

VA Southern Nevada Healthcare System (VASNHS) Post Graduate Year 1 (PGY1) Pharmacy Residency Program Manual

(Last updated June 2016)



VA Southern Nevada Healthcare System
Pharmacy Services (119)
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VASNHS PGY1 Pharmacy Residency Program Manual 2016-2017

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VASNHS HISTORY

PAST

Veteran care began in the Las Vegas area in 1972 when an Outpatient Clinic was opened in Henderson, Nevada, as a satellite of the Reno VA Medical Center. In 1980, the Outpatient Clinic was relocated to West Charleston Boulevard in Las Vegas and began functioning as an Independent Outpatient Clinic.

In 1991, the Veterans Affairs/Department of Defense (VA/DoD) Joint Venture hospital construction began at the Nellis Air Force Base (AFB). Two years following, a 5-bed inpatient unit was opened in the 99th Medical Group (MDG) at Nellis AFB, allowing the Independent Outpatient Clinic to officially be designated as a VA Medical Center. Construction of the new the Mike O'Callaghan Federal Hospital (MOFH) was completed in July of 1994 and marked the commencement of the VA/DoD Joint Venture. Together, the VA and US Air Force managed 114 beds in the new facility. The facility was named after Nevada's 23rd governor Mike O'Callaghan, who served in the Marines and the Army, receiving the Purple Heart and Silver Star after being wounded in Korea. In 2012, the hospital was renamed Mike O'Callaghan Federal Medical Center (MOFMC).

Outpatient services were relocated to a leased facility at 1700 Vegas Drive in Las Vegas in 1997. The facility was named the Addeliar D. Guy III Ambulatory Care Center after a decorated WWII and Korean War Veteran who was also Nevada's first African-American District Court judge. In 1999, the terminology "VA Medical Center" was changed to "VA Southern Nevada Healthcare System" (VASNHS) to better describe the broad range of services and sites available to Veterans in the Southern Nevada.

Due to structural issues with the Addeliar D. Guy III Ambulatory Care Center, the VASNHS ambulatory care operations were dispersed throughout the Greater Las Vegas metropolitan area in 2003. The seamless transition was deemed a great success.

PRESENT

During 2000-2006, Las Vegas experienced a 30% increase in population making it one of the fastest growing cities in the Nation. On September 28, 2004, the Bureau of Land Management (BLM) transferred 150 acres of land to VA for a new hospital in North Las Vegas. In addition, \$305 million was granted to develop a medical center, to include outpatient clinics, inpatient facility, and nursing home care unit.

In August 2012, the long awaited Las Vegas VA Medical Center complex opened its doors to serve Veterans in the area. It is the first VA hospital to be built in the United States since the end of the Gulf War. The one million plus square foot VA Medical Center is a 90-bed inpatient facility with a 120-bed Extended and Skilled Care Community Living Center and state of the art medical and diagnostic services. The Medical Center is planned to provide a "one stop shop" for the Veteran whose health care needs cross the continuum of services including specialty care, surgery, mental health, rehabilitation, and collocated Veterans Benefits Administration (VBA) offices. In addition, VASNHS has four Primary Care Clinics (PCCs) throughout the Las Vegas metropolitan area to meet primary care and mental health needs of Veterans in the valley. The Community Based Outpatient Clinic (CBOC) located in Pahrump and Laughlin, Nevada provides primary care as well as mental health services to Veterans in the rural area.

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CURRENT CLINICAL SERVICES

The VASNHS provides a broad spectrum of ambulatory and inpatient services as part of the Veterans Integrated Service Network (VISN) 21, also known as the VA Sierra Pacific Network. VASNHS serves Veterans in seven counties including Clark, Lincoln, Nye, and Esmeralda in Nevada; Washington County in Utah; Mohave County in Arizona; and San Bernardino County in California. Services are available to more than 240,000 Veterans living in our catchment area. Currently, VASNHS provides health care services to more than 45,000 patients yearly, exceeding 450,000 outpatient visits per year.

- Primary care, mental health, laboratory, and radiology services are available at all PCCs.
- Mental health, specialty care, and inpatient services; business, logistic, and administrative services are located at the Medical Center.
- The Psychosocial Rehabilitative Recovery Center (PRRC) provides Veterans diagnosed with mental health illnesses a controlled environment where they can learn to function in society.
- The Center for Homeless Veterans provides needs assessments, employment counseling, Veteran benefit counseling, and outreach to rural and remote areas of Clark County, emergency shelter, and transitional housing referral.

RESEARCH

Our research office serves to assist any new research and investigative staff on training and regulatory compliance issues as well as oversight of compliance with VA regulations and mandates. We have continued to receive oversight provided from VA San Diego Healthcare System to ensure that our program adhered to all regulations and ethical standards. Our mission is to establish VASNHS as a leader in clinical research within Nevada.

ACCREDITATION

The VASNHS is accredited by the Joint Commission through January 2017.

VETERANS INTEGRATED SERVICE NETWORK 21 (VISN 21)

The VASNHS provides a broad spectrum of ambulatory and inpatient services as part of VA Sierra Pacific Network (VISN 21), which includes seven other major healthcare facilities located in Central California, Manila, Northern California, Pacific Islands, Palo Alto, San Francisco and Sierra Nevada.



VA CORE VALUES

Because **I CARE**, I will...

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.

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CODE OF ETHICS

CODE OF ETHICS

Residents must maintain Code of Ethics for Pharmacists and professionalism towards patients and staff members. Violation of The Code of Ethics and inappropriate behavior may result in dismissal from the residency program.

PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

1. **A pharmacist respects the covenantal relationship between the patient and pharmacist.**
 - a. Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.
2. **A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.**
 - a. A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.
3. **A pharmacist respects the autonomy and dignity of each patient.**
 - a. A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.
4. **A pharmacist acts with honesty and integrity in professional relationships.**
 - a. A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.
5. **A pharmacist maintains professional competence.**
 - a. A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.
6. **A pharmacist respects the values and abilities of colleagues and other health professionals.**
 - a. When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.
7. **A pharmacist serves individual, community, and societal needs.**
 - a. The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these

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situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

8. **A pharmacist seeks justice in the distribution of health resources.**
 - a. a. When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

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PHARMACY SERVICES

PHARMACY MISSION

To provide the highest quality pharmaceutical and patient care by ensuring use of medications are efficacious, safe, and cost-effective; providing patient-centric pharmaceutical care and empowerment through education; fostering an environment of responsibility, integrity, respect, and dedication through shared commitment.

PHARMACY VISION

VASNHS Pharmacy Service will provide the highest level of quality pharmaceutical and patient centric care. We will become the provider of choice for patients by expanding our scope of practice, optimizing pharmacotherapy, enhancing patient outcomes, and empowering patients to participate in their health care treatment. We will become the employer of choice for pharmacists, pharmacy trainees, pharmacy technicians, and other supportive personnel by fostering a compassionate and progressive work environment while maintaining work-life balance. We will be healthcare leaders and promote excellence through innovation, education, and technologies.

DESCRIPTION

Pharmacy Services at the VA Medical Center provides inpatient and discharge medications to patients around the clock. In addition, there are outpatient distribution and mail order services provided at this site during regular business hours.

Majority of non-urgent medications are dispensed from our VA Consolidated Mail Outpatient Pharmacy (CMOP) located in Tucson, Arizona, and Murfreesboro, Tennessee. Additionally, there are Pyxis® units located in the clinic patient care areas, which are equipped with commonly used medications and supplies for use by authorized staff only.

PHARMACEUTICAL CARE FOR PATIENTS

Clinical pharmacists provide pharmaceutical care services for their patients by providing the following services:

1. Identifying, resolving, and preventing drug related problems
2. Identifying goals of therapy, monitoring parameters, and desired outcomes
3. Educating patients regarding medication regimens

The Pharmacy Service promotes active participation in daily pharmaceutical care activities to ensure quality patient care and assesses patient outcomes.

Clinical Pharmacy Specialists are an integral part of chronic disease management services in primary care, geriatrics, and mental health clinics. Furthermore, Clinical Pharmacy Specialists are responsible for assessing patient adherence through reviewing refill history, evaluating medication regimens for appropriateness, counseling patients about their medications, consulting with physicians on drug therapy, verifying physician order entry, dispensing drugs, supervising pharmacy technicians, and participating in training programs as well as quality improvement projects.

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DRUG INFORMATION (DI) SERVICES

The Pharmacy Department provides a variety of drug information services which include, but are not limited to, the following:

- In-services to pharmacy staff and facility providers regarding new medications, contraindications, interactions, monitoring parameters, etc.
- Participating in the facility's formulary management through the Pharmacy and Therapeutics (P&T) Committee
- Reviewing Prior Authorization Drug Requests (PADR) for appropriate use and collaborating with providers to find formulary alternatives if clinically indicated
- Providing written and verbal drug information to all patients receiving new medication
- Conducting educational programs to patients about drug therapies in various group settings and individually in clinic settings
- Documenting all drug information activities according to facility policies
- Documenting all medication misadventures in accordance with the facility's performance improvement policy
- Documenting adverse drug reactions and drug allergies in patient charts
- Responding to all medication inquiries by utilizing appropriate references after conducting thorough literature reviews as appropriate

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PHARMACY SERVICE PERSONNEL LIST

ADMINISTRATION

Chief, Pharmacy	Bryan Tarman, D.Ph.
Associate Chief, Pharmacy	Meeta Patel, Pharm.D., CDE, BCPS
Clinical Programs Manager, Pharmacy	Roseann Visconti, Pharm.D.
Inpatient Programs Manager, Pharmacy	Shady Mansy, Pharm.D., BCPS
Outpatient Programs Manager, Pharmacy	Hyo Ju Kim, Pharm.D.
Acting Pharmacoeconomic Program Manager	Meeta Patel, Pharm.D., CDE, BCPS
Quality Management Clinical Pharmacy Specialist	Alyssia Jaume, Pharm.D., BCPS
Automated Data Package Application Coordinator	Maria N. Rosario-Vega, R.Ph., Nilar Iorio, R.Ph.
Administrative Officer, Pharmacy	Charles Caparas

PHARMACY RESIDENCY PROGRAM

Residency Program Director:	Roseann Visconti, Pharm.D.
Assistant Residency Program Director:	Shady Mansy, Pharm.D., BCPS
Residency Program Coordinator:	William Kuykendall, Pharm.D.
Residency Research Coordinator:	Ted Turner, Pharm.D.
Mentor(s):	Michael Bartholow, Pharm.D., CACP; Kelsey Frichtl, Pharm.D.; Andrea Matsuda, Pharm.D.; Khenh Vong, Pharm.D., BCPS,

CLINICAL PHARMACY PROGRAM

Supervisor:	Roseann Visconti, Pharm.D.
Staff:	Michael Bartholow, Pharm.D., CACP
	Gary Bernstein, R.Ph.
	Vy Bui, Pharm.D., BCPS
	James Carbo, Pharm.D.
	Travis Einertson, Pharm.D.
	Kelsey Frichtl, Pharm.D.
	Diana Garcia, Pharm.D.
	Linda Ghov, Pharm.D.
	Amy Huie-Li, Pharm.D., MPH, CGP, FASCP
	Christine Kimura, Pharm.D., MBA
	William Kuykendall, Pharm.D.
	Megan Lotito, Pharm.D., BCPP
	Andrea Matsuda, Pharm.D.
	Ellen Moore, CPhT
	Aryan Onrubia, CPhT
	Joan Russell, CPhT
	Thu Tran, Pharm.D., BCPS, CGP
	Ted Turner, Pharm.D.
	Khenh Vong, Pharm.D., BCPS
	Lisa Wang, Pharm.D.
	Daniel Worland, Pharm.D.

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INPATIENT PHARMACY PROGRAM

Supervisor:

Shady Mansy, Pharm.D., BCPS

Staff:

Macrie Alforo, Pharm.D.

Todd Barnard, Pharm.D.

Trang Dao, Pharm.D.

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Bridgette Mallick, Pharm.D.

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Apollo Milare, CPhT

Jose Molina, CPhT

Nelson Presiados, CPhT

Carmen Punzalan, CPhT

Lisa Pura, CPhT

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OUTPATIENT PHARMACY PROGRAM

Supervisor:

Hyo Ju Kim, Pharm.D.

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Jill Crochet, Pharm.D.

Andrew Earle, Pharm.D., CGP

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John Quach, Pharm.D.

Susan Ruditsky, R.Ph.

Annie Sarkissian, Pharm.D., BCACP

Meetesh Soma, R.Ph

Michael Tunney, R.Ph.

Jeffrey Yang, R.Ph

Technician Staff:

Lead Technician:

Gina Villani, CPhT

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Lydia Fernandez, CPhT

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Amy Jack, CPhT

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Danielle Richardson, CPhT

Dante Staples, CPhT

Andrea Taylor, CPhT

Karin Wonderling, CPhT

Tracey Zeriten, CPhT

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PHARMACY STAFF COMMITTEE MEMBERSHIP

VASNHS Clinical Performance Measures Committee

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Graduate, Undergraduate, Dental and Associated Health (GUDA) Committee

Roseann Visconti, Pharm.D.

VASNHS Medical Executive Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Medical Records Committee (MRC)

Khenh Vong, Pharm.D., BCPS

VASNHS Patient Safety Committee

Roseann Visconti, Pharm.D.

VASNHS Peer Review Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Periodic Performance Review

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Pharmacy and Therapeutics (P&T) Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

Alyssia Jaume, Pharm.D., BCPS

Megan Lotito, Pharm.D., BCPP

Maria N Rosario-Vega, R.Ph.

VASNHS Primary Care Oversight Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Professional Standards Board (PSB)

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Quality and Performance Improvement Council (QPIC)

Meeta Patel, Pharm.D., CDE, BCPS

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VASNHS Residency Advisory Committee (RAC)

RPD: Roseann Visconti, Pharm.D.

Leadership Representative: Meeta Patel, Pharm.D., CDE, BCPS

Assistant RPD: Shady Mansy, Pharm.D., BCPS

Residency Program Coordinator: William Kuykendall, Pharm.D.

Residency Research Coordinator: Ted Turner, Pharm.D.

Preceptor(s): as assigned

VASNHS Veterans Health Education Committee

Michael Bartholow, Pharm.D., CACP

VASNHS Women's Health Committee

Linda Ghov Pharm.D.

VASNHS Lesbian, Gay, Bisexual, and Transgender (LGBT) Committee

Vy Bui, Pharm.D., BCPS

Ellen Moore, CPhT

VISN 21 Anticoagulation Task Force

Roseann Visconti, Pharm.D.

VISN 21 Antimicrobial Stewardship Task Force

Shady Mansy, Pharm.D., BCPS

VISN 21 Drug Information Resources

Khenh Vong, Pharm.D., BCPS

VISN 21 Clinical Pharmacy Specialist Group

Roseann Visconti, Pharm.D.

VISN 21 Endocrine Task Force

Michael Bartholow, Pharm.D., CACP

VISN 21 Hepatitis C Group

Alyssia Jaume, Pharm.D., BCPS

Roseann Visconti, Pharm.D.

VISN 21 Mental Health Task Force

Ted Turner, Pharm.D.

VISN 21 Nutrition Support Committee

William Kuykendall, Pharm.D.

VISN 21 Oncology Task Force

Brandi Miller, Pharm.D.

VISN 21 Wound Care Task Force

William Kuykendall, Pharm.D.

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RESIDENCY PROGRAM OVERVIEW

PURPOSE STATEMENT

The purpose of the VA Southern Nevada Healthcare System (VASNHS) PGY1 pharmacy residency program is to prepare pharmacists to assume a clinical position in the ambulatory or inpatient care setting, adjunct faculty position at a college of pharmacy, or PGY2 pharmacy residency position in a specialty of their interest. The pharmacists will be trained to provide direct patient care, educate healthcare providers, precept pharmacy students, and practice project management.

PROGRAM ESTABLISHMENT AND ACCREDITATION

The VASNHS PGY1 pharmacy residency program was established in 2004. This residency program is accredited by the American Society of Health System Pharmacists (ASHP) Board of Directors and is guided by the 2014 ASHP Accreditation Standards.

THE RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee (RAC) is established in accordance with the ASHP Accreditation Standard for residency programs. The Residency Program Director (RPD) chairs the Residency Advisory Committee (RAC). The RAC members comprise of Pharmacy Leadership Representative, Assistant RPD, Residency Coordinator, Residency Research Coordinator and Preceptor(s). The RAC and pharmacy executive engage in an on-going process of assessment of the residency program including a formal annual program evaluation (residency retreat).

Overall Mission:

The RPD and RAC are responsible for oversight for all aspects of the pharmacy residency program at VASNHS with respect to the established ASHP Accreditation Standard. This includes adhering to the ASHP standard 1-6:

1. Requirements and Selection of Residents
2. Responsibilities of the Program to the Resident
3. Design and Conduct of the Residency Program
4. Requirements of the Residency Program Director and Preceptors
5. Requirements of the Site Conducting the Residency Program
6. Pharmacy Services

The goals of the RAC are to assist the RPD in the management of the residency program; facilitate the residents' growth and professional development; be a resource for the residents towards their specific goals, plan, and evaluation processes; and to enhance communication between the residents and preceptors.

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Specific Charges:

Members shall attend RAC meetings to:

- Review, maintain, and assure that the residency program's goals and objectives are in compliance with current ASHP accreditation standards
- Review, maintain, and approve the Residency Program Manual annually
- Review preceptor training and competency assessment annually and implement plans for preceptor development
- Assure that overall residency program goals and learning objectives are met, training schedules are maintained, and appropriate precepting is provided
- Establish residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the resident
- Review residents' individualized plan for residency, training schedule, learning experiences and objectives, and overall residency progress at least quarterly
- Address issues from residents and others regarding concerns for the programs
- In conjunction with other identified experts in research, review potential residency research proposals for feasibility, research design, and unique contribution to the literature
- Conduct corrective actions and dismissals as necessary, under the advisement of the RPD
- Provide final certification of residency completion to the RPD

Committee Leadership and Reporting Relationship:

The RPD chairs the committee and the Assistant RPD serves as the vice chair. The committee reports to the Chief of Pharmacy, who oversees the pharmacy services.

Authority/Limitations:

Requests for change in membership of the committee will be forwarded to the Chief of Pharmacy.

Evaluation:

The Committee conducts an annual evaluation of its overall effectiveness and reports to the Chief of Pharmacy.

Meeting schedule:

The committee meets a minimum of twice per calendar year or at the call of the chairperson. A quorum shall be met or the meeting cancelled and rescheduled. A quorum is defined as the presence of 50% plus one of voting committee membership.

Voting Members of the RAC:

- Residency Program Director (Chair)
- Assistant Residency Program Director (Vice Chair)
- Pharmacy Leadership Representative
- Residency Program Coordinator
- Residency Research Coordinator
- Preceptor(s) (designated by RPD)

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EMPLOYEE INFORMATION FOR VASNHS PGY1 PHARMACY RESIDENTS

RESIDENCY POSITION DESCRIPTION

Position Title: Pharmacy Resident

General Description of Position (One year trainee appointment)

- The Pharmacy Resident participates in a one year post-graduate year 1 residency training program that offers learning experiences in ambulatory care, inpatient, and administrative pharmacy practice environments as outlined in the Residency Manual. The Pharmacy Resident will be afforded all employee benefits consistent with his or her position description as a temporary employee of the VASNHS.
- The Pharmacy Resident must be licensed in any state, be a US or naturalized citizen, and have received a Doctor of Pharmacy degree from an Accreditation Council for Pharmacy Education (ACPE) accredited School/College of Pharmacy. Until such time that full licensure is obtained, the Pharmacy Resident will operate within the confines of an active Pharmacy Intern license and all pharmacist activities must be supervised by a licensed pharmacist.
- The Pharmacy Resident will demonstrate mastery of all practice skills required for successful completion of a PGY1 Pharmacy Residency Program in accordance with the standards set forth and described in the Program's Residency Manual.

FUNCTIONS

Medication dispensing and distribution

- Participates in service commitment assignments as delineated in the Residency Manual.
- Inpatient/outpatient prescription medications orders are reviewed and verified in accordance with local VASNHS Pharmacy Service policies and procedures
- Identifies, interprets, and documents resolution of prescribing and dispensing issues
- Dispenses controlled, non-controlled, and over-the-counter (OTC) substances with accuracy according to current federal law and VASNHS Pharmacy Service policies and procedures in an inpatient and outpatient setting

Clinical

- Collaborates with participants of a multidisciplinary team and provides drug information, observations on patient response to therapy, and appropriate recommendations regarding treatment alternatives or additional interventions to maximize patient care outcomes taking into consideration choice of therapy, safety, efficacy, and pharmacoeconomics
- Interviews and evaluates patients for appropriateness of pharmacologic therapy, develops a pharmaceutical care plan when indicated, and documents these activities as a progress note in the patient's medical records
- Provides medication education and counseling to patients and/or caregivers, when indicated
- Provides care and/or services appropriate to the age of the patient being served, by assessing data reflective of the patient's status and interpret the information to identify the patient's requirements relative to their age-specific needs
- Provides consultative services to all professional staff regarding drug therapy
- Complete a residency research project and write a manuscript that is suitable for publication within the guidelines outlined in the Residency Manual

Education/Administration

- Serves as a preceptor when appropriate for pharmacy students at the VASNHS
- Participates in the development and implementation of formal and informal drug education programs and clinical consultation services for healthcare professionals at the VASNHS, which may provide continuing education credits as outlined in the Residency Manual

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- Provides education to other healthcare providers and administrators to ensure their understanding and compliance with established pharmacy and medical center memorandums, standard operating procedures and policies
- Completes required self-evaluations, preceptor evaluations, and learning experience evaluations by due date. Evaluations should have narratives and constructive feedback. Feedback should be provided in accordance with the Residency Learning System (RLS)
- Ensures that all facility mandatory training is accomplished within established time-tables and properly documented in service competency files
- Provides administration/technical support
- Completes Adverse Drug Event (ADE) and Medication Error reporting
- Works with other health care providers to develop programs for improvement of drug use
- Develops and conducts drug usage evaluation in areas of needs from a cost and patient outcome perspective
- Participates in formulary-management activities to ensure appropriate utilization of non-formulary medications and those requiring prior-authorization in accordance with VA National, VISN, and local criteria for use
- Helps develop, implement, and review medication-related Quality Management initiatives as assigned

Customer Service

- Verify patient identification using at least two identifiable methods (e.g., full social security number, full name, or date of birth)
- Routinely identifies the customer's/patient's situation properly, performs the tasks required to resolve the customer's/patient's problem accurately and in a timely manner and provides follow-up, as necessary, to ensure a satisfactory resolution
- Consistently responds to patient's, family members', visitors', and co-workers' requests for assistance promptly and in a professional manner
- Actively listens to all customer/patient/staff feedback, positive and negative, acts to resolve complaints within his or her control, and reports feedback to management (or supervisor/preceptor) in a timely manner
- Maintains conduct, attitude, and practice consistent with the VA's mission and vision goals as well as the Pharmacy's professional code of ethics
- Works and communicates effectively with others while remaining courteous, tactful, and understanding when interacting with others, even in potentially difficult or volatile situations
- Uses discretion in appropriately safeguarding confidential patient information

Employee Badges

- VA Security requires all personnel to wear his or her badge at all times when they are on duty. VA issued Personal Identity Verification (PIV) Identification Badges must be worn above the waist while on duty, so the photo and name are visible at all times. PIV Badges will be in the possession of the user of the badge at all times and not left at work station after hours. Resident will be sent home to retrieve their ID badge if he or she does not have his or her badge while on duty, annual leave (AL) hours will be deducted for retrieval. If the employee badge is lost the resident must report the loss immediately to Security and render a fee for replacement.

Patient Confidentiality

- Patient confidentiality will be strictly maintained by residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and family members' emotional as well as physical well-being. Residents will receive Health Insurance Portability and Accountability Act (HIPAA) training and will abide by HIPAA regulations, ensuring patient confidentiality.

Licensure

- The resident will follow Veterans Health Administration (VHA) guidelines regarding pharmacist licensure. Candidates must be licensed in *any* state. Candidates must arrange to take the North American Pharmacist

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Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) prior to the start of the program or, at the latest, by July 30th of the residency year. If licensure is not completed on the first attempt, the resident should re-take the next available licensure examination and will be placed on probation by the RAC. Failure to obtain registered pharmacist licensure by October 1st of the residency year will result in dismissal from the program.

Proof of Licensure

- An active intern pharmacist license is required from the state in which it was issued for the duration of time in which the resident is not fully licensed and registered as a pharmacist. A copy of the license is sufficient for maintenance in the resident's record of employment and will be replaced with a copy of his or her pharmacist license once obtained within the requirements described above.

Computer Access

- Computer access will be restricted to that appropriate for an intern pharmacist until the resident can provide proof of registered pharmacist licensure, at which time access will expand to that consistent with a licensed pharmacy resident and will require preceptor review and co-signature on documentation of all direct patient care activities.

Service Commitment

- Residency service commitment learning experience will be scheduled after completion of orientation. The resident will staff under the supervision of a preceptor. Residents will be required to staff the outpatient pharmacy on one weekend day, a minimum of 14 days per year. Residents will be required to staff in the inpatient pharmacy one weekend day during their inpatient learning experience(s) for a total work week of 6 days. Residents will not receive a day off for working the weekend. Annual Leave may not be used for weekend staffing shifts. Adequate training will be provided prior to commencement of staffing activities. All service commitment requirements must be met to satisfy the completion of the residency program.

Outside Employment during Residency Program

- The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his or her activities external to the residency so as not to interfere with the program.
- Resident must follow "Pharmacy specific duty hour requirements for the ASHP accreditation standards for pharmacy residencies" available for review at: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>
 - Duty Hours: Not to exceed 80 hours/week, averaged over a four-week period, inclusive of all moonlighting
- Dual Appointment/Moonlighting: Not to exceed 20 hours/week
 - Dual Appointment: VHA allows pharmacy residents under VA appointment (VHA Notice 10-2001-03), to be appointed to another position at the VA. Dual appointment allows the pharmacy resident to work various hours during non-residency hours at an hourly rate different than the pharmacy resident's stipend. Availability of dual appointment is subject to change, based on facility demands.
 - Will not be scheduled until the resident has provided proof of registered pharmacist licensure and dual appointment application has been approved. The resident must obtain assignments from the Associate Chief of Pharmacy prior to beginning tasks. ASHP Duty Hour requirements will still apply to all dual appointment hours completed.
 - Moonlighting: employment outside of the VA/residency
- Should the resident elect to gain employment outside of residency, a clear distinction must be made between employment and residency responsibilities. Moonlighting or dual appointment can only occur during non-residency hours, it cannot occur during other required attendances, such as regional or national conferences.

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The RPD will advise the resident to refrain from employment outside of residency should it become apparent that it is interfering with the resident's ability to meet the demands of the residency program.

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POLICIES AND BENEFITS

ATTENDANCE:

The residency is a full-time temporary appointment of one (1) year in duration. The resident is expected to be on site a minimum of forty (40) hours per week, Monday through Friday to perform activities related to the residency as necessary to meet the goals and objectives of this program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the RPD and preceptor must approve of the time off or away and procedures for leave as stated in this policy must be followed. To assure adequate time off, VASNHS complies with the ASHP standards and the ASHP duty hour regulations.

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, administrative duties, scheduled and assigned activities, such as conferences, committee meetings and health fairs that are required to meet the goals and objectives of this program. Duty hours are defined below in accordance with: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

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

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).

Maximum/Continuous Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration. Any time spent at the facility beyond 12 hours must be emailed to RPD when you leave the site with documentation of activities completed.

Minimum Time Off between Scheduled Duty Periods

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

The resident must report any conflicts with duty hours immediately to the preceptor and RPD and assist in resolution of the duty hours conflict so that regulations are not violated. The resident is prohibited from violating duty hour requirements.

ANNUAL LEAVE (AL)

Annual leave is earned at the rate of 4 hours every two weeks. Annual leave can be used for rest, relaxation, and recreation, as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). It may be used only after it has been earned. Advanced leave is not permitted. Annual leave request must be submitted **at least 30 days in advance** and be approved **before** being taken. Annual leave requests that are submitted less than 30 days require appropriate justification for consideration. Taking leave during the first week of a learning experience or consistently on the same learning experience is highly discouraged. The first week of a learning experience is an important time to ensure that basic training is achieved so to avoid potential struggle with knowledge base and workload efficiency. Residents cannot miss more than 10% of a learning experience (due to annual, sick, or authorized leave). If a vacation is planned greater than one week; it will need to be scheduled across two rotations.

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Missing more than 10% of a learning experience may result in need to make up missed time or potentially failure of the learning experience (this does not include missing dates due to federal holidays). Residents cannot be on annual leave during the last week of their residency. Residents may not use AL for weekend staffing shifts. No more than one resident may take annual leave at the same time. Additionally, all AL requests will be in accordance with any pre-established VASNHS leave policies/procedures. Request for annual leave must be completed in the following order as applicable.

1. The resident must obtain verbal or written approval by the preceptor(s) of assigned learning experiences
2. Upon approval from preceptor(s), the resident must then complete a computerized SF-71 (application for leave) in Veterans Integrated System Technology Architecture (Vista) and briefly note reason for request as desired and preceptor approval in the remarks section
3. It is the resident's responsibility to directly notify the RPD and residency preceptor(s) of his or her learning experience prior to taking approved leave. All leave requests are subject to the approval of the Chief of Pharmacy and will be acted on in light of the resident's ability to complete the program's required learning experiences as well as the overall completion of the residency requirements. Resident will be paid at the end of the residency for any unused annual leave

SICK LEAVE (SL)

Sick leave is earned at the rate of 4 hours every two weeks and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. It is the responsibility of the resident who is incapacitated for duty to notify the RPD, preceptor(s) of the learning experience, and the Administrative Officer (AO) at extension 14103 as soon as possible but no later than two hours after the resident is scheduled to report for duty unless mitigating circumstances exist. In the event that the RPD, preceptor(s), or AO is not reachable by telephone calls, employees may use voice mail to as an acceptable form of notification to the RPD, preceptor(s), and AO and specify the type of leave requested. Resident who expects to be absent more than one day will inform the RPD or AO of the expected date of return to duty and notify the RPD and AO of any change. Resident must call in sick for each consecutive day of illness. For periods of illness exceeding three consecutive workdays, resident must furnish evidence of the need for sick leave upon return to duty. Resident must furnish medical certification by a physician attesting to the need for sick leave during the period of absence. Upon returning to work, a computerized SF-71 form in Vista must be completed for approval. Resident cannot miss more than 10% of a learning experience (due to annual, sick or authorized leave) and need to plan accordingly. Sick leave may also be used for family care or bereavement of a family member. If more than 10% of a learning experience is missed, resident may be required to make up time or remediate the learning experience at the discretion of the RPD. Additionally, all SL requests will be in accordance with any pre-established VASNHS leave policies/procedures.

AUTHORIZED ABSENCE (AA)

Authorized absence is granted when resident is conducting-VA related activities at a location other than the VASNHS. Approved conference and training seminar attendances are two examples that require authorized absence. Authorized absences must be requested at least 30 days in advance, by completing a computerized SF-71 form in Vista. A justification (including city and state of the training) for the AA should be noted in the remarks section of the SF-71. All leave requests are subject to the approval of the Chief of Pharmacy. If AA is being requested for more than one (1) day, requests must be made to VASNHS Director.

LEAVE WITHOUT PAY (LWOP)

Leave without pay is only granted at administrative discretion by the Chief of Pharmacy. Under certain circumstances, additional sick leave without pay may be granted with the approval of the RPD and the Chief of Pharmacy.

COMPENSATION TIME (CU)

Compensation time is not available for pharmacy residents.

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FAMILY MEDICAL LEAVE ACT (FMLA)

Family Medical Leave Act may be taken as sick leave, annual leave, or LWOP, and will be granted up to the total amount of leave (SL and AL) that is accrued when the request is entered. Maternity and Paternity Leave may be requested for a birth of a son or daughter, care of a son or daughter, and placement of a son or daughter for adoption or foster care. To be eligible for FMLA leave, resident must have worked for the Department of Veterans Affairs for at least 12 months and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave. The duration of total maternity or paternity leave shall be approved by the RPD and Chief of Pharmacy. The resident may be required to make up missed time in accordance with the residency program requirements.

EXTENDED LEAVE

Extended leave requests from the residency will be reviewed by the RPD, the Chief of Pharmacy, and a Human Resources (HR) representative, if necessary. The decision to grant an extended leave request will be made by the Chief of Pharmacy. If an extended leave request is granted prior to March 1st, the resident would be granted an extension at the end of the residency year equivalent to the extended leave period, but not exceeding 6 weeks, to complete the program's requirements. If it is estimated before March 1st that the program's requirements would not be able to be completed during the extension of the residency, the resident would have the option of reapplying to the residency program and going through the National Matching Services for the next residency year. If the extended leave is granted after March 1st, the resident would have to complete the program's requirements during an extension of the residency year as described above.

COURT LEAVE

Court leave during the residency program is discouraged due to the high demands of the program within a limited training period. Resident is encouraged to request deferment of jury duty requests.

LEAVE ABUSE

When there is reason to believe that a resident is abusing sick leave entitlement, medical certificates may be required for any period of absence provided the resident has been formally notified in writing that such a requirement has been established.

TARDINESS

Resident must enter AL for unexcused tardiness or absence (e.g., overslept, car trouble, etc.). SL may be entered if tardiness or absence was due to medical reasons. Three consecutive unexcused tardiness or absences may result in learning experience remediation.

EMPLOYEE ASSISTANCE PROGRAM

Residents should not hesitate to seek support of the 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://vaww.lasvegas.va.gov/occupationalHealth/documents/Comphysyc.pdf>

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RESIDENT EVALUATION

PURPOSE

To provide residents with timely feedback about their progress towards achievement of the program's required educational goals and objectives. Residents are required to provide constructive evaluation of the structure and content for each learning experience and the effectiveness of the preceptors' teaching/mentoring skills. All evaluations will be completed according to scheduled deadlines to provide formative and summative assessments in an effort to improve future performance.

TYPES OF EVALUATION

- **Initial assessment:** At the beginning of the residency program, resident must provide a comprehensive self-assessment of their baseline knowledge and skills related to the program's educational goals and objectives. This assessment will be documented in the resident's development plan by the end of orientation period and taken into consideration when determining resident's learning experiences, learning activities, evaluations, and other changes to the program's overall plan
- **Formative (on-going, regular) assessment:** Resident must provide on-going feedback pertaining to how he/she is progressing in each learning experience. Residents must assess each learning experience and the preceptor's performance
 - Upon completion of each learning experience, the resident will be required to complete a summative evaluation, preceptor evaluation, and learning experience evaluation. Evaluations should consist of adequate narrative with constructive feedback. Feedback will be discussed with the learning experience preceptor and the RPD. Resident must complete and discuss at least one evaluation of each learning experience and preceptor at the end of the learning experience. If more than one preceptor is assigned to a learning experience, resident should provide feedback for primary and secondary preceptors as applicable
- **Midpoint evaluation:** At the midpoint of each learning experience, resident must receive and discuss with preceptors a verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives for that learning experience
- **Summative evaluation:** At the end of each learning experience, resident must receive and discuss with preceptors a verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives. If a learning experience is greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months
- **Snap Shot evaluation:** Resident and preceptor may utilize the snap shot evaluation at any time during the learning experience to document specific examples of how the resident demonstrated an achievement of a learning experience goal or objective as well as provide immediate feedback about aspects of the resident's performance that needs improvement
- **Development plans:** Each resident must have a resident development plan documented by the RPD or designee. On a quarterly basis, resident and RPD will meet to assess resident's progress and determine if the development needs to be adjusted. The development plan and any adjustments must be documented and shared with all preceptors
- **Annual residency program evaluation (retreat):** The resident will participate in the residency program evaluation where all aspects of the program are evaluated, areas for program quality improvement are identified, and tangible plans are made based on recommendations for change

DOCUMENTATION

All evaluations will be documented utilizing PharmAcademic® and the assessment forms developed by ASHP as part of the Residency Learning System (RLS). Deadlines for all evaluations are specified for all learning experiences in PharmAcademic®. It is the resident's responsibility to ensure all evaluations are completed by due dates. All

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documentation should occur in the form of an e-mail, Report of Contact (ROC), a SnapShot evaluation in PharmAcademic® post discussion with the resident.

DEFINITIONS

Evaluation of residents in PharmAcademic® will include a Likert scale of: Needs Improvement, Satisfactory Progress and Achieved.

- **Achieved** is earned for an objective if the resident has mastered the skill and requires minimal to no supervision by the preceptor in assigned area. In patient care settings, the resident's practice is deemed safe and effective with minimal to no revision needed on formulated assessment and recommendation. The resident is able to provide accurate teach back to the preceptor and/or demonstrate accurate patient education/training as applicable. A goal may be marked as achieved if the resident achieves all objectives. Should all objectives not be evaluated on the preceptor's rotation, the corresponding goal should be marked as satisfactory progress.
- **Satisfactory progress** is earned if the resident is on the learning curve, but still needs further experience requiring evaluation for an objective. Should an objective be marked satisfactory progress, the corresponding goal should also be marked as satisfactory progress
- **Needs Improvement** is used for areas that the resident is behind the expected learning curve. All objectives marked as needs improvement should also contain comments that include suggestions for improvement. Should an objective be marked as needs improvement, the corresponding goal should also be marked as needs improvement
- **Achieved for Residency** is awarded for if residents have sufficiently demonstrated that they no longer require having a goal evaluated in future learning experiences for the remainder of the residency year. This can be awarded by the residency program director as a part of the customized training plan or may be able to be selected by preceptors at the discretion of the residency program director.

FREQUENCY

- Rotational learning experiences are typically 4-8 weeks in length. At the end of each rotational learning experience, the resident must complete a **Preceptor/Learning Experience Evaluation**, a **Midpoint Evaluation** and a **Summative Evaluation** of him/herself. It is the resident's responsibility to ensure that each learning experience preceptor completes a **Summative Evaluation** of the resident and that all evaluations are reviewed with the learning experience preceptor on the last day of the learning experience.
- Extended learning experiences are those that are typically 8-16 weeks in length. Similar to rotational learning experiences, the resident must complete a **Preceptor/Learning Experience Evaluation** and a **Summative Evaluation** of him/herself at the end of the learning experience. The resident must ensure that the preceptor for the extended learning experience completes a **Summative Evaluation** of the resident's performance and that all evaluations are reviewed between the resident and preceptor on the last day of the learning experience.
- Longitudinal learning experiences are those lasting the entire year (52 weeks) and include activities that necessitate repeated practice in order to become competent or cannot be completed in less than a year's time. This includes, but is not limited to, Service Commitment requirements and the resident's Research Project. **Summative Evaluations** (resident self-evaluation and preceptor's evaluation of the resident) will be completed at least quarterly. It is the resident's responsibility to make sure these evaluations are completed by the dates specified in PharmAcademic® and that the information is shared between him/herself and the preceptor. At the end of the year, the resident will complete a **Preceptor/Learning Experience Evaluation** and ensure that final **Summative Evaluations** from the resident and the preceptor are finished by the due date.
- Concentrated learning experiences are those that occur once in the program and may not be seen again until the next year. Orientation, Recruitment, Midyear Clinical Meeting, and VISN Conference are examples of concentrated learning experiences.
- **Snap Shot Evaluations** are to be completed at the time the assessed activity takes place, and are done only to reflect a specific moment when formative feedback is provided to the resident. The resident will complete a self-evaluation, the preceptor will complete an evaluation of the resident and the two will be compared &

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contrasted in order to facilitate learning.

- The RPD will meet with each resident on a quarterly basis to review and update the resident's quarterly development plan.

ONGOING EVALUATION

Pharmacy is an evolving profession. ASHP standards, residency program structure, and facility policies and procedures may change during residency year. The residency program is a continuous development program. Practical and constructive feedback, adaptability, and team effort are encouraged to advance pharmacy practice and foster a learning environment.

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RESIDENT RESPONSIBILITIES

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to complete these activities. The resident's assignments, rotations, and other planned activities will contribute to the resident's management of priorities, time, resources, and activities external to the residency. The resident will be expected to:

- Be in compliance with all VASNHS policies and procedures
 - Perform within guidelines provided by the VASNHS and Pharmacy Service's policies and procedures
- Obtain BLS certification **prior to the start** of the residency and maintain active status for the duration of the residency program
- Obtain registered pharmacist licensure in any state and apply for National Provider Identifier (NPI) by **October 1st** of the residency year
- Be in prompt attendance for all assigned learning experiences, scheduled meetings, conferences, and seminars
 - Return to assigned LE duty station immediately upon completion or cancellation of any meetings/conferences/seminars/training session
- Adhere to professional dress code. Always dress in professional attire with closed-toe shoes; no casual, revealing, or inappropriate attire and paraphernalia
- Always wear VA identification badge so that it is easily visible to others
- Always log off computer and lock up patient sensitive information when away from workstation
- Take accountability and ownership of all assignments and deadlines
 - Complete all assignments and projects as defined by the preceptors and RPD by the set deadlines or notify the individual who assigned the activities about the inability to meet the deadline so that an alternative plan can be made well in advance of the original due date
- Notify each learning experience preceptor(s) 1 week in advance of each learning experience
- Solicit constructive verbal and documented feedback from preceptors prior to the completion of each learning experience
- Provide learning experience, summative, and preceptor evaluations at the completion of each assigned learning experience
 - PharmAcademic® evaluations must be completed before discussing final evaluation with the preceptor
- Summarize all pertinent information and send email to co-residents, RPD, and applicable individuals at the end of every meeting or discussion. This helps to ensure that a clear and consistent message is provided to all applicable individuals and communication is effectively maintained
 - Send RPD emails with status update on projects and assignments on a biweekly basis or more frequently as needed
- Notify the RPD and preceptor(s) of any absence in accordance to leave policy as outlined the residency manual
- Submit all leave requests to the RPD as soon as possible or at least 30 days in advance of planned leave
- Complete all residency requirements within the residency year

Pharmacy Residency "Chain of Command"

Conflict in the workplace is very common and needs to be dealt with in a healthy, productive fashion. When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Because of this, conflict resolution is a necessary component of the workplace. Successful conflict resolution requires a mature, non-confrontational approach and should always begin with the involved parties. If the resident is unable to resolve a conflict with the involved party, the residency chain of command should be employed to effectively communicate and resolve conflicts that may arise during the residency year. It is the resident's responsibility to explain, understand, and utilize the appropriate chain of command within the department. The residency chain of command generally consists of:

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1. Preceptor
2. Residency Program Director
3. Chief of Pharmacy
4. National Director of Pharmacy Residency Programs and Education
Lori Golterman, PharmD
Lori.Golterman@va.gov
(202)641-4059

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RESIDENCY COMPLETION AND CERTIFICATION

The ASHP Accreditation Standards for a PGY1 Pharmacy Residency requires a minimum of one year, full-time practice commitment or equivalent for the resident. In view of this minimum requirement, all residents must participate in the residency for a 12-month period with allowable annual, sick, and authorized leave. Any deviation from this participation must be reviewed and approved in advance by members of the RAC and Chief of Pharmacy.

VASNHS residents will start on July 1st and end on June 30th the following year. Start and end dates may change (e.g., holidays, weekends, etc.). Upon successful completion of all program requirements (see below: Checklist for completion of PGY1 pharmacy residency program) and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the ASHP Accredited PGY1 Pharmacy Residency Program. Residents who fail to complete all program requirements and comply with all conditions of the residency program shall not be awarded a certificate of the residency program.

CHECKLIST FOR COMPLETION OF PGY1 PHARMACY RESIDENCY PROGRAM

- Meet all ASHP PGY1 residency requirements, which include achieving all the required competency areas, goals, and objectives
- Successful completion of all learning experiences. If a learning experience is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and residency program director
 - One needs improvement in any learning experience may lead to an unsatisfactory performance evaluation. Upon receipt of PharmAcademic[®] evaluations, RPD will discuss with preceptor(s) and the resident jointly or separately for further evaluation of the residents performance. After the discussion, the RPD will inform the resident of the final outcome of the learning experience both verbally and in writing.
- Successful completion of inpatient and outpatient service commitment (staffing) requirements (variable days and shifts: weekdays, weekends, and holidays included):
 - Defined as being able to function independently and manage the needs of VASNHS staff throughout the shift with minimal to no supervision
- Successful completion of all assignments and projects as defined by the preceptors and residency program director. This includes, but is not limited to:
 - Research project and formal manuscript
 - Completion of a residency project and a manuscript written in a format suitable for publication with all the required forms prepared for submission to a publisher and submit to a publisher
 - Attendance and formal presentation at ASHP Midyear Clinical Meeting (poster) and VISN Conference (platform) or Western States Conference (platform)
 - All research-related paperwork, data, etc. should be posted on the **Pharmacy Research shared folder** \\r01lashsm01.r01.med.va.gov\LAS_Services\Pharmacy Research
 - Research closeout form and updated abstract should be completed and submitted to research department
 - A copy should be posted on the Pharmacy Research Folder
 - Research manuscript should be completed and approved by research preceptor(s)
 - A copy should be provided to RPD and posted on the Pharmacy Research Folder
 - Presentations
 - Patient case, journal club, management conference, continuing education, and other pharmacy/nursing/medical in-services as assigned
 - Minimum of one presentation per learning experience
 - Active participation when others (e.g., co-residents, preceptors, other healthcare professionals) present

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- Patient education as requested: diabetes, pain management, women's health, weight management program, and others as assigned
- Drug Information (DI)
 - Minimum of one formal written DI response per learning experience and as assigned
- Reports and tasks
 - Monthly Pharmacy & Therapeutics activities (P&T meetings, newsletter, conversions, medication use evaluation, presentations, others)
 - Monthly VA Adverse Drug Events Reporting (VA ADERS)
 - Drug Monograph (if available)
- Others as assigned
- Completion of all evaluations in PharmAcademic® with adequate narrative and constructive feedback
 - Evaluations must be completed by the due date as assigned for each learning experience in PharmAcademic®
- Compliance with all institutional and departmental policies
- Maintain respectful and professional conduct with patients and staff members
- Transfer all items from **personal (U) drive** to **Pharmacy Residency Program shared folder** \\r01lashsm01.r01.med.va.gov\LAS_Services\Pharmacy Residency Program on the last week of residency
- Completion and submission of Residency Exit Survey
 - \\r01lashsm01.r01.med.va.gov\LAS_Services\Pharmacy Residency Program\Exit Survey and Clearance Forms
- Completion of all view alerts in VistA/CPRS
- Set up CPRS surrogate to forward all future view alerts to RPD
- Completion of "Trainee's Clearance Form" and "Employee's Records Clearance", reviewed by RPD
 - \\r01lashsm01.r01.med.va.gov\LAS_Services\Pharmacy Residency Program\Exit Survey and Clearance Forms

Resident Name: _____

Resident Signature: _____

Date: _____

RPD Name: _____

RPD Signature: _____

Date: _____

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RESIDENCY PROJECT

The intent of the residency project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Completing the project requires formulating a question, creating a study design, conducting a literature search, obtaining Institutional Review Board (IRB) approval, conducting the actual study, interpreting the study data, and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the VISN Conference or Western States Conference.

Each resident is required to complete a residency project and write a manuscript that is suitable for publication. The project will involve collection and analysis of either prospective or retrospective patient data. Literature reviews will not be acceptable. Any resident research project intended for publication requires an approval by the IRB.

If the residency project manuscript is not completed at the conclusion of the residency, the resident must provide written explanation to the RAC and request for a deadline extension. The resident must propose a deadline that is not to exceed 6 months (December 31st). The RAC will review the request on a case-by-case basis. If the deadline extension is granted, the resident should have no more than 6 months (December 31st) to complete the manuscript. Issuance of the residency certificate will be placed on hold until all residency requirements as outline above are met. If the resident is unable to furnish the required manuscript by the new deadline, the residency training will be deemed incomplete and the residency certificate cannot be issued.

GOAL

To provide the resident with the experience in research design, methodology, data collection, analysis, presentation, and manuscript development.

RESPONSIBILITIES OF THE RESIDENCY ADVISORY COMMITTEE (RAC)

- Establishes the process, timetable, and deadlines by which residency research projects are summoned, submitted, reviewed, approved, and presented to incoming pharmacy residents
- Acts as facilitator, through the RPD, for all submitted research ideas and proposals from all sources, including residents, staff, and RPD
- Determines survey for research ideas which will be distributed to and completed by all incoming pharmacy residents prior to the start of the residency program. The survey for research ideas will be reviewed by the RAC
- Facilitates the evaluation of any submitted research ideas not provided as a complete proposal for feasibility determination. All viable resident research project ideas, regardless of source, will be returned to the originator with a request to submit a complete proposal to the RAC
- Research Coordinator acts as liaison between the RAC and resident research project preceptors to inform them of their proposal status (approved, pending, or not approved)
- Research Coordinator is encouraged, but not mandated, to participate in research
- Develops and submits a list of approved potential residency projects and their associated preceptors
- Provides a forum in which project preceptors can present potential or ongoing research projects on which residents could participate
- Reviews project proposals in terms of study hypothesis, design and methodology, potential contribution to the literature, and feasibility given the residency time constraints. Based on the written proposal, provide the resident and preceptor with constructive criticism, advice and assistance to improve the project proposal
- Monitors the ongoing progress of the resident projects. Assists the residents in preparation for the ASHP Midyear Clinical Meeting and VISN Conference or Western States Conference by coordinating and participating in the practice sessions for each resident in advance of the conference
- Research Coordinator acts as a consultant to residents and research preceptors for any matters related or pertinent to IRB processes and approval

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RESPONSIBILITIES OF THE RESEARCH PRECEPTOR

All research proposals will be reviewed and approved by the RAC and will include designation of a qualified research preceptor for each project. The research preceptor will be assigned to each resident as a primary investigator. The research preceptor responsibilities include:

- Complete required Collaborative Institutional Training Initiative (CITI) training prior to participating in any research project
- Submit potential projects or ideas when the call for projects is made by the RAC
- Advise the resident in defining a project that will be completed within the residency year
- Assist the resident in developing the research protocol including study hypothesis, study design, methodology, and analysis
- Assist the resident in obtaining any approvals (e.g., Research & Development (R&D), P&T, IRB) if necessary
- Assume responsibility as the VA Principal Investigator (PI) for the protocol
- Ensure that the project is developed appropriately, data is collected and analyzed, and ensure compliance with the established time lines
- Coordinate research resources for statistical review and advise in the protocol design, analysis, and power determination
- Meet regularly with the resident(s) being precepted
- Guide the resident on data collection, data analysis, and summary of results
- Review and critique the abstract and manuscripts that result from the project
- Attend the RAC meetings with the resident at which the project is being reviewed
- Residency research project preceptors must have experience with at least one research project to qualify as a primary research preceptor, only those with more research experience may participate in two projects at the same time.

RESPONSIBILITIES OF THE RESIDENT

The VASNHS PGY1 Pharmacy Residency Program requires the resident to complete a research project and a written manuscript that is suitable for publication for successful completion of the residency program.

All research proposals originated by the pharmacy resident will be reviewed and approved by the RAC and will include designation of a qualified research preceptor for each project.

The following are the sole responsibilities of the resident and need to be achieved prior to being presented a residency certificate and recognized by the department for successful completion. Failure to do so will be reflected in resident's personnel file on a temporary basis (6 months) until all requirements have been completed. If all requirements are not completed within 6 months of the end of the residency year, this will be reflected permanently in resident's personnel file:

- To identify and select a project and project preceptor by the established timetable deadline
- To complete all research related training as required by IRB
- To be proactive in all aspects of the project which are in agreement with resident and project preceptor
- To obtain IRB approval, if necessary, to periodically update the RAC on the progress of the project, and to complete the project according to the established timetable
- To submit written protocol (conforming to the Committee on Investigations Involving Human Subjects) according to the established timetable deadlines. If the project is part of an existing protocol, the resident must submit a separate written statement explaining his or her role in the project and an update of any work completed to date
- To verbally summarize the proposal to the RAC. The presentation should demonstrate that the resident has a thorough understanding of all components of the proposal, including his or her role

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- To present project at the ASHP Midyear Clinical Meeting in poster format and at VISN Conference or Western State Conference in platform presentation format
- To complete a formal manuscript of the project according to the established timetable. The manuscript will be structured and formatted according to the publisher's manuscript guide and requirements
- To submit (with project preceptor and RPD approval) an abstract for presentation of the project at state and/or national pharmacy meetings

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PROFESSIONAL MEETINGS/CONFERENCES

GUIDELINES FOR MEETING ATTENDANCE, LEAVE, EXPENSES, REIMBURSEMENT, AND PARTICIPATION

Professional meetings and conferences (e.g., ASHP Midyear Clinical Meeting, VISN Conference, Western States Conference, etc.) offer great opportunities for residents to share and expand their knowledge of pharmacy, enhance their clinical skills, and network with colleagues. To encourage this camaraderie and to delineate both the residents' and preceptors' participation and responsibilities, the VA Southern Nevada Healthcare System provides the following guidelines for attendance, leave, reimbursement, and participation.

ATTENDANCE

Residents are required to attend all approved professional meetings and conferences and present their research projects.

LEAVE

In advance of the approved meetings or conferences, residents, RPD, and residency preceptors will request authorized absence (AA) for the weekdays of the meetings or conferences (e.g., Monday – Friday). AA for more than one day is at the discretion of the facility director and may not be approved. If not approved, AL will need to be used. Authorized absence will not be available for weekend days included in the meetings or conferences. Should participants wish to extend their trip beyond the meeting dates, personal leave (AL) should be requested and approved in advance.

EXPENSES

When possible, the resident registration fee and travel will be arranged per VA guidance by the facility. Resident must submit request for travel authorization and tuition reimbursement in advance per guidelines. Final approval must be received prior to travel or attendance of conference. Resident must place tuition and travel requests at least 60 days prior to the early-bird registration deadline. Hotel and transportation accommodations will be made by the resident upon approval and submit expense receipts for full reimbursement by the fiscal department upon return. Resident will also be provided funding at preset government rate for meals during approved attendance days at the conference. For proper funding and reimbursements, resident must follow facility rules, submit expense receipts, and complete all required paperwork pre- and post-conferences. However, travel expenses and reimbursement is not guaranteed and resident may need to pay out of pocket.

PARTICIPATION

All residents will attend the meetings or conferences in its entirety. All residents and RPD or designee will attend the presentations of all VA Southern Nevada Healthcare System residents. Residents are required to take advantage of the Continuing Education (CE) programs offered throughout the meeting to advance their clinical skills and widen their knowledge. A minimum of 10 CE units are required unless otherwise instructed. Official certificates of CE program attendance are required for travel fund reimbursements.

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RESIDENT GRIEVANCES

PURPOSE

The residency program is designed in the belief that problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff) as part of building on-going professional and working relationships. Residents are encouraged to first discuss any problems or concerns with their preceptor or RPD. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, the following processes are available to the resident:

INFORMAL MEDIATION

Either party may request the RPD to act as a mediator, or to help in selecting a mediator who is a neutral party and is an individual with whom both the resident and the preceptor is comfortable handling the mediation. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change learning experiences (or make some other alteration in their learning goals and objectives) in order to maximize his or her learning experience.

FORMAL GRIEVANCES

In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the resident may initiate a formal grievance process by sending a written request for intervention to the RPD.

- In the event that the grievance involves any voting member of the RAC, that member will excuse him/herself from participating in the review process to avoid a conflict of interest. A grievance involving the RPD may be submitted to the Assistant RPD, or Chief of Pharmacy or designee for review and resolution in consultation with the RAC. The Assistant RPD, Chief of Pharmacy or designee will follow the same policies and procedures as stated below.
- The RPD will notify the Chief of Pharmacy or designee about the request for formal intervention and the RAC will meet to review the issue.
- The resident and/or other party involved will be notified of a date, time, and place for case review and given the opportunity to provide the RAC with any information and documentation regarding the situation.
- Based upon findings obtained through review of all relevant information, the RAC will determine the course of action which best promotes the resident's continued learning and professional career. This may include recommended changes within a particular learning experience, a change in preceptor assignment, or a change in scheduled learning experiences.
- The resident will be informed in writing of the RAC's final decision, and will indicate whether he/she accepts or disputes the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Chief of Pharmacy or designee. The Chief of Pharmacy or designee will render the appeal decision, which will be communicated to all involved parties and to the RAC in writing.
- Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful conduct will be submitted to the Chief of Pharmacy or designee and can result in either disciplinary action or dismissal from the program.

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DISCIPLINARY ACTIONS AND DISMISSAL POLICY

PURPOSE

To establish a policy and procedures related to need for disciplinary action and procedures for placing a pharmacy resident on a probationary status or dismissing him/her from the program.

POLICY

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

- Unprofessional conduct
- Unacceptable performance
- Unsatisfactory attendance
- Theft of government property
- Mental impairment caused by mental disorder or substance abuse
- Failure to pass licensure exam by October 1st of residency year
- Failure to follow VASNHS policies or procedures

UNACCEPTABLE CONDUCT

- Includes but not limited to:
 - Patient abuse
 - Possession of a firearm, explosive or other weapon on station
 - Possession of illicit drugs or alcohol on government property
 - Providing false information on application or during an official investigation
 - Abandonment of duty
 - Violating VA Medical Center policies and procedures
 - Violating ethics or laws of pharmacy practice
- Unacceptable conduct by a resident should be brought to the attention of the RPD in writing. Any person who observes such behavior, whether staff or resident, has the responsibility to report the incident.
- Infractions of a very minor nature may be addressed by the RPD, the preceptor, and the resident. A written record of the complaint and action will become a permanent part of the resident's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the RPD, who will notify the resident of the complaint. Per the procedures stated in this policy, the RPD will call a RAC meeting to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and they will be required to attend the RAC meeting(s), if appropriate.
- In case of illegal or unethical behavior in the performance of patient care duties, the RPD may seek advisement from appropriate VASNHS resources, including Risk Management and/or Regional Counsel.
- Following a careful review of the case, the RAC may recommend no action, probation or dismissal of the resident. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in this section. A violation of the probationary contract would necessitate the termination of the resident's appointment at VASNHS.

UNACCEPTABLE PERFORMANCE

- If a resident fails to meet the requirements of the residency program as established by the ASHP Accreditation Standards for PGY1 Pharmacy Residency Programs and requirements set forth in the VASNHS manual, disciplinary action may be taken.

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- One needs improvement in any learning experience may lead to an unsatisfactory performance evaluation. Upon receipt of PharmAcademic® evaluations, RPD will discuss with preceptor(s) and the resident jointly or separately for further evaluation of the residents performance. After the discussion, the RPD will inform the resident of the final outcome of the learning experience both verbally and in writing.
- This includes but not limited to:
 - Repetitive failure to complete assignments or retain information
 - Can be defined as greater than 2 needs improvement in the same goal/objective per PharmAcademic®
 - Unexcused tardiness for clinical assignments
 - Providing false information on evaluation forms
 - Failure to complete evaluation forms as scheduled
 - Failure to make adequate progress in development of skills necessary for clinical pharmacy practice within the context of learning experiences

RESPONSIBILITY

- The preceptor will be responsible for:
 - Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident and RPD
 - Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action
 - Documenting in writing any actions the resident may have taken that risk a patient's health or causes endangerment to any patient or personnel
- The RPD will:
 - Work with the preceptor to counsel the resident at the time of the first instance of unsatisfactory performance
 - Call a special disciplinary RAC meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases
 - Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status
 - Notify the resident verbally and in writing of dismissal, upon receipt of the RAC's recommendation
- The RAC will:
 - Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken
 - Determine if the deficit or problem is critical that it could prevent the resident from fulfilling all program requirements, and thereby, not receive credit for the residency
 - Consider if the resident must participate in particular learning experiences or may issue guidelines for the type of experiences the resident should undertake in order to remedy such a deficit
 - Seek the concurrence of the Chief of Pharmacy or designee on recommendations

PROCEDURE

- The resident preceptor will provide the RPD 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 may not result in probation. A note stating that verbal counseling has been given will be placed in the resident's file (either as a physical copy or electronically within PharmAcademic®)
- Upon receipt of a second unsatisfactory evaluation or evidence of unprofessional conduct or actions, the RPD will call an immediate RAC meeting to determine appropriate action. Action may be placing the resident on probation for ninety days, additional counseling and/or additional activities will be suggested. These actions must receive the approval of the Chief of Pharmacy or designee.

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- If the resident continues to exhibit unacceptable professional behavior, is in continued violation of VA Medical Center policy, or fails to adhere to the residency requirements, the RPD can recommend that the resident be restricted from certain activities or additional activities can be given as corrective action.
- Actions that the RAC deems necessary will be communicated to the resident both verbally and in writing by the RPD within 24 working hours.
- If a resident is late to work more than one time without advance notice, the resident may be considered absent without leave and a pay reduction will be assessed for the time missed.
- Failure to become a licensed pharmacist within 90 days of beginning the residency year will be grounds for dismissal without prior written approval by the Chief of Pharmacy.
- At any time, a resident may submit a 14-day notice of resignation to the RPD. An exit clearance is required after resignation.

RESULTS OF PROBATION

- Once a resident has been placed on probation due to a deficit and a remedial learning contract has been written and adopted, the resident may move to a new learning experience if there is consensus that a new environment will assist the resident's remediation. The new learning experience will be carefully chosen by the RAC and the resident to provide a setting that is conducive to working on the identified problems. Alternatively, the resident and preceptor may agree that it would be to the resident's benefit to remain in the current learning experience. If so, both may petition the RAC to maintain the current assignment.
- Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave, the RPD will call an emergency RAC meeting to discuss appropriate actions. Actions will be either dismissal or additional probation. The RAC actions will have the concurrence of the Chief of Pharmacy or designee.
- The resident may be removed from probationary status by a majority vote of the RAC when the resident's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the resident's performance is at the appropriate level to receive credit for the residency.
 - The request for removal of probationary status may be made at the request of the preceptor(s) working with the resident.
 - If the resident is not making progress or if it becomes apparent that it will not be possible for the resident to receive credit for the residency, the RAC will so inform the resident at the earliest opportunity.
- A resident may appeal the RAC's decision to Chief of Pharmacy or designee. The Chief of Pharmacy or designee will render the appeal decision, which will be communicated to all involved parties, and to the RAC.
- These procedures are not intended to prevent a resident from pursuing an appeal of the RAC decision under any other applicable mechanisms available to VA employees, including Equal Employment Opportunity (EEO), or under the mechanisms of any relevant professional organization, including ASHP.

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PROFESSIONAL LIABILITY AND PROFESSIONAL LIABILITY INSURANCE

FEDERAL TORT CLAIMS ACT (FTCA)

The FTCA provides a limited waiver of the federal government's sovereign immunity when its employees are negligent within the scope of their employment. Under the FTCA, the government can only be sued under the circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred. Thus, the FTCA does *not apply* to conduct that is uniquely governmental, that is, incapable of performance by a private individual.

28 U.S.C. S 2680(h) provides that the government is *not liable* when any of its agents commits the torts of assault, battery, false imprisonment, false arrest, malicious prosecution, abuse of process, libel, slander, misrepresentation, deceit, or interference with contract rights.

The substitution provision of the Federal Employees Liability Reform and Tort Compensation Act (FELRTCA) provides that 'upon certification by the Attorney General that the defendant employee was acting within the scope of his office or employment at the time of the incident out of which the claim arose...the United States shall be substituted as the party defendant.' 28 U.S.C. S2679 (d) (1). The purpose of this amendment to the Federal Tort Claims Act was to 'remove the potential *personal liability* of Federal employees for common law torts committed within the scope of their employment, and...instead provide that the exclusive remedy for such torts is through an action against the United States under the FTCA.' H.R. Rep. No. 700, 100th Cong., 2d Sess.4 91988).

PROFESSIONAL LIABILITY INSURANCE

With more responsibility, comes more risk. Federal employees working within their Scope of Practice are protected under a limited waiver of the federal government's sovereign immunity as described by the Federal Tort Claims Act (FTCA).

Each employee must determine if they should invest in professional liability insurance. You operate on hard work and dedication on the job at hand, but even the most careful and responsible professional can be named in a malpractice suit.

What is professional liability insurance (PLI)?

- PLI ensures the entity or individual against claims of negligence or failure to render professional services made by a third party, such as a patient. There are two types of liability:
 - Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires
 - Claims-Made: covers events that occur while the policy is in effect and even those that occur before the policy is in effect

Why do pharmacists need PLI?

- Being part of a pharmacy profession places residents at risk for negligence or failure to render professional services. When people sue, they usually name anyone who had anything to do with the situation. Regardless of who is negligent, it may take years for litigation to be dismissed. Even if a case is dismissed, attorney fees can be a financial burden.

What types of lawsuits are most common?

- Negligence lawsuits, that is, damages sustained due to failure to perform according to normal standards of conduct within the profession.

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What does PLI cover?

- Generally, the following is covered by PLI: Actual or alleged errors, omissions, negligence, breach of duty, misleading statements, and performance or non-performance of professional services.

What questions should be asked when selecting PLI?

- What triggers coverage, that is, a verbal allegation versus a written statement? If you must take time away from practice, will coverage provide compensation for wages lost? Is there a deductible and does it apply to defense costs? Does the insurance policy cover governmental or administrative action taken against you?

Will your employer's policy apply to you?

- Yes, but you may still be liable for your own negligence. You may still be responsible for all or part of the plaintiff's award or settlement. The only way to ensure you are covered is to have your own policy.

How much does PLI cost?

- A premium will be based on profession, potential severity of the claim, number of years in practice, number of professionals covered, annual revenues, location of business, and claims history.

How much money will be covered by PLI?

- Limits on the minimum and maximum benefits vary depending on state, but you generally get what you pay for, that is, higher benefits cost more. It may be possible to add an additional \$1,000,000-\$2,000,000 of coverage for a minimal addition to your premium. It is important to look at the maximum limits offered by your policy rather than selecting the most inexpensive policy.

Websites: www.ashp.org; www.phmic.com; www.proliability.com

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RESIDENT SIGNATURE

I, _____ (PRINT NAME), attest that I have read and understand the content, processes, procedures, and my responsibilities described in the VA Southern Nevada Healthcare System PGY1 Pharmacy Residency Program Manual for 2016-2017 in its entirety.

Resident Signature: _____

Date: _____

Witness: _____

Date: _____

Roseann Visconti, Pharm.D.
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PGY1 Pharmacy Residency Program Director
VA Southern Nevada Healthcare System