

**VA ANN ARBOR HEALTHCARE SYSTEM
2021 – 2022 PHARMACY RESIDENCY MANUAL**



ASHP Accredited: PGY1 – Pharmacy

WELCOME

On behalf of the Veterans Affairs (VA) Ann Arbor Healthcare System, we would like to welcome you to our healthcare system and specifically to our pharmacy service and pharmacy residency program. We are pleased that you have chosen the Department of VA healthcare system for your continued education and training. The VA has become an industry leader in providing technologically innovative and high-quality health care.

Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills. We are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be customized to your specific interests, strengths and enhancing relative weaknesses. Please do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At the VA Ann Arbor Healthcare System, it is our goal to partner with you to guide you on your journey to become a highly trained and independent pharmacist.

Sincerely,

Camelia Rusu, PharmD, BCPS

PGY1 Pharmacy Residency Program Director

TABLE OF CONTENTS

Introduction

VA Ann Arbor Healthcare System	4
Pharmacy Service.....	5

Pharmacy Residency Program.....6

PGY1 Program Structure.....	6
PGY1 Residency Program Goals and Objectives.....	9
Learning Experiences/Rotations and Preceptors.....	13
Responsibilities.....	14

Benefits.....16

Program Requirements/ Policies

Licensure.....	17
Graduation Requirements.....	17
Pharmacy Practice (Staffing).....	18
Duty Hours.....	19
Moonlighting.....	21
Leave Policy.....	21
Pharmacy Resident Probation/Dismissal and/or Withdrawal.....	24

Research/ Residency Project.....26

Teaching and Education.....30

Other Resident Responsibilities.....32

Evaluations.....33

Mentorship.....36

Burnout Management37

Preceptor Requirements.....38

VA ANN ARBOR HEALTHCARE SYSTEM

Since 1953, VA Ann Arbor Healthcare System (VAAAHS) has provided state-of-the-art healthcare services to the men and women who have so proudly served our nation. More than 89,000 Veterans living in a 15-county area of Michigan and Northwest Ohio utilized the VAAAHS in fiscal year 2019.

VAAAHS is a level 1b tertiary care referral healthcare system and provides care at Community-Based Outpatient Clinics (CBOCs) in Toledo, Ohio, and Jackson and Flint, MI, as well as at community clinics at Packard and Green Roads in Ann Arbor, MI. The main hospital campus located in Ann Arbor, Michigan, has 102 acute care beds distributed among Medicine, Surgery, Critical Care, and Psychiatry Services, as well as 40 Community Living Center Beds (CLC). More than 610,650 outpatient visits were made at our facilities in fiscal year 2019; there were nearly 5,400 inpatient episodes of care provided in the hospital and extended care center.

Mission

Honor America's veterans by providing exceptional health care that improves their health and well-being.

Vision

VA Ann Arbor Healthcare System will continue to be the benchmark of excellence and value in healthcare and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in national emergencies.

Values

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

PHARMACY SERVICE

Mission

The Mission of the VA Ann Arbor Healthcare System Pharmacy Service is to build and sustain a Veteran-centered Pharmacy Practice model. The following principles will serve as the foundation of this model:

- Pharmacy personnel serve Veterans by demonstrating leadership, improving medication safety and optimizing medication related outcomes.
- Pharmacy personnel serve each other by respecting one another as professionals and working together toward Pharmacy Service goals.
- Pharmacy personnel serve other health care professionals as contributing members of an integrated healthcare team.
- Pharmacy personnel support the healthcare organization by aligning with the vision, mission, and values of VHA.
- Pharmacy personnel promote the profession of Pharmacy by providing students and residents an academic environment conducive to learning and developing innovative processes that continuously advance practice and improve Veteran care.

PHARMACY RESIDENCY PROGRAM

Purpose Statement

The purpose of the VAAHS PGY1 Pharmacy Residency Program is to build on the Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Vision

The pharmacy residency at the VA Ann Arbor Healthcare System will be a highly respected postgraduate educational and training pharmacy residency program that graduate high quality pharmacy professionals as measured by their pharmaceutical care skills, scholarly activities, and leadership.

Program Description

The VAAHS offers American Society of Health-System Pharmacists (ASHP) accredited PGY1 pharmacy residency program which provides residents with an exceptional opportunity to progressively develop their clinical skills and become pharmacy practice leaders. The program provides a balanced set of inpatient and outpatient learning experiences with additional opportunities in education, research, and administration. The VAAHS offers flexibility to accommodate personal and professional goals when creating the curriculum for each resident.

The VAAHS residency program is a full-time, temporary appointment with an anticipated duration of 12 months. Appointment is within the Federal government and pharmacy residents are therefore subject to all regulations and requirements of the Federal system.

PGY1 PROGRAM STRUCTURE

The PGY1 pharmacy residency program at the VAAHS is designed to support residents in achieving the program purpose and the required competency areas, goals and objectives. Pharmacy residents completing a residency at the VAAHS will gain competency in the following areas:

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

The PGY1 pharmacy residency program is divided into twelve rotations of one month each with additional longitudinal learning experiences. The following rotations/learning experiences are required for all PGY1 residents:

- Orientation- July (1 month)
- Primary Care- Patient Aligned Care Team (PACT) (1 month)
- Acute Care- minimum 2 rotations of 1 month each. One month in Internal Medicine, Medical Intensive Care Unit or Surgical Intensive Care Unit is required. Other available rotations in the acute care setting are: Infectious Disease, Emergency Medicine, Acute Inpatient Mental Health, and Hematology/Oncology/Palliative Care.
- Drug Information/ Medication Safety (1 month)
- Anticoagulation (1 month)
- Project Month- December (1 month)
- Pharmacy Administration- longitudinal (July- June)
- Teaching and Education- longitudinal (10 months, Aug- May)
- Pharmacy Practice (Staffing)- longitudinal (one weekend per month in outpatient or inpatient pharmacy)

The following are available elective rotations:

- Outpatient cardiology- 1 month
- Intensive Primary Care- 1 month
- Endocrinology- 1 month
- Geriatrics- 1 month
- Hematology/Oncology- 1 month
- Home Based Primary Care- 1 month
- Informatics- 1 month
- Nephrology- 1 month
- Pain Management- 1 month
- Rheumatology- 1 month
- Outpatient Psychiatry- 1 month
- Medication Safety at the National Center for Patient Safety- 1 month
- Elective learning experiences available at the University of Michigan (academia administration) and Michigan Medicine. * Residents MUST be Michigan licensed in order to have clinical rotations at Michigan Medicine, however Michigan license is not required for Academia Administration or Teaching P723 Course at the University of Michigan College of Pharmacy.

The required rotations must be taken at the VAAAHHS. The elective rotations can be filled by choosing any of the elective and acute care rotations listed above. However, the PGY1 pharmacy residents cannot spend more than one-third of the residency year dealing with a specific patient

disease state or population and must spend two thirds or more in direct patient care activities. Therefore, the residents can choose a maximum of one elective non-direct patient care rotation. Offsite rotations (including the University of Michigan) require prior approval from the Residency Advisory Subcommittee (RAS) and are generally limited to one per resident per year.

The Residency Program Director (RPD) and/or designee will assess each resident's entering knowledge and skills related to the educational goals and objectives and will take this into consideration when determining the residents' schedule, learning activities, evaluations and other changes to the program's overall plan.

The preceptor(s) for every rotation/learning experience will provide formative (on-going, regular) assessment to residents about how they are progressing and how they can improve and will make appropriate adjustments to residents' learning activities. At the end of each rotation/learning experience, the preceptor(s) and residents will complete summative evaluations. For longitudinal learning experiences a summative evaluation will be completed at least every three months. The evaluation(s) will be completed in PharmAcademic. PharmAcademic is web-based software used to manage the evaluations associated with an ASHP accredited pharmacy residency program. See Evaluations section for additional information.

PGY1 RESIDENCY PROGRAM GOALS AND OBJECTIVES

The goals and objectives of the VAAHS PGY1 pharmacy residency program are listed below. Many of the goals and objectives will be met during multiple different learning opportunities throughout the year. However, for each goal and objective, a specific learning experience or preceptor has been identified as providing the opportunity to meet that goal and objective. All the goals and objectives will be achieved through required rotations, research, projects, seminars, and self-learning and discussions with other practitioners.

Goal	Description	Opportunity	Evaluator(s)
<i>Competency Area R1: Patient Care</i>			
Goal R1.1	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, following a consistent patient care process.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.3	(Applying) Collect information on which to base safe and effective medication therapy.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	All Clinical Rotations	Resident/Preceptor
Objective R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	All Clinical Rotations	Resident/Preceptor
Objective R1.1.8	(Applying) Demonstrate responsibility to patients.	All Clinical Rotations	Resident/Preceptor
Goal R1.2	Ensure continuity of care during patient transitions between care	All Clinical Rotations	Resident/Preceptor

	settings.		
Objective R1.2.1	(Applying) Manage transitions of care effectively.	All Clinical Rotations	Resident/Preceptor
Goal R1.3	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.	Pharmacy Practice (Staffing)	Resident/Preceptor
Objective R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	Pharmacy Practice (Staffing)	Resident/Preceptor
Objective R1.3.2	Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.	Pharmacy Practice (Staffing)	Resident/Preceptor
Objective R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	Pharmacy Practice (Staffing)	Resident/Preceptor
<i>Competency Area R2: Advancing Practice and Improving Patient Care</i>			
Goal R2.1	Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	DI/MS	Resident/Preceptor
Objective R2.1.1	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	DI/MS	Resident/Preceptor
Objective R2.1.2	(Applying) Participate in a medication-use evaluation.	DI/MS	Resident/Preceptor
Objective R2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	DI/MS	Resident/Preceptor
Objective R2.1.4	(Applying) Participate in medication event reporting and monitoring.	DI/MS	Resident/Preceptor
Goal R2.2	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.	Resident Project	Resident/Preceptor
Objective R2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	Resident Project	Resident/Preceptor
Objective R2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.	Resident Project	Resident/Preceptor

Objective R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.	Resident Project	Resident/Preceptor
Objective R2.2.4	(Evaluating) Assess changes made to improve patient care or the medication-use system.	Resident Project	Resident/Preceptor
Objective R2.2.5	(Creating) Effectively develop and present, orally and in writing, a final project report.	Resident Project	Resident/Preceptor
<i>Competency Area R3: Leadership and Management</i>			
Goal R3.1	Demonstrate leadership skills.	All rotations	Resident/Preceptor
Objective R3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	All rotations	Resident/Preceptor
Objective R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	All rotations	Resident
Goal R3.2	Demonstrate management skills.	Administration	Resident/Preceptor
Objective R3.2.1	(Understanding) Explain factors that influence departmental planning.	Administration	Resident/Preceptor
Objective R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	Administration	Resident/Preceptor
Objective R3.2.3	(Applying) Contribute to departmental management.	Administration	Resident/Preceptor
Objective R3.2.4	(Applying) Manages one's own practice effectively.	Administration	Resident/Preceptor
<i>Competency Area R4: Teaching, Education, Dissemination of Knowledge</i>			
Goal R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.	Teaching/Education, All Clinical Rotations	Resident/Preceptor
Objective R4.1.1	(Applying) Design effective educational activities.	Teaching/Education,	Resident/Preceptor
Objective R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education.	Teaching/Education	Resident/Preceptor
Objective R4.1.3	(Applying) Use effective written communication to disseminate knowledge.	Teaching/Education	Resident/Preceptor
Objective R4.1.4	(Applying) Appropriately assess effectiveness of education.	Teaching/Education	Resident/Preceptor
Goal R4.2	Effectively employs appropriate	Teaching/Education	Resident/Preceptor

	preceptors' roles when engaged in teaching.		
Objective R4.2.1	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	Teaching/Education	Resident/Preceptor
Objective R4.2.2	(Applying) Effectively employ preceptor roles, as appropriate.	Teaching/Education	Resident/Preceptor

LEARNING EXPERIENCES/ ROTATIONS AND PRECEPTORS

ROTATION	PRECEPTOR(S)
Administration	Timothy Ekola To-Nga Huynh
Anticoagulation	Petra Flanagan Sarah Ebaugh Kathleen Matthews Kris Kern Emily Bartley
Drug Information/ Medication Safety	Edward LaHaie Adam Pugacz
Emergency Department	Andrew Siler
Endocrinology	Kathryn Hurren
Geriatrics	Kristin Phillips Megan Mills
Hematology/Oncology	Julie Moeller Robert Dowd
Home Based Primary Care	Connie Chen
Infectious Disease	Steven Wiseman
Informatics	Joye Allen, Adrienne Start
Inpatient Mental Health	Susan Meador
Internal Medicine	Diane Kohmescher
Medical Intensive Care Unit	Jennifer Baric
Nephrology	Camelia Rusu
Outpatient Cardiology	Michael Brenner
Outpatient Psychiatry	Lindsey Murphy
Pain Management	Livia Franchina Stephanie Arnold
Primary Care (PACT)	Marissa Dunham Katherine Freeman Jessica O'Neill Janice Richardson
Pharmacy Practice (Outpatient Staffing)	Samuel Gabor Audrey Chipka
Pharmacy Practice (Inpatient Staffing)	Michael Nolan Sebastian Mizgala
Rheumatology	Petra Flanagan
Surgery Intensive Care Unit	Robert Luczak
Teaching/Education	Camelia Rusu
Medication Safety* (NCPS)	Tim Arnold
Academia Administration*(UM)	Gundy Sweet
College of Pharmacy P723 Teaching (UM)	Emily Ashjian Kristen Ward

*Requires Residency Advisory Subcommittee Approval

RESPONSIBILITIES

Residency Program Director

1. Administrative responsibilities
 - a. Work with pharmacy administration and other departments within the facility
 - b. Chair the Residency Advisory Subcommittee
 - c. Recruit, interview and select appropriate candidates for the residency program using established procedures
 - d. Ensure residents and preceptors are following policies and procedures outlined in this manual
2. Preceptor responsibilities
 - a. Create and implement a preceptor development plan for the residency program
 - b. Implement use of criteria for appointment and reappointment of preceptors
 - c. Evaluate, assess skills and develop preceptors in the program
3. Quality improvement responsibilities
 - a. Prepare site for accreditation review
 - b. Continuously improve the residency program in conjunction with the residency advisory subcommittee
 - c. Perform quality review on an annual basis to assess quality of residency program and implement changes to continually improve quality
4. Resident responsibilities
 - a. Orient residents to the residency program
 - b. Oversee progression of residents within the program and document completed requirements
 - c. Work with residents to individualize learning throughout the residency program and ensure that all goals and objectives are being met
 - d. Coordinate schedules and learning experiences

Residency Preceptors

1. Resident responsibilities
 - a. Orient residents to their learning experience using the learning experience description. All learning experience descriptions are available on the Pharmacy Service Internal Sharepoint → PGY1 Documents or in PharmAcademic
 - b. Provide timely feedback using formative and summative evaluations in PharmAcademic to enhance the learning and performance of the resident
 - c. Use the four preceptor roles as needed based on residents' needs
2. Program responsibilities
 - a. Provide learning experiences in accordance with ASHP standards
 - b. Coordinate activities of learning experiences with resident, including orientation to learning experiences, provision of appropriate activities to meet objectives of learning experiences and continual development and modification of learning experience as necessary to meet objectives and the individual needs of the resident
 - c. Report any deficiencies or behavioral issues of the resident to the RPD
 - d. Attend resident presentations and discussions and provide appropriate feedback
 - e. Attend preceptor development activities as described in the preceptor manual
 - f. Participate actively in the residency program's continuous quality improvement processes

- g. Continually develop abilities as a preceptor and attempt to maintain the qualifications set forth by ASHP.
- h. Adhere to residency program and department policies pertaining to residents and services

Residents

- 1. Program responsibilities
 - a. Adhere to all medical center, pharmacy and residency program policies and procedures
 - b. Complete successfully all ASHP PGY1 Pharmacy Residency Requirements
 - c. Learn all aspects of patient care and medication distribution process
 - d. Participate in quality improvement activities
 - e. Participate in all educational activities
 - f. Contribute to quality improvement of the residency program by providing feedback to preceptors and RPD
 - g. Act ethically in all areas of pharmacy practice
- 2. Professional responsibilities
 - a. Act professionally through demeanor, mannerisms, appearance and other means to project a professional image
 - b. Resolve conflicts in a positive manner using negotiation and discussion
 - c. Maintain patient confidentiality

BENEFITS

Salary

PGY1 annual stipend \$45,656

Leave

Residents will accrue vacation/time off as listed below:

1. Annual Leave (AL): 4 hours per pay period
2. Sick Leave (SL): 4 hours per pay period
3. Federal Holidays: 10 paid Federal Holidays
4. Administrative leave (AA): available for meetings on a case to case basis

Residents must follow the leave policy and have accrued vacation time before requesting leave.

Other Benefits

1. Health/Life Insurance: Pharmacy residents are eligible to participate in the Federal Employees Health Benefit (FEHB) and the Federal Employees Group Life Insurance (FEGLI) Programs. You are responsible for paying a portion of the insurance. More information available at:
http://www.opm.gov/insure/federal_employ/index.asp?ProgramId=1
2. Liability Insurance: You are covered by the “Public Officers Law” and will not need any practice liability insurance during your residency. While performing within your scope of practice and in conformance with VA rules and regulations, the VA, will cover all liability issues. Your only risk would be if you exceed your scope of practice or violate VA policies.
3. Employee Assistance Program: Getting appropriate support early can prevent difficult situations which may severely interfere with a resident completing the requirements of the program and getting a residency certificate. See: <http://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>

PROGRAM REQUIREMENTS/ POLICIES

Licensure

Licensure from a recognized State Board of Pharmacy is required. Michigan license including a controlled substance license is required to complete clinical rotations outside of the VA. Michigan license is not required for Academia Administration rotation or teaching the Pharmacotherapeutic course (P723) at the University of Michigan College of Pharmacy.

1. PGY1 Residents are **required** to take the North American Pharmacy Licensure Examination (NAPLEX®) and Multistate Pharmacy Jurisprudence Exam (MPJE®) as soon as they are deemed eligible by the state board, preferably **prior** to starting the residency.
2. It is expected that all residents complete licensure requirements, in the state(s) of their choice **within 45 days** from the start of the residency year.
3. Failure to obtain licensure by the specified date will result in the following disciplinary actions:
 - i. The RPD will meet with the resident to discuss the failure of meeting the licensure requirements. The RPD and resident will determine a plan of action to successfully complete their licensure requirements.
 - ii. Failure to obtain a license to practice pharmacy **within 90 days** from the start of the residency program will result in termination of the residency.

PGY1 Graduation Requirements

The VA Ann Arbor Healthcare System will recognize those pharmacists who have successfully completed the residency program by awarding a residency certificate. No certificate shall be issued to any individual who has failed to complete the program requirements. It is the desire of the program that all residents will successfully complete the requirements and be awarded a certificate. The program allows for modification of a resident's schedule of learning experiences such that all can be accommodated. Requirements for successful completion of the residency include:

1. Rotation/ Patient Care Experiences:
 - a. Successful completion of all ASHP PGY1 Pharmacy Residency Requirements
 - b. Successful completion of all learning experiences: Achieve at least 80% (score of ≥ 3 , improving as expected) of goals and objectives established by ASHP and our institution; and achieve all R1.1 (patient care) objectives by the end of the residency program. Documentation of this accomplishment can be found in PharmAcademic.
2. Scientific Advancement/ Research and Patient Care Improvement:
 - a. Complete a research project suitable for publication or at a minimum a resident major project that includes:
 - i. A final manuscript
 - ii. A research poster presented at the ASHP Midyear Clinical Meeting

- iii. Presentation of project results at local and/or regional conference
 - b. Successful completion of all residency projects including, but not limited to:
 - i. Participate in a medication use evaluation (MUE)- assigned during Drug Information/ Medication Safety rotation
 - ii. Drug monograph or drug class review or treatment guideline- assigned during Drug Information/ Medication Safety rotation
 - iii. Process improvement project- assigned during Drug Information/ Medication Safety rotation
 - iv. Adverse drug event (ADR) reporting and monitoring system (assigned for one quarter)
- 3. Leadership and Management:
 - a. Professional committee involvement
 - i. Participation allows residents to develop essential leadership skills, fulfill professional responsibilities and network with other professionals
 - b. Act as a lead resident for one quarter (record minutes at various meetings)
- 4. Teaching/ Education and Dissemination of Knowledge:
 - a. Serve as a clinical instructor for a one-semester patient monitoring course for third year pharmacy students at the University of Michigan College of Pharmacy
 - b. Serve as a co-preceptor for clerkship students
 - c. Provide an American Council on Pharmaceutical Education (ACPE) - accredited continuing education presentation
 - d. Successful participation in journal clubs and teaching activities
 - e. Coordinate the pharmacy newsletter for one quarter
 - f. Participate in health promotion/ disease prevention projects
- 5. Other:
 - a. Staff one weekend (16 hours) per month in outpatient or inpatient pharmacy
 - b. Maintain Basic Life Support certification (provide documentation)
 - c. Participate in recruitment of residents
 - d. Comply with all institutional and departmental policies
 - e. Optional: Teaching certificate may be obtained upon successful completion of various requirements (see requirements under Teaching Certificate section)

Pharmacy Practice (Staffing) Responsibilities

Pharmacy Practice is a required, longitudinal learning experience for the PGY1 residents.

1. Residents will be introduced to both inpatient and outpatient pharmacy during the orientation month.
2. Residents are required to staff one weekend per month (16 hours) starting in August in inpatient or outpatient pharmacy as scheduled.

3. Residents will be assigned a pharmacy practice preceptor for inpatient and outpatient experience who will coordinate the learning experience and evaluations for the residents.
4. Residents will require approval from RPD if additional unpaid staffing is desired
5. Residents will review the learning experience description and expectations with preceptors during the orientation month.

Duty- Hour Policy

The VA Ann Arbor Healthcare System Pharmacy Residency Program will adhere to the ASHP Duty-Hour Requirements for Pharmacy Residencies:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635>

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

Residents, RPD, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD will 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. Patients' safety and residents' well-being is a priority of our residency program. The RPD is responsible for:

1. Educate residents and preceptors about their professional responsibility to be appropriately rested and fit for duty to provide services required by patients
2. 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
3. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest
4. RPD will 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.
5. RPD will ensure that residents follow the ASHP Duty- Hour policy and document monthly the duty hours in PharmAcademic

Maximum Hours of Work per Week and Duty-Free Times

Residents are expected to be onsite for 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Work hours are dependent upon the requirements of the assigned area. While the minimum workday is considered to be 8 hours, additional time may be necessary based on patient care responsibilities. While not required to sign in, each resident is expected to be at work as per expectations. Additional time is expected to complete assignments and projects in a timely manner. Residents may also be expected to attend other residency-related conferences or experiences off site during regular working hours.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Moonlighting hours will be counted towards the 80 hours.
2. Residents must be provided with one day in seven days free of duty when averaged over a four-week period, inclusive of call.
3. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
4. Residents will report any additional hours worked outside of the residency to the RPD for review and determination of compliance with the ASHP duty hour guidelines.
5. Continuous duty periods of residents should not exceed 16 hours.
6. Residents must report duty hours including moonlighting hours monthly in PharmAcademic.

Moonlighting (internal or external)

While the residency is a full-time commitment and includes a component of Pharmacy Practice (Staffing), it may be possible for residents to moonlight outside the VA. Internal moonlighting is not currently available for the PGY1 pharmacy residents. Residents can work outside the VA (max 12 hours/month) as long as this activity does not conflict with residency responsibilities, performance, and time commitment.

1. All moonlighting hours must be counted towards the 80- hour maximum weekly hour limit.
2. Duty- hours including moonlighting hours will be reported monthly in PharmAcademic to the RPD who will monitor the resident's progress during the residency program and evaluate the impact additional staffing and/or outside employment has on residency performance.
3. If residents' judgement or performance is being affected, the resident will not be allowed to moonlight and the RPD will develop an action plan to improve residents' performance.

Leave Policy

Pharmacy residents will accrue, request, and use leave in accordance with applicable statutes, regulations, training program requirements and this policy.

Responsibilities:

1. Chief, Pharmacy Service will ensure all pharmacy managers are aware and follow the contents of this policy.
2. Associate Chief, Clinical Pharmacy or designee is responsible to approve or deny leave requests in accordance with this policy.
3. Residency Program Director (RPD) will assist pharmacy managers with administration of this policy, and communicate all leave concerns to the Associate Chief, Clinical Pharmacy or designee.
4. Pharmacy Residents are to be proactive and timely with requests for leave, in order to minimize to the extent possible, the disruption of the educational process. Residents are also responsible for appropriate communication with their RPD and preceptor(s) to coordinate all absences in accordance with this policy.

Procedures:

1. Pharmacy Residents will enter electronic leave requests to account for all absences from the worksite occurring during their scheduled tour.
2. Pharmacy Residents shall:
 - a. Review leave balances to determine if accrued leave is sufficient for the desired request.

- b. Communicate desire for leave to preceptor(s) in the affected experience(s) and account for absence in training plan and/or coverage.
 - c. With approval from preceptor(s), notify RPD of planned absence and coverage. Upon approval of RPD, residents will enter an electronic leave request in VATAS and write “Approved by RPD” in the comments area.
 - d. Ensure planned leave requests are electronically approved by Associate Chief, Clinical Pharmacy or designee prior to taking leave.
 - e. No more than five days of leave (this includes sick leave, annual leave, authorized leave) may be taken during any given calendar month of rotation, with the exception of the month of December (due to the ASHP Midyear Clinical Meeting and Holidays) and the month of February if the PGY1 resident is interviewing for PGY2 programs.
 - f. No more than three annual leave days may be taken during the last week of the residency program to ensure resident completes all residency requirements for graduation.
3. **Sick Leave (SL):** SL is provided to allow for time off for illness or health care appointments. Requests for SL should be requested as soon as the need arises.
- a. Unscheduled SL – residents must notify the RPD and/or preceptor as soon as possible but no later than 2 hours after their scheduled tour begins when calling in sick. Electronic request will be entered as soon as feasible after returning to work. If absent for more than one day, the resident must contact the RPD and preceptor each day.
 - b. Scheduled SL – residents should work with preceptors to schedule health care appointments to minimize impact on learning experiences and patient care. Electronic requests for scheduled SL must be entered and approved in advance.
4. **Annual Leave (AL):** AL is provided to allow time off for rest and recreation (vacation) or for personal purposes, but must be approved in advance.
- a. In lieu of SL—AL may be requested in place of SL if not accounted for in accrued hours.
 - b. Tardiness—residents are expected to be at their work station ready to begin work at the beginning of their scheduled tour, not arriving on station at that time. AL may be requested and used to account for tardiness if more than 15 minutes late for duty.
5. **Care and Bereavement/Family Leave (CB):** CB is provided to allow leave for providing care to a sick immediate family member or to mourn the death of an immediate family member/individual with a relationship equivalent of an immediate family member.
- a. CB should be requested in advance if possible
 - b. CB leave hours are subtracted from the resident’s accrued SL hours.
6. **Leave Without Pay (LWOP):** LWOP may be granted in situations where the resident has insufficient accrued hours of SL and AL to cover a requested absence.

- a. Approval of LWOP will be limited and considered on an individual basis.
 - b. Any hours taken as LWOP will need to be reconciled against AL and SL balances at the conclusion of the residency—if LWOP used exceeds the accrued leave balances, the resident may be required to complete unpaid duty hours in order to be eligible for a certificate of residency completion.
7. **Extended Leave of Absence:** Extended leave is defined for the purpose of this policy as any period of time away from the residency program that would require significant alteration of the resident’s training plan.
- a. Requests for extended leave will be reviewed on a case-by-case basis and granted only with approval of the RPD and Chief of Pharmacy after consultation with the Associate Chief of Staff for Education, VA Pharmacy Benefits Management national residency liaison, and VA Office of Academic Affiliation (OAA). Leave requests must be consistent with current VHA guidelines and federal laws regarding the Family Medical Leave Act (FMLA).
 - b. Extended leave during the residency year should be minimized to the degree possible. In the event that extended leave is needed for medical or family leave, the pharmacy resident must notify the RPD as soon as possible in advance.
 - c. In situations of extended absence that would require extension of the residency year for completion of the training program, the extension shall not exceed 12 weeks. Extension of the residency for more than one resident in a residency class may not be practical for the individual program. Requests will therefore be considered in the order they are received.
 - d. It is the resident’s responsibility to refer to Human Resources to ensure continuation of benefits for any period of time the resident is on LWOP.
8. **Absent Without Leave (AWOL):** AWOL will be charged to residents for failure to request appropriate leave for absences during their scheduled tour, at the discretion of the RPD.
- a. Repeated instances of AWOL will result in disciplinary action and potentially dismissal from the residency program.
9. **Authorized Absence (AA):** AA may be granted to authorize excused time during the resident’s scheduled tour of duty for activities which are in the government’s interest. Examples may include (but not limited to) attending offsite training, recruitment, or teaching activities within the structure of the residency program.
- a. AA is not necessary when on travel authorization.
 - b. AA must be requested and approved in advance.
10. **Travel Status:**
- a. Support for resident travel on official VA business is dependent upon availability.
 - b. If travel funds are available, RPD will assist the residents with requesting appropriate support.

PHARMACY RESIDENT PROBATION/ DISMISSAL AND/OR WITHDRAWAL:

A pharmacy resident may be placed on probation, dismissed, or voluntarily withdrawn from the program should there be evidence of their inability to function effectively or put patients at risk. Examples which would require action include, but are not limited to, the following:

1. Behavioral misconduct or unethical behavior that may occur on or off station premises
2. Failure to obtain licensure within 90 days
3. Unsatisfactory attendance
4. More than one unsatisfactory performance evaluation on rotations
5. Improper use or theft of government equipment including breeches of cyber security
6. Mental impairment caused by substance abuse or mental disorder
7. Poor performance despite a corrective action plan
8. Violation of VA policies

Responsibilities:

1. Preceptors are responsible for:
 - a. Documenting unsatisfactory performance, unprofessional behavior or attendance, failure to follow policies or any actions the resident may have taken that risks the patient's health in writing and discussing with the resident and RPD
2. RPD is responsible for:
 - a. Counseling the resident at the time of the first instance of unsatisfactory performance
 - b. Seeking assistance from the Residency Advisory Subcommittee to determine a plan of action
 - c. Notifying the resident verbally and in writing of actions determined by the Residency Advisory Subcommittee
3. Residency Advisory Subcommittee (RAS) will:
 - a. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases.
 - b. Based upon the evidence, recommend that the resident receive counseling, be placed on probation, be dismissed, or that no action be taken.
 - c. Seek the concurrence of the Chief, Pharmacy Service, for determinations made.

Procedure:

1. First Instance:
 - a. Preceptor provides RPD with written evaluation/documentation of unacceptable performance or actions
 - b. Resident receives counseling
2. Second Instance:
 - a. Written evaluation/documentation provided

- b. Emergency RAS meeting called consistent of the RPD, Chief of Pharmacy Service and RAS members.
 - c. Action determined (additional counseling or 4 week probation)
 - d. Resident notified of action within 24 working hours
3. Additional Instances:
- a. Emergency RAS meeting called
 - b. Action determined (4 week probation or dismissal)
 - c. Resident notified of action within 24 working hours
4. Unprofessional/unethical conduct, absence without leave (AWOL), or failure to obtain licensure within 90 days of starting the residency will result in dismissal from the program.
5. At any time, a resident may submit a two-week notice of resignation to the RPD.

RESEARCH/ RESIDENCY PROJECT

1. Requirements

- a. ASHP requires that each pharmacy resident gains research experience. Three general criteria should be considered in selecting a research project:
 - i. It must deal with a topic of importance to the practice of hospital pharmacy.
 - ii. The project must be such that it can be completed during the residency year.
 - iii. The subject matter should be of interest and value to both the resident and the Pharmacy Department.
- b. Residents will select a research project from a list of acceptable projects compiled by RPD prior to the residents' arrival. Residents have the option to select a traditional project or an inverted research project. If a resident has specific research he/she would like to pursue, then a preceptor must be identified to serve as principal investigator.
- c. Investigational Review Board (IRB)/ Research & Development (R&D) approval or exemption is required prior to data collection.
 - i. All residents are required to complete the VA Ann Arbor Healthcare System Research Determination Form to determine if the project selected is research or non-research project.
 - ii. Residents will present the project proposal to a review committee selected of RAS members and preceptors no later than mid-August.
 - iii. If it is determined that a resident project constitutes research, then submission of a R&D and IRB application is recommended as early as possible in order to ensure approval is obtained with enough time needed to complete the research project.
- d. All residents are encouraged to attend the Research Series offered at the VA and/or at the University of Michigan
 - i. The research series is intended to provide tools needed to conduct residency research projects, provide a consistent research experience and help residents meet research requirements

2. Suitability of Research Project

- a. The scope of the project may vary widely. Projects may be prospective or retrospective in nature and can include development or expansion of services (e.g. pharmacist run clinic), developing computer programs or databases, DUE/MUE, etc. Residents will also be encouraged to formulate unique research proposals on their own, which will be considered on a case by case basis. The project must provide sufficient and meaningful data to allow reaching a conclusion suitable for

preparation of a final report. Projects do not need to be publishable, but it is preferred that projects have a unique perspective or contribute to the pharmacy departmental goals.

- b. The project, including an appropriate typed final manuscript, must be completed in the time frame of the Residency Program.
- c. The project must allow sufficient involvement on the part of the resident. This includes a literature search to avoid duplication of work, project design, protocol writing, data collecting and analysis, and preparation of the final manuscript.
- d. The resident must have a sufficient number of collaborators to ensure appropriate education and guidance (see preceptor responsibilities).

3. Format

The format of the research protocol and final manuscript will vary for each project; clinical studies may have substantially different formats than administrative or drug use evaluation studies. However, accepted scientific methods and formats which are appropriate to the subject matter should be adhered to and the final manuscript must be of publishable quality. The following outlines are suggested:

- a. Research Protocol
 - i. Introduction/Background
 - ii. Objectives
 - iii. Significance of Proposed Project
 - iv. Methodology
 1. Patient Population
 - a. Inclusion Criteria
 - b. Exclusion Criteria
 2. Procedures (details of experiment)
 3. Data Analysis (e.g., statistics)
 - v. Funding (if applicable)
 - vi. References
 - vii. Tables/Figures
 - viii. Appendices (if applicable)
- b. Research Project Final Manuscript
 - i. Abstract
 - ii. Introduction
 - iii. Methodology
 - iv. Results
 - v. Discussion and Conclusion
 - vi. References

4. Resident Responsibilities

- a. The resident is responsible for the majority of the work on the research project. The resident should be involved in all aspects of the research including proposal writing, study design, data collection, data analysis, and writing the final manuscript.
- b. The resident is responsible for writing both the research proposal and final manuscript including composition of an outline, literature search, and making any necessary revisions.
- c. The resident is responsible for preparing the R&D and IRB applications and submitting the applications in a timely manner.
- d. The resident is responsible for scheduling all meetings with the preceptor. The preceptor's work schedule must be taken into account when scheduling meetings.
- e. The resident must meet all established deadlines. It is the resident's responsibility to notify preceptor and RPD if these deadlines cannot be met or if a revision is necessary in the schedule.
- f. The research project is considered complete after the preceptor and RPD deem that the final manuscript has been satisfactorily completed.
- g. The resident must complete the research project in order to receive a residency certificate.
- h. Any problems that arise that cannot be easily resolved between the resident and preceptor should be brought to the attention of RPD.

5. Preceptor Responsibilities

- a. The preceptor will serve as the principal investigator and is responsible for directing the work of the resident throughout the year including: critiquing the written proposal, assisting with the R&D and IRB application process, training the resident regarding the experimental procedures, teaching the resident how to perform data analysis and interpretation, and critiquing the final manuscript.
- b. The preceptor must be willing to devote time to the project and facilitate the resident's completion of the research project within the residency year.
- c. The preceptor is responsible for editing the final manuscript prior to submission to RPD.

6. Proposed Schedule of Research Activities

Traditional Process Deadlines:

July 31:	Identify research topic and preceptor
Mid-August:	Develop study design and present research project protocol and VA Ann Arbor Healthcare System Research Determination Form to review committee
September:	Submit R&D and IRB applications if project is considered research
Oct – Feb:	Data collection
Mar- April:	Complete data analysis. Present results locally
Late April/May:	Present research project results locally and/or regionally
May- June:	Prepare final manuscript, including results and discussion sections/ completion of research project
Mid- June:	Preceptor approval of manuscript. Submit final manuscript to RPD

Inverted Process Deadlines:

Project 1:

July 31:	Resident orientation to study team, protocol, and data collection procedures. Complete all research requirements
Aug – Dec:	Data collection/analysis
Jan – Feb:	Prepare final manuscript, including results and discussion sections/ completion of research project
Mar – April:	Preceptor approval of manuscript. Submit final manuscript to RPD
Late April/May:	Present research project results locally and/or regionally

Project 2:

Aug – Jan:	Identify research topic and preceptor
Jan – Feb:	Develop study design and present research project protocol and VA Ann Arbor Healthcare System Research Determination Form to review committee
March:	Submit R&D and IRB applications if project is considered research
Apr - June:	Obtain IRB approval and develop project handoff checklist for incoming resident

TEACHING AND EDUCATION

1. **Clinical Instructor at the University of Michigan College of Pharmacy**

Each resident will serve as a clinical instructor in the P723 course at the University of Michigan College of Pharmacy. The RPD will assist the residents in completing all requirements and obtain a Clinical Instructor appointment with the College of Pharmacy.

P723 course builds upon the skills learned earlier in the Pharmaceutical Care course series. It is designed to facilitate the development of pharmaceutical care skills through students' participation in patient care initiatives that contribute to the role of pharmacists in health care. Emphasis is placed on developing disease management skills for common diseases such as hypertension, hyperlipidemia, allergic rhinitis, asthma, diabetes mellitus. In addition, self-care counseling skills and drug therapy assessment skills in the community setting are emphasized. All students have been assigned to a two hour in-class discussion section either on Monday or Wednesday each week. The residents will assist with the in-class discussions for the Fall semester either on Monday or Wednesday session. Please see learning experience description for more details.

2. **Clerkship Co-Preceptor**

Residents will have the opportunity to co-precept for Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) pharmacy students rotating at the VA Ann Arbor Healthcare System. Precepting goals and objectives will be set by the rotation preceptor upon discussion with the resident.

3. **CE Presentation**

Each resident is required to develop and present an American Council on Pharmaceutical Education (ACPE) accredited presentation; therefore, all deadlines and rules imposed by the ACPE must be followed. Residents can select a topic from a list of suggested topics compiled by RPDs. Also, the resident will select a preceptor with expertise in that specific area to serve as the mentor for the resident's CE presentation. The CE presentation should be 45 to 50 minutes in length with 10 to 15 minutes at the end reserved for questions or comments. All presentations must be accompanied by a thoroughly referenced handout/ slides (PowerPoint). One hour of continuing education credit will be provided to staff attending the presentation. Each resident presentation will be evaluated on a standard form by all persons in attendance. These evaluations will be discussed with the RPD and resident's mentor.

4. Journal Club

Journal club is a regular meeting of clinical pharmacy specialists, clinical pharmacists, pharmacy residents, and students, in a forum designed to permit the discussion and critique of journal articles that are of interest and relevance to the clinical pharmacy participants.

- a. Each resident will be provided thirty minutes to lead a discussion of an article that was published in the past 9 months and involve the other residents and clinical experts in questioning. A one-two page handout summarizing the key aspects of the article is encouraged.
- b. Each resident will provide the journal club article via email to the preceptors and pharmacy staff seven days before the presentation date. All residents must read the journal article and be prepared to participate in the discussion.
- c. Journal club will be held on selected months as outlined in the journal club schedule. Two residents will present a journal article at every journal club session.
- d. Preceptors and staff in attendance will evaluate each resident and feedback will be provided to the resident by RPD.
- e. Each resident will present minimum of 2 journal club articles

5. Topic Discussions

The pharmacy resident lead topic discussion is a regular meeting of clinical pharmacists and pharmacy residents designed to broaden the residents' pharmacotherapeutic knowledge and skills. Each resident will be given the opportunity to lead at least one topic discussion. Topics will be selected by preceptors and RPD. The lead resident will be responsible for coordinating the meeting and inviting pharmacy staff and preceptors.

6. Teaching Certificate (Optional)

Residents will have the opportunity to obtain a teaching certificate from the University of Michigan College of Pharmacy. The requirements to obtain a teaching certificate are the following:

- a. Serve as a clinical instructor at the College of Pharmacy
- b. Attend 75% of the teaching series discussions offered by the University of Michigan College of Pharmacy and lead one discussion
- c. Write a teaching philosophy statement
- d. Develop a teaching portfolio that includes: your teaching goals, teaching philosophy, chronological list of teaching experiences, teaching strengths and weakness, any recent teaching or lecturing evaluations
- e. The teaching portfolio must be submitted to RPD by May 15th.

OTHER RESIDENT RESPONSIBILITIES

Pharmacy Lead Resident Responsibilities

All PGY1 residents will serve as lead resident for one quarter. The lead resident will coordinate the activities of all concurrent pharmacy residents in addition to other responsibilities.

Lead Residents' Responsibilities include:

1. Attend RAS and preceptor meetings
 - a. Email RAS members/ preceptors one week prior to the meeting to solicit agenda items
 - b. Create a meeting agenda and send to all members at least 24 hours prior to meeting
 - c. Record meeting minutes
 - d. Submit minutes to RPD within 7 days after the meeting
 - e. Disseminate information/ decisions from RAS meeting or preceptor meeting to all residents
2. Provide new student orientation
 - a. Lead resident will email students starting a rotation at the VAAHS with orientation information (where to park, where to meet, when to meet, etc.) at least 4-6 weeks prior to the beginning of the rotation
 - b. Provide hospital orientation to students on their first day
3. Coordinate the quarterly pharmacy newsletter
4. Coordinate and book rooms for presentations
5. Help schedule anything else that comes up that requires scheduling including traveling arrangements

Pharmacy Residency Recruitment Showcases

There are three residency recruitment showcases which require resident participation. The Southeastern Michigan Society of Health System Pharmacists (SMSHP) Residency Showcase in October/November requires resident attendance. Attendance is also required at the University of Michigan, College of Pharmacy Career Gateway in October/November. Additionally, the residents represent the VA Ann Arbor Healthcare System at the ASHP Midyear Clinical Meeting (MCM) in the first week of December. Funding to attend the ASHP Midyear Clinical Meeting is not guaranteed, however residents are encouraged to plan to attend. Residents may be required to assist in updating recruitment materials, such as pamphlets and brochures, prior to these showcases. All residents are responsible for organizing, preparing, and transporting recruitment materials.

EVALUATIONS

1. Initial assessment

- a. Prior to the beginning of the residency, the residents will complete two baseline self- assessment forms in PharmAcademic: ASHP Entering Interests Form and Objective- Based Residency Self- Evaluation. In addition to the two forms in PharmAcademic, RPD will send PGY1 residents an Initial Assessment Supplemental Form that they will need to complete prior to the beginning of residency.
- b. RPD or designee will review all the residency program educational goals and objectives with residents
- c. RPD, in conjunction with preceptors, will assess each resident's entering knowledge and skills related to the educational goals and objectives
- d. The resident's initial assessment will be taken into consideration when determining residents' learning experiences, learning activities, evaluations and changes to the program overall plan
- e. RPD or designee will meet with each resident during the orientation month and will document the residents' initial assessment in the development plan.

2. Quarterly evaluations

- a. On a quarterly basis, the RPD or designee, the resident, and resident's mentor will meet to assess the resident's progress and determine the need to adjust the development plan.
- b. RPD or designee will document the residents' development plan and will share the plan and any adjustments with all preceptors at the preceptors meeting.

3. Learning experience/ rotation evaluations

- a. **Formative (on-going, regular) assessments**
 - i. All learning experience/ rotation preceptor(s) will provide on-going feedback to residents about how they are progressing and how they can improve. This formative feedback may be verbal or written. Written feedback may be documented in PharmAcademic.
 - ii. Frequency of ongoing feedback varies based on residents' progress and time of the year. Residents who are not progressing according to expectations receive more frequent formative feedback.
 - iii. Oral formative feedback is required; however, documentation of feedback may be necessary for residents who are not progressing satisfactorily.
 - iv. Preceptors will ensure residents' responsibilities and/or activities align with residents' progress within each learning experience.

b. Summative evaluations

- i. At the end of each learning experience/ rotation, preceptor(s) will verbally discuss with resident and document in PharmAcademic a summative evaluation on resident' s progress towards achievement of assigned educational goals and objectives. If more than one preceptor is assigned to a learning experience/rotation, all preceptors will provide input into residents' evaluations.
- ii. At the end of each learning experience/ rotation, residents will discuss with preceptor(s) and document in PharmAcademic an evaluation of each preceptor(s) and an evaluation of the learning experience/ rotation
- iii. For longitudinal learning experiences, a summative evaluation will be completed quarterly
- iv. Written comments on summative evaluations should be specific and actionable, use criteria related to specific educational objectives, recognize residents' skill development and focus on how residents' may improve their performance
- v. All evaluations must be completed within 7 days from the end of a learning experience/ rotation

c. Resident Self-evaluations

- i. Residents are required to self-evaluate on progress towards achievement of assigned educational goals and objectives at the end of all required learning experiences/ rotations. Residents self-evaluations will be completed in PharmAcademic and residents must discuss their self-evaluations with the preceptor(s).
- ii. For longitudinal learning experiences, residents will self-evaluate quarterly
- iii. All resident self-evaluations must be completed within 7 days from the end of a learning experience/rotation or by the due date

4. Other Evaluations:

- a. At the end of the residency year, residents will complete an exit survey
 - i. RPD or designee will discuss the residents' feedback at the preceptor summer retreat and will use the residents' feedback to improve residency program
- b. Other presentations will be evaluated using the VAAHS Pharmacy Oral Presentation Feedback Tool

5. Evaluation Scale and Key

1 = Needs considerable improvement

The resident is not meeting expectations and is in danger of not meeting goals by the end of the learning experience/residency program. Residents consistently receiving a 1 will work closely with preceptors and the RPD to formulate a plan for improvement.

2 = Improving but requires significant guidance

The resident has shown improvement, but not at the rate expected to achieve goals by the end of the residency. Residents receiving a 2 will need increased involvement of preceptors (direct instruction and modeling) to achieve goals but can be expected to reasonably achieve these goals.

3 = Improving as expected

The resident has shown steady improvement and will achieve goals by the end of the learning experience/residency program. Residents receiving a 3 still need regular interaction with the preceptors to continue improvement (coaching).

4 = Improving rapidly, minimal guidance needed

The resident is improving more than expected and will achieve goals by the end of the learning experience/residency program. Residents receiving a 4 only need minimal interaction with preceptors (facilitating).

5 = Improvement greatly exceeds expectations, self-motivated

The resident is improving beyond expectations and will achieve goals prior to the end of the learning experience/residency program. Residents receiving a 5 are self-motivated, self-sufficient and can perform at the level expected of an independent practitioner with little or no preceptor interaction.

NA= Not applicable

MENTORSHIP

All PGY1 residents will choose a residency mentor from a list of available mentors.

Responsibilities of resident chosen mentors include, but are not limited to:

1. Serving as an advisor and advocate for the assigned resident for the course of the residency year
2. Helping the resident to achieve the individual's and residency goals and to address any perceived deficiencies
3. Functioning as a confidant for the resident, to whom the resident can voice concerns, problems or praises
4. Attending resident's quarterly evaluation meetings
5. Meeting with the resident individually at least quarterly (in addition to quarterly evaluation meetings). Approximate target dates for these meetings will be set in Dates and Deadlines document each year.

BURNOUT MANAGEMENT PLAN

Burnout has been defined by one of the leading researchers as “a condition of emotional exhaustion, depersonalization, and reduced personal accomplishment and satisfaction in jobs where there is high stress with low rewards and the minimal goals are unachievable” (Maslach 1976). There has been increasing focus within the healthcare community on the concept of burnout of both clinicians and trainees due to recognition of the high rates of burnout, mental health issues, and suicidality within healthcare residents. The following section identifies the steps that the Ann Arbor VA Pharmacy Residency program is taking to identify resident burnout and provide resources for prevention and management of resident burnout.

Prevention of Resident Burnout

One step towards preventing burnout is to increase awareness and provide strategies for reducing emotional exhaustion. In order to do this, the VA Ann Arbor Healthcare System pharmacy residency program will:

1. Review burnout during resident orientation, including definition and coping/resiliency strategies
2. Provide resources for preventing and managing burnout (see resources below)
3. RPD will review all PharmAcademic evaluations including the monthly Duty-Hours self-evaluation to identify potential burnout

Management of Resident Burnout

Residents who have been identified as potentially developing burnout will be addressed in the following manner:

1. Initial discussion with RPD or designee, with intent to develop a plan for reducing burnout
2. Routine follow-up to assess continued feelings of burnout
3. If burnout continues, utilizing VA resources to assist resident. For example, burnt out residents may be referred to the VA Employee Assistance Program or local providers that can assist with coaching and coping skills

Resources

VA Insider: [Resilience Strategies](#)

VA Employee Assistance Program: [VA Employee Assistance - Sand Creek](#)

National Academy of Medicine: [Strategies for Clinician Well-Being \(includes links to other resources\)](#)

American Medical Association: [Steps Forward - Professional Well-Being](#)

ASHP: [Resource Center - Clinician Well-Being and Resilience](#)

PRECEPTOR REQUIREMENTS

The VA Ann Arbor Healthcare System Pharmacy Residency Program will follow the ASHP Preceptor requirements:

1. Pharmacist preceptors must be licensed pharmacist who:
 - a. Have completed an ASHP - accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
 - b. Have completed an ASHP - accredited PGY1 residency followed by an ASHP - accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
 - c. Without completion of an ASHP - accredited residency, have three or more years of pharmacy practice experience

2. Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- a. Contribute to the success of residents and program
- b. Provide learning experiences in accordance with ASHP standards
- c. Participate actively in the residency program's continuous quality improvement processes
- d. Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- e. Adhere to residency program and department policies pertaining to residents and services
- f. Demonstrate commitment to advancing the residency program and pharmacy service

3. Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

- a. Demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (instructing, modeling, coaching, facilitating) at the level required by residents
- b. The ability to assess residents' performance
- c. Recognition in the area of pharmacy practice for which they serve as preceptors
- d. An established, active practice in the area for which they serve as preceptors
- e. Maintenance of continuity of practice during the time of residents' learning experiences
- f. Ongoing professionalism, including a personal commitment to advancing the profession

4. Process for preceptor approval

a. Screening

- i. The RPD will review potential preceptors to verify that they meet eligibility requirements per ASHP accreditation standards
- ii. The RPD will provide eligible preceptor candidates with the Initial Preceptor Self-Assessment (Appendix A)
- iii. Eligible preceptor candidates will complete the Initial Preceptor Self-Assessment and return to the RPD, along with the ASHP Academic and Professional Record, Curriculum Vitae (CV), and a learning experience description

b. Residency Advisory Subcommittee (RAS) Review

- i. The RPD will present the provided documents to the RAS members for review and approval
- ii. RAS will review the documents to identify any areas where preceptor candidates may not meet accreditation standards
- iii. If a preceptor candidate does not meet the qualifications of the ASHP accreditation standards will then be approved as preceptor-in-training (PIT)
- iv. Within 4 weeks from RAS approval, the RPD will orient the new residency preceptors and PIT to the residency program structure, the ASHP Residency Standards and residency preceptor responsibilities

5. Preceptor-in-Training (PIT)

- a. The PIT will be assigned a preceptor mentor. This mentor should be a qualified preceptor for the residency program
- b. The mentor and PIT will develop a plan for the PIT to meet the qualifications of a preceptor
- c. The plan should be documented in writing. It should incorporate a timeline for when the PIT will be fully qualified with the expectation that the PIT will be fully qualified within 12-24 months. This plan should be provided to the RPD for documentation purposes. (Please see Appendix B for a sample PIT Development Plan)
- d. Once the mentor has determined that the PIT meets preceptor qualifications, the mentor will document the achievement of goals in writing and provide it to the RPD for review
- e. The RPD will review the recommendation of the mentor to determine if the PIT is fully qualified as a preceptor
- f. The PIT will become a fully qualified preceptor once the RPD agrees with the recommendation

6. Resources Available for PIT:

- a. Pharmacist Letter- Preceptor Training CE:

<http://pharmacistsletter.therapeuticresearch.com/ptrn/preceptorce.aspx?cs=cepd&s=PL>

1. Orientation for Pharmacy Residency Preceptors
 2. Professionalism: A Key to Success for Pharmacy Students and Residents
 3. The Power of Planning: Integrating Learners into a Busy Practice Setting
 4. Aim High: Feedback and Evaluation Strategies to Motivate Pharmacy Students and Residents
 5. Prepared Precepting: Strategies for Tackling Difficult Teaching and Learning Situations
- b. ASHP: Residents' Learning Activities: Understanding Learning Taxonomies and Levels
<http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html>
- c. ASHP: Preceptor Skills Resource Center
<https://www.ashp.org/Pharmacy-Practice/Pharmacy-Topics/Preceptor-Skills> (Articles, resources and preceptor toolkit available)
- d. VA Ann Arbor Healthcare System Preceptor Development Program:
1. Annually at least four preceptor development programs will be provided locally
 2. The local preceptor development programs will be based on the needs of preceptors
 3. The RPD will coordinate the local preceptor development program and provide preceptors with a schedule of all opportunities available for the preceptors
- e. PharmAcademic Training Presentation for Preceptors:
<https://www.pharmacademic.com/Help.aspx>