. Monitors for and reports drug errors, adverse drug reactions, allergies, and patient compliance issues. Documents findings per facility procedures.
12. Reviews and evaluates requests for non-formulary and restricted drugs for appropriateness and compliance with established criteria where applicable.
13. Assists with medication use evaluations and other Pharmacy and Therapeutics activities.
14. Documents clinical interventions in VistA in a timely and professional manner.
15. Promotes and monitors compliance with established drug therapy policies.
16. Works with providers to ensure compliance with national, VISN, and local initiatives.
17. Serves on medical center and/or VISN committees as requested.
18. Reviews and verifies medication orders to be administered to patients in primary care, prior to administration, for appropriateness and to reduce potential risk of adverse drug event.
19. Providing patient care that is appropriate to the cognitive, physical, emotional, and chronological maturation needs of the patient group served. Categories Served: Adult – ages 18 to 64 years old; Older Adult – ages 65 and older.
20. Serves as a preceptor for pharmacy students in accordance with established protocols.
21. Assists in the development of proposals for improved and/or new clinical pharmacy services.
22. Maintains a current knowledge of therapeutics and disease management.

23. Provides timely and accurate responses to drug information inquiries from all customers using appropriate references to research drug information.
24. Administers medications, according to pre-established protocol, when requested by physicians.
25. Executes a research activity that is approved by and in compliance with IRB protocol. Creates a publishable manuscript of the research activity.
26. Recognizes suicide risk factors and knowing the safety nets needed to manage the prevention of suicide, support systems and referral resources.
27. When required in performance of assigned duties, Minimum Data Set (MDS) and Resident Assessment Protocol (RAPS) will be completed on appropriate patients.
29. Other duties as assigned.

### **FACTOR 1. KNOWLEDGE REQUIRED BY THE POSITION**

Extensive knowledge of pharmacotherapy and medication management for multiple disease states to include, but not limited to diabetes, lipids, hypertension, and anticoagulation. The PGY-1 Pharmacy Resident must be able to apply knowledge of normal laboratory values in the evaluation of patient care and recognizes significant abnormalities. The PGY-1 Pharmacy Resident has expertise in the principles of clinical pharmacokinetics and pharmacodynamics and is knowledgeable and able to make dose adjustment recommendations based on objective laboratory findings. The PGY-1 Pharmacy Resident must have extensive knowledge of pharmaceuticals so as to recognize drug interactions, therapeutic overlaps, inappropriate dosing, and be able to recommend therapeutic alternatives when necessary. Extensive knowledge of VA policies and procedures, especially in the area of pharmacy service and the legal requirements of VACO, Joint Commission, and Federal mandates. Incumbent must be knowledgeable of pharmacy's organization and policies and procedures, in order to provide information, recommendations, and advice. Incumbent must possess the knowledge of the day to day hospital operations and Pharmacy Service relationship with other services within the medical center. Incumbent must have a general knowledge of mission, objective, and management practice in the agency in order to recognize areas of interaction and overlap between proposed applications and existing applications. Incumbent needs general knowledge of pharmacy's computer packages. Incumbent must establish effective working relationships with all levels of professional and non-professional staff within the medical center.

### **FACTOR 2. SUPERVISORY CONTROL**

Incumbent reports directly to the Clinical Coordinator/Residency Director, Pharmacy Service, or designee. Assignments are based on pharmacy needs. The Chief, Pharmacy Service sets the overall objectives and resources available for the incumbent. Performs job assignments without supervision and keeps Clinical Coordinator/Residency Program Director, Pharmacy Service advised of progress.

### **FACTOR 3. SCOPE AND EFFECT**

To utilize efficient and effective professional and clinical skills in performance of duty to allow Pharmacy Service to provide high quality pharmaceutical service for the veteran. Problem-solve and coordinate efforts to support operations of a large variety of medical specialties. Successful discharge of the incumbent's duties and responsibilities is essential to the achievement of Pharmacy Service's mission of providing optimum cost effective patient care.

**FACTOR 4. PERSONAL CONTACTS**

Contacts are with physicians, physician assistants, nursing staff, social workers, dietitians, and secretaries on the patient care team, as well as with patients and patient's families.

**FACTOR 5. PHYSICAL DEMAND**

Position requires walking, lifting, bending, and prolonged periods of sitting and standing, as well as the emotional stability to handle stress deadlines and various problem situations.

**FACTOR 9. WORK ENVIRONMENT**

Duties are performed in the Veterans Affairs Medical Center in Martinsburg, West Virginia, the VISN Central Office in Linthicum, Maryland, and the Bernard J. Dunn School of Pharmacy, Shenandoah University in Winchester, VA.

**Pharmacy Specific Duty Hours Requirements  
For the ASHP Accreditation Standards for  
Pharmacy Residencies**

**This applies to requirement 2. 2 in the following ASHP Accreditation Standards:**

Postgraduate Year One (PGY1) Pharmacy Residency Programs  
Postgraduate Year One (PGY1) Community Pharmacy Residency Programs  
Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs  
Postgraduate Year One (PGY1) Pharmacy Residency Programs – International  
Postgraduate Year Two (PGY2) Pharmacy Residency Programs

**Definitions:**

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**DUTY HOURS**

Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patient safety and resident's well-being. Therefore, programs must comply with the following duty hour requirements:

**I. Personal and Professional Responsibility for Patient Safety**

A. Residency program director must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.

D. If the program implements any type of on-call programs, there must be a written description that includes:

- The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
- Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

## **II. Maximum Hours of Work per Week and Duty Free Times**

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
  - a. The type and number of moonlighting hours allowed by the program.
  - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
  - c. A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
  - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

E. If a program has a 24 hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

### **III. Maximum Duty Period Length**

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

#### **B. In-House Call Programs**

1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).

2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process that oversee these programs to ensure patient safety, resident well-being, and provides a supportive, educational environment. Well-documented, structured process must include at a minimum:

- a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
- b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.

#### **C. At-Home or other Call Programs**

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
3. Program directors must define the level of supervision provided to residents during at-home or other call.
4. At-home or other call hours are not included in the 80 hours a week duty hour's calculation, unless the resident is called into the hospital/organization.
5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on 3/4/2012

Approved by the ASHP Board of Directors on 4/13

## Patient Education Classes

### General information about the classes:

-All classes are in the library, 2B-150.

-Your best resource if there are any urgent problems during teaching is Lois Waybright, whose office is next to the education room (which is located in the library).

-Patient education class schedule can be found at this address:

<http://www.martinsburg.va.gov/monthview.asp>

-Sample/model power points and handouts for smoking cessation, diabetes education, and MOVE! classes are located in the Pharmacy Share Drive>Residency Binders 2013-2014>Erin Vanmeter or Shyla Rider>Longitudinals>Patient Education

### MOVE! class:

Contact: Adrienne Poag (Dietician ext. 3693) and Lauren Pare (CPC2 dietician ext. 2882)

Email: [Adrienne.Poag@va.gov](mailto:Adrienne.Poag@va.gov) and [lauren.pare@va.gov](mailto:lauren.pare@va.gov)

Phone: x3597 and pager 4127

When: Once every 12 weeks, Tuesday 9:00-10:00, Wednesday 1:00-2:00, and Friday 2:00-3:00

- This is a presentation about medications linked to weight gain and medications that are used for weight loss, as a component of the MOVE! class for veterans attempting to lose weight and exercise.
- Normally 10-12 attendees, and they have a lot of questions.
- Patients generally like to have a copy of your slides to take home with them, so bring printed copies.
- Rebekah is very flexible for the timing of when you'd like to teach – just get in touch with her if you have scheduling problems. Also, there's a women's MOVE! class that is touch once monthly as well.
- No note writing/follow-up is required. The dietician running the class will co-sign you on each patient's note.

### Diabetes Education:

Contact: Rebekah Overstreet (CPC3 dietician, 2B150)

Email: [Rebekah.Overstreet@va.gov](mailto:Rebekah.Overstreet@va.gov)

Phone: x 3597

When: Third Wednesday of every other month from 9:00-10:00

Class:

- Pretty small class (2-6) that you teach about diabetes medications and answer any questions they have.
- They get some background information about pathophys, fingersticks, a1c's, and carb intake in prior classes – your class is one out of six.
- Given the smaller class size, just having a handout of your slides is usually enough rather than a full power point presentation, but I'd have the PowerPoint ready if there happens to be a lot of people. Often it turns into an hour-long conversation/counseling session about their specific care/medications.

Follow-up:

- This is the one class where you are the provider and need to put in notes on each patient, assessing their diabetes knowledge before and after class.
- There's a "diabetes" box in the cabinet in the education room. Make sure you get them to sign in using the paper in the "medications" folder and fill out an evaluation form.
- Get their names and last fours, look them up in the chart, and they should have an appointment for "MWV PHARM DM CLASS 2B150" for the day you taught the class.
- Link your note to this appointment. You should then pick the note title "Diabetology Education Note". Cosigner is Sarah Mickanis. Template should pop up.
- Fill out the patient's name and PCP. You are session #3. Always click on "using medication safely", as that's your area of focus, but if you feel like you made an impact on any other areas feel free to click it and evaluate.
- Suggest taking notes throughout class on each patient (i.e. questions they ask) because this will help with note writing after class. Also, suggest putting in the note that day if possible so things that happened in class are fresh in your mind.
- Also, add the dietician (usually Rebekah Overstreet) as an additional signer and the patient's PCP or PACT pharmacist if any medication requests are made during the class.

**Smoking Cessation:**

Contact: Bobbi Corbin (Dietician) and Michelle Bruce (CPC psychologist)

Email: [Bobbi.Corbin@va.gov](mailto:Bobbi.Corbin@va.gov) and [Michelle.Bruce3@va.gov](mailto:Michelle.Bruce3@va.gov)

Phone: x3508

When: First Tuesday of the Month 10:30-11:30

Class:

- This is co-taught with Bobbi Corbin, Michelle Bruce and yourself. You provide education on the agents we have for nicotine replacement/bupropion/varenicline for the last 30 minutes of class.
- After class, it's nice to stay around and talk to vets who want personal counseling/advice on which to medication they would like to try.
- Varenicline is not encouraged here, however the information about varenicline is presented. VA endorses combination bupropion/NRT, but varenicline should NOT be used in combination with NRT.

Follow-up:

- Pharmacy is responsible for following up on the effect of the smoking cessation classes.
- You are to call the veterans who attended and ask whether or not they're still smoking and if they can use additional resources to quit (template explained below)
- This should be recorded somehow for future data collection (i.e. excel spreadsheet). Due to the length of time between the classes and follow-up, handoffs between the residents are important for continuity.
- Initial follow up should at 4 weeks after initial class
- Second follow up should be 8 weeks after initial class

How to place a follow up note:

- Log on to CPRS
- Go to the specific patient profile you are trying to follow up
- Click on 'New Note' (bottom left hand corner)
- New window will pop up, go under 'New Visit'
- Type 'MWV Smoking' and choose the option 'MWV SMOKING CESSATION 2B 150'
- Click 'ok'
- Progress Note Title is 'Smoking Cessation Follow Up Note'
- Type in cosigner's name (Sarah Mickanis)

- Follow the template
  - Add Michelle Bruce and Bobbie Corbin as an additional signers on the note. Also, remember to add the patient's primary provider if you need any medications ordered
- Encounter Information:
- The billing code is 99406 for tobacco cessation counseling for 3-10 mins

### **VAMC Capsule**

- This is a Microsoft Publisher newsletter with student articles, resident update, and whatever else the residency class feels would be interesting to add.
  - For example, the class of 2013-2014 did pharmacist interviews and called it "The Spotlight". Be creative!
- It's helpful to solicit student articles during the staff meetings since the preceptors are there. Just include it in your resident's corner update that you're looking for articles. Also, you can send out an email to MWV-Pharmacists asking preceptors if they have any students who would like to participate.
- Generally it's best to have 4-6 articles for a complete newsletter.
- Past residency classes sometimes did themes for the newsletter ("oncology edition"), but it's up to you.
- You should try to have the students make charts and figures so it's not just walls of text if at all possible.
- Student's articles generally need some revision, which you can try to help with or refer it to their preceptor.
- Make sure they reference literature appropriately.
- Try to give feedback to their preceptors on their articles.
- Convert the newsletter to a PDF when you're done – this compresses it and makes it look better.
- Once it's converted, send it out to MWV-Pharmacists and MWV – Pharmacy Technicians.
- Previous editions of the capsule can be found in the share drive in the residency binders, and a search of "capsule" in the pharmacy share drive as a whole will yield a lot of examples.

### **Meetings**

#### **Patient Safety Meetings:**

- When: Every 3<sup>rd</sup> Monday at 8:30 am in the Inpatient Pharmacy Break room- Subject to change
- Read ISMP newsletters from the previous month, which can be found here: <https://vaww.cmopnational.va.gov/cmop/PBM/ISMP/Forms/AllItems.aspx>. Also Anneke will send out the latest ISMP when it is published.
- Present/discuss relevant updates at the Patient Safety Meeting- Provide Sherry with a written summary to be posted in the minutes
- You only need to present information from ISMP that is relevant to the Martinsburg VAMC. For example, sometimes only one article will be relevant and other times possibly five. It's helpful to run what you want to present through the inpatient pharmacy supervisor, Todd Holland.
- You may be asked to present these updates at the PT&N meeting

### **Journal Club/Disease State Topic Discussion:**

- Select a recent study or article to discuss with pharmacy students completing their rotations (IPPE and APPE) at the Martinsburg VAMC. Suggests sending out an email to MWV-Pharmacists to see who has students and if they have any topic suggestions.
  - Pharmacist Letter has some great ideas/articles for journal club discussions
  - You will get access through SU
  - Look under preceptor resources on the website
- Decide on a date and time and then reserve a room for discussion
  - Email “MWV-Meeting\_Room\_Requests.” You should hear back within the day if the room is free for use.
  - Provide them with the following information to reserve room
    - What: Journal Club/Disease State Topic Discussion
    - Where: Provide the room number you would like to reserve
    - Time: Provide the time period (i.e 1pm-2pm)
    - No. of people: Provide estimate of students/preceptors attending
    - You can access the room schedule to see which rooms are taken already by going to “Education Spotlight” on the pharmacy home page. Then near the bottom you will see “room schedule.” For the most part this room schedule is up to date.
    - Commonly reserved rooms for pharmacy presentations are the following: 4B-123, 2D-123, 2A-122C. These are just suggestions, and you’re not limited to these rooms.
- Compile a list of questions to discuss during the discussion session
- Email the preceptors and the students the article and discussion questions ahead of time
  - Can send an email to “MWV-Pharmacists and MWV-Pharmacy Technicians” to invite the pharmacists and technicians who might be interested in attending
  - Also make announcement during the Pharmacy Staff Meeting about the date and time of discussion, so everyone is aware
  - You may want to make the invitation a calendar invite to make it easier for the preceptors and students to remember
- You can design these sessions anyway you would like (i.e. can have students do some pre-work and submit it the day of, can have a clinical debate about the article with one team arguing against and one team arguing for the article/topic)
- You can make it as interactive as you would like (i.e. have some assessment questions for students, can provide a summary of clinical pearls about the topic etc.)
- Preceptors might ask you for feedback about their students who attended the session so just be mindful of that

### **Website:**

- There are two websites that you would update
  - The residency website
    - Under programs/services, then pharmacy, scroll down and PGY-1 Residency link should be towards the bottom of the page
  - The pharmacy website
    - Under programs/services, then pharmacy
- Residency website (Internet):
  - Update the content of the website including (but not limited to) the following
    - Information about current residents (bios etc.)
    - Residency brochure
    - Front page
    - Residency manual
    - Any other information that you think should be updated for current year to represent the most updated information

- Once you have decided on what information needs to be updated, you would have to get approval from your department supervisor (i.e. Anneke Tavenner and Chief) for those proposed changes to the website
  - CC public affairs on the email (MWV-Public Affairs) for approval
  - You would have to get approval of public affairs as well
  - Once the changes have been approved, someone from public affairs will update that information for you
    - Kevin Mahmot and Jason Dominguez might be the two helping you with it
    - Have clear instructions (can type them on a word document or have a screen shot of the page and use that to direct them) on what information you would like for them to update
      - Send them all the updated documents to be uploaded on the website (ie brochure, your bios etc)
    - You might have to make an appointment with them to instruct them about the changes
- Pharmacy website (Intranet):
  - Again have your proposed changes ready
    - Can type them up on a word document
    - Can use screen shot of a particular page to provide visual clues on what to update
  - You would have to get approval from your department supervisor (i.e Anneke Tavenner and Chief) for those proposed changes to the website
    - CC public affairs on the email (MWV-Public Affairs)
  - Once public affairs approve those changes, go to the VA Intranet website → Support/Requests (on main page) → E-Resource Request → New Request (Start a new request) → New Request (Start a new resource request) → Fill out the form (Step 1- Service = Pharmacy Service; Step 2 = IT Work Request)