professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: **Requirements of the Site Conducting the Residency Program**

It is important that residents learn to incorporate best practices into their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: **Pharmacy Services**

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

G. Qualifications of the Resident:

1. PGY1
    a. Doctor of Pharmacy degree from an Accreditation Council for Pharmacy Education (ACPE)-accredited College of Pharmacy, or equivalent experience, with a GPA ≥ 3.3.
    b. The applicant must be a United States citizen.
    c. Eligible for licensure to practice pharmacy in one of the states or territories of the United States or District of Columbia within 90 days of the date of the resident's appointment.
    d. The residency program director (RPD) and RAC will evaluate the residency applicant in an established, formal procedure that includes an assessment of the applicant's ability to achieve the educational goals and objectives selected for the program. The following criteria will be included, at minimum, in this evaluation:
        i. Assessment of the applicant's academic and clinical performance
        ii. Letters of recommendation from faculty and/or employers
        iii. Applicant letter expressing interest and intent for PGY1 completion
        iv. On-site personal interview with presentation
    e. The applicant will participate in and adhere to ASHP Matching Program.

2. PGY2
    a. The applicant must have graduated from an ASHP accredited College of Pharmacy and subsequently complete, or has completed, an accredited PGY1 pharmacy residency program. The PGY1 program certificate must be presented to the PGY2 RPD prior to the start of the resident's PGY2 year.
    b. The applicant must be a United States citizen and a licensed pharmacist in the United States.
    c. The residency program director (RPD) and RAC will evaluate the residency applicant in an established, formal procedure that includes an assessment of the applicant's ability to achieve the educational goals and objectives selected for the program. The following criteria will be included, at minimum, in this evaluation:
        i. Assessment of the applicant's academic and clinical performance
        ii. Letters of recommendation from faculty and/or employers
        iii. Applicant letter expressing interest and intent for PGY2 completion
        iv. On-site personal interview, or telephone interviews if applicable
    d. The applicant will participate in and adhere to ASHP Matching Program

Upon acceptance into the program the resident will be informed in writing of the terms and conditions of the appointment and provide a signed copy of acceptance of same.

H. Customized Training Plan:

The generalized residency plan will be customized to address the strengths, weaknesses and interests of the resident. The training plan will be customized based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests. The Customized Training Plan (CTP) will be reviewed quarterly and updated as needed to meet unaccomplished goals, or modified if one or more of the required educational objectives is performed and judged to indicate full achievement. The resulting CTP will maintain consistency with the program's purpose and outcomes. The CTP and any modifications to it, including the residents' schedule, will be shared with the resident and appropriate preceptors.

I. Assessment Strategies:

1. Preceptor Evaluation of Resident:

The resident will be evaluated periodically (but at least quarterly) by the residency program director (RPD) using personal observations and comments from the other pharmacist preceptors and/or other members of their interdisciplinary team. Observations are based on attainment of educational outcomes, goals, and objectives derived from task analysis of the job responsibilities of ambulatory care pharmacists. If a rotation involves a non-pharmacist co-preceptor, the resident will be evaluated by the pharmacist preceptor based on attainment of goals and objectives for the rotation. Feedback on resident progress will be provided by the non-pharmacist preceptor to the pharmacist preceptor as part of the resident's evaluation. Feedback will be specific and designed to identify areas of strength as well as areas where improvement is needed. If the resident is having difficulty performing assigned tasks, or is in any way having difficulty keeping up with the residency timeline, a Performance Improvement Plan (PIP) will be put in place. The PIP will be specific to the areas of performance in need of improvement and a timeline for achievement. The PIP will be reviewed with the resident and incorporated into an updated CTP. The resident's performance will then be reevaluated with the resident every 2 weeks and the PIP/CTP will be modified as needed until the resident's performance is back up to expectations. For residents who have been placed on a PIP during the academic year, preceptor(s) will discuss with RPD any plan to achieve a goal prior to completing any formal assessment.

2. Resident Self-Evaluation:

The resident will perform self-evaluation based on attainment of educational outcomes, goals, and objectives derived from task analysis of the job responsibilities of psychiatric pharmacists. Teaching the resident to perform effective and constructive self-evaluation will be incumbent on the residency program director (RPD) and preceptors of academia rotation.

3. Resident Evaluation of the Quality of the Preceptor and Learning Experience:

The resident will evaluate the pharmacist preceptors, non-pharmacist preceptors and the individual clinical assignment/learning experience following completion of his/her rotation. The residency program director (RPD) will discuss evaluations with the individual preceptors. This feedback will be used to help strengthen the quality of the preceptor's teaching skills and the quality of the learning experience.

4. Program Assessment Definitions

a. ASHP Evaluation System (NI, SP, ACH, ACHR)

   Needs Improvement (NI): resident is not performing at a level expected of similar residents at that particular time in training period, within that practice setting, or to the standards expected by the preceptor. Significant effort, improvement and attention is required to meet this goal/objective during the residency year.

Satisfactory Progress (SP): resident is performing and progressing at a rate that, if maintained, should result in achievement of the goal/objective during the residency year. For quarterly/comprehensive evaluations, may indicated resident has achieved a goal on some rotations or in some settings, but requires opportunities for demonstration/assessment in a broader practice setting prior to reaching achievement for the residency year.

Achieved (ACH): resident has mastered this goal/objective for this rotation, within current practice setting and can perform the task independently or upon request for this experience and/or patient population.

Achieved for Residency (ACHR): resident has mastered/achieved this goal/objective and demonstrates the ability to perform associated tasks/skills independently within multiple settings of pharmacy practice and learning experiences as applicable.

b. PharmAcademic and Development Plan for PGY1 program

The numeric scale defined by PharmAcademic will be utilized and evaluated quarterly by the Residency Advisory Committee (RAC) and discussed with resident. Resident progress will be documented and tracked.

c. PharmAcademic and Development Plan Numeric Evaluation Scale for PGY2 Programs

Scale	**Definition**	**Translation to ASHP Evaluation Scale**
Not applicable/Not evaluated (NA)	Objective marked as taught only or not applicable	
1 - Does not know/ No progress	Resident lacks knowledge of how to do activity.	NI
	Functions at the level expected of pharmacy student/advanced pharmacy (APPE) student.	
2 – Knows/ Some progress, but below expectations	Resident knows how/has the skill to complete activity, but preceptor has to complete task sometimes. Requires extensive intervention/assistance from preceptor for completion of tasks. Requires direct instruction for completion of activity.	
	Functioning at the level expected of a PGY1 resident.	
3 – Knows how/ Progress meets expectations	Resident can apply knowledge/skill to complete activity/task or has progressed as needed or at expected rate for current timeframe in residency year. Preceptor must provide some intervention, directed guidance, or questioning to guide problem solving associated with tasks (modeling/coaching).	SP
	Functioning at the level expected a PGY1.	
4 – Shows how/ Competent/ Progress exceeds expectations	Resident can complete activity/task independently but continues to require supervision. Performs within expectations of a pharmacy resident. Minimal guidance/intervention/review of preceptor required (facilitating). Demonstrates full range of skills required for completing task/activity with an optimal outcome.	ACH ACHR (broadly demonstrates skill of 4-5 across learning experiences or practice settings or has improved over time and is expected to perform
5 – Does/ Mastered/ Progress significantly exceeds expectations	Resident completes activity/task independently. Demonstrates ability to self-monitor quality. Performs at level of skilled clinical pharmacist, exemplary skill set present, sophisticated approach to task/activity. Consistent performance with self-directed	

	learning that engages preceptor.	at level of 4-5 across diverse learning experiences/ practice settings)

J. Attitude
The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity with regards to all activities and responsibilities associated with the residency for its entirety. The resident shall demonstrate the ability to work and interact with all staff and patients of the FHCC, and other sites if applicable, in a productive and harmonious manner. Appropriate attire, personal hygiene and conduct are expected always. The resident will adhere to all the regulations governing the operations of the FHCC without exception.

K. Transportation
Residents are expected and required to be able to commute periodically via car to CBOC locations (Evanston, McHenry, and Kenosha) and conferences as required throughout the residency year. Advanced notice will be given to allow them to make special arrangements if needed.

L. Attendance
Prompt arrival and attendance is required at all clinics, conferences, meetings, rounds and other scheduled activities during each rotation throughout the term of the residency. Unexcused absences and or tardiness will not be tolerated and can be a basis for failure of the rotation involved. It is the responsibility of the resident to contact the preceptor and residency director as soon as is practical to report unavoidable absences or tardiness. If the resident desires to be absent for personal reasons, such as religious holidays, vacations, etc., the resident must follow VA Procedure requesting leave at least two weeks in advance of the planned absence. All such requests must be approved by the appropriate preceptor, and residency director, before the absence will be considered excused. The resident is responsible for rescheduling or arranging alternate coverage for all activities that will occur during any planned absence. Refer to Pharmacy policy PH-2015-45 for further details regarding absences.

M. Grievances
Any problem that may arise during the residency should first be addressed by the appropriate preceptor. If the attempts to resolve the problem are unsuccessful, it should be brought to the attention of the residency program director (RPD). If for some reason resolution at that level fails, the clinical pharmacy coordinator (CPC) will have the authority to make the final decision.

N. Termination Policy:
A resident may be terminated at the discretion of the RPD and CPC for the failure to meet program objectives or planned duration as outlined in this text or for failure to meet the terms of employment of the Captain James A. Lovell Federal Health Care Center. Refer to Pharmacy policy PH-2015-45 for further details regarding early dismissal.

O. Extended Absence:
In the event of an extended absence during the residency, the residency program director (RPD) will coordinate with the Associate Chief Pharmacy Service, Clinical Services and the ACME for Academic Affairs (DEO). The term of the residency shall be considered 2080 hours and the program will not be considered complete until both the hours and requirements are met. The Chief of Pharmacy, Associate Chief of Pharmacy, Clinical Services and DEO will be notified of any extended absence during the residency. If the resident chooses not to continue the residency and meet the stated requirements (hours and learning objectives), he or she will be terminated from the program. Refer to Pharmacy Residency Dismissal Policy for further details regarding absences.

Opportunity to extend the program with pay will depend on the decision of the National Director of Residency Programs and Education. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program. With an approved extension of the residency program, completion of all requirements of the residency and the number of hours that exceeded the allotted leave must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave). For military leave, veterans who are called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 2080 hours within 1 year of the initially scheduled date of completion. Such exemption will be considered on an individual basis, in collaboration with the local Residency Program Director, if the veteran has been on active duty for the time of absence from the residency program.

P. PharmAcademic – All residents will utilize ASHP's PharmAcademic:
(https://www.pharmacademic.com)
PharmAcademic will be utilized to complete the Customized Training Plan, Resident Evaluations, Resident Self-Evaluations, and Preceptor/Learning Experience Evaluations. All evaluations will be completed within 5 days of the completion of any given rotation. Refer to Pharmacy policy PH-2015-45 for further details regarding delinquent evaluations.

Q. Successful Completion of PGY1 Pharmacy Residency Program:

Licensure	If you are not yet licensed, you must furnish proof prior to the start of the residency that you have applied for licensure with an appropriate examining jurisdiction and the date such application was filed as well as the scheduled dates of the exams, if available. You must be licensed within 90 days of starting the residency.	Termination of appointment
General	Completion of 2080 hours of training. See leave policy for details on days missed during rotations and how these can/may be "made up" during the year or with extension	Resident to develop action plan this is approved by preceptor and RPD (see below)
	Complete all assignments and projects	
	Successful completion of one formal Grand Rounds presentation	
	The resident must abide by FHCC policies and procedures, and abide by ethics and laws of pharmacy practice	
	Demonstrate project management skills by meeting deadlines	
	Implement and/or expand innovative pharmacy services as well maintain existing program	
	Display effective communication skills through written and oral assignments	
	Develop skills to integrate data obtained from multiple sources to derive an overall conclusion or answer to a drug information inquiry	
	Demonstrate sensitivity to the perspective of the patient, caregiver, and health care colleague in all forms of communication in compliance with HIPPA regulations	
	Identify and analyze clinical issues and documenting appropriately in computerized medical record system	
	Complete Rosalind Franklin Teaching Certificate	
	Move all residency projects/documents to S drive prior to departure	Certification withheld if not completed

Medication-use process	Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams	Repeat rotation
	Provide medication and practice-related education/training through in-services and topic discussions	
	Educate pharmacy students through active teaching in introductory and/or advanced clinical pharmacy practice experiences and didactic education	
Research	Present research at ASHP (American Society of Health-System Pharmacists) mid-year and Illinois Resident Conference	Will not continue current rotation until project is complete
	Complete research manuscript that is ready for publication; Ensure research is closed through IRB	Certificate withheld until tasks are completed
ASHP Goal & Objectives	R1: Patient Care: 100% of the objectives must be achieved for the residency. R2: Advancing Practice and Improving Patient Care: no items can be marked as "needs improvement"; at least 95% must be marked as achieved for residency. R3: Leadership and Management: no items can be marked as "needs improvement"; at least 80% must be marked as achieved for residency. R4: Teaching, Education, and Dissemination of Knowledge: no items can be marked as "needs improvement"; at least 90% must be marked as achieved for residency.	Certificate withheld until objectives met, residency may be extended without compensation

R. Successful Completion of PGY2 Psychiatric Pharmacy Residency Program:

By the end of the resident's year, successful completion of the program is contingent upon the following:

1. Completion of 2080 hours of training. See leave policy for details on days missed during rotations and how these can/may be "made up" during the year or with extension. Completion of the teaching certificate program offered at Rosalind Franklin University if resident did not complete a teaching certificate during his/her PGY-1 year
2. Completion of a research project including presentation of results in a poster or presentation format. Preparation of a manuscript suitable for journal submission must be completed prior to the end of residency.
3. Attendance & poster presentation at annual College of Psychiatric and Neurologic Pharmacist meeting. Extenuating circumstances may be considered if resident unable to attend.
4. At a minimum, completion of 4 journal club presentations, 4 formal case presentations, 4 formal drug information questions are required.
5. At least one formal grand rounds presentation
6. The resident must abide by FHCC policies and procedures, and abide by ethics and laws of pharmacy practice
7. For the given competency areas outlined by ASHP:
    i. R1: Patient Care: 100% of the objectives must be achieved for the residency.
    ii. R2: Advancing Practice and Improving Patient Care: no items can be marked as "needs improvement"; at least 95% must be marked as achieved for residency.
    iii. R3: Leadership and Management: no items can be marked as "needs improvement"; at least 80% must be marked as achieved for residency.
    iv. R4: Teaching, Education, and Dissemination of Knowledge: no items can be marked as "needs improvement"; at least 90% must be marked as achieved for residency.
    v. R5: Management of Psychiatric Emergencies: 100% of the objectives must be achieved for

vi. E5: Credentialing: no items can be marked as “needs improvement”; does not need to be achieved for residency

The residency program director (RPD) will be responsible for assuring that all the above are complete before awarding the Program graduation certificate to the resident.

S. Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Program:

By the end of the resident’s year, successful completion of the program is contingent on the following:

1. Completion of 2080 hours of training. Refer to Pharmacy policy PH-2015-45 for further details regarding absences.
2. Completion of a research project including presentation of results in a poster or presentation format. Preparation of a manuscript suitable for journal submission is strongly encouraged to be completed prior to the end of residency. See early dismissal policy for exceptions/time line for completion.
3. Successful completion of one formal Grand Rounds presentation.
4. The resident must abide by FHCC policies and procedures, and abide by ethics and laws of pharmacy practice.
5. For the given competency areas outlined by ASHP:
    a. R1: Patient care: 100% of the objectives must be achieved for the residency.
    b. R2: Advancing Practice and Improving Patient Care: no items can be marked as “needs improvement”; at least 95% must be marked as achieved for residency.
    c. R3: Leadership and Management: no items can be marked as “needs improvement”; at least 80% must be marked as achieved for residency.
    d. R4: Teaching, Education, and Dissemination of Knowledge: no items can be marked as “needs improvement”; at least 90% must be marked as achieved for residency.
    e. Any elective objectives selected must at least be marked as satisfactory progress or higher. In the even that an elective experience cannot be met due to extenuating circumstances (i.e. administrative issues that could delay the credentialing process) individual cases will be evaluated by the RPD and RAC to determine if these elective objectives may be waived.
6. Successful completion of Encountered Disease State Record demonstrating sufficient knowledge in the required items.

The residency program director (RPD) will be responsible for assuring that all the above are complete before awarding the Program graduation certificate to the resident. The following page illustrates the general progression of a successful PGY2 Resident throughout the academic year.

Area of Practice	Project or	July	August	September	October	November	December	January	February	March	April	May	June
											Quarter 4		
Required Training	Complete 2080 hours of training												
	Required orientation rotation												
	Required DoD MHP rotation												
	Required FHCC PACT rotation												
Residency Objectives					10%			25%			50%		100%
	R2: Advancing practice				10%			25%			50%		95%
	R3: Leadership and management				5%			20%			40%		80%
	R4: Teaching and education				5%			20%			50%		90%
Presentations and Publications													
	Manuscript suitable for submission												
	ASHP midyear + poster presentation												
Interview Process													
	Coordinate VALOR interviews												
Clinical Experiences	Disease state tracking												
	10 non-form consults per week												

R1: Patient care: 100% of objectives achieved for residency

R2: Advancing practice and improving patient care: no items marked as needs improvement; at least 95% marked as achieved for residency

R3: Leadership and management: no items can be marked as needs improvement; at least 80% must be marked as achieved for residency

R4: Teaching, education, and dissemination of knowledge: no items marked as needs improvement; at least 90% marked as achieved for residency

Any elective objectives selected must at least be marked as satisfactory progress or higher.

Credentialing: Follow established procedures to successfully apply for credentialing as an ambulatory care pharmacy practitioner

Continuity of Care: Manage transitions of care effectively for ambulatory care patients

MUE: Lead a medication-use evaluation related to care for ambulatory care patients

Medication Event Reporting and Monitoring: Participate in the review of medication event reporting and monitoring related to care for ambulatory care patients

T. Continuous Professional (Preceptor) Development:

More information regarding preceptors and preceptor development can be found in the Preceptor Manual. Preceptors will individually develop a CPD plan. This may include, but is not limited to:

1. Participation in at least TWO resident CE programs annually (i.e. preceptor development topic).
2. Demonstration of at least 20 hours of annual continuing education that is related to their content area. This can be live or written accredited program, VA learning opportunities or similar programs that are recognized by a national certification/accreditation body.
3. Preceptors will routinely practice in their training area, demonstrate a desire to train residents and an excellence in teaching skills. Preceptors will pursue the four core areas of education: 1) direct instruction 2) modeling 3) coaching and 4) facilitating.
4. Preceptors are evaluated by the resident on completion of a learning experience. Any deficiencies will be discussed and additional training will be provided as deemed necessary in order to meet the goals and objectives of the learning experience.
5. Preceptors will meet monthly to discuss residents and plans for preceptor development. Attendance of 80% of the meetings is required.

U. Schedule of rotations:

The master rotation schedule will be posted. Any changes in schedule that occur once the residency has begun (e.g., a change in dates or cancellation of elective rotation due to preceptor availability) will be reflected in the resident schedule and the resident will be provided an updated schedule when this occurs). Any discrepancies should be brought to the attention of the RPD immediately upon discovery.

V. Duty Hours:

To be in accordance with ASHP Duty Hour Standards, the resident will supply a quarterly report of hours worked during the residency program and external to their FHCC employment via PharmAcademic to the residency program director.

W. Staffing:

The PGY1 residents will staff one weekend a month in the inpatient pharmacy after a one-month rotation training period. The PGY2 residents are not responsible for staffing.

X. Moonlighting

A residency is a full-time obligation and the expectation is that resident will not work as a pharmacist outside of the residency program unless this activity has been cleared by the RPD. If a resident wants to moonlight, they would need to draw up a written agreement with the RPD and the resident will be limited to not more than 16 hours per month of moonlighting. These moonlighting hours need to be documented on duty hours worked and the total of all duty hours including moonlighting hours must not exceed the 80-hour maximum weekly hour limit as per ASHP Duty Hour standards. If a resident is falling behind or there are other concerns with their process, the RPD has the right to rescind the agreement for moonlighting. In these cases, the resident will be required to stop moonlighting so that they can focus on the residency program. If a resident can get back on track with progress, it may be discussed if moonlighting can be resumed.

Y. Program Evaluation and Improvement:

Program evaluation and improvement activities will be directed at enhancing achievement of the program's outcomes. The residency program director (RPD) will evaluate potential preceptors based on their desire to teach and their aptitude for teaching, and will provide preceptors with opportunities to enhance their teaching skills (see L. Continuous Professional Development). The residency program director (RPD) will devise and implement a plan for assessing and improving the quality of preceptor instruction. Consideration will be given to the resident's documented evaluation of preceptor performance as one measure of preceptor performance.

At least annually, the residency program director (RPD) will use evaluations, observations, and other information to consider program changes.

Z. Tracking of Graduates:
The residency program director (RPD) will track employment and professional development of residency graduates to evaluate whether the residency produces the type of practitioner described in the program's purpose statement.

AA. Resident Orientation:
The resident will receive orientation to the VA and DoD systems and their applicable practice areas. The extent of orientation will be determined based upon prior experience or lack thereof in the VA System.

BB. Residency Program Director Availability:
The resident will have a designated meeting time with the residency program director at least every other week. Please plan and utilize this time wisely. This is a time to discuss the resident's progress, any questions the resident may have about their Development Plan, and to make any changes to the. Additionally, it is a time to discuss any non-urgent questions or concerns the resident may have. The residency program director will make time to meet with the resident to discuss urgent questions or concerns the resident may have that need to be addressed before the next scheduled meeting.

CC. Residency Research Project:
Successful completion of an original research project is a requisite for attainment of a residency certificate. The purpose of the resident's project is to develop the resident's problem-solving skills and to expose residents to research methodology. The residents will choose a primary preceptor for his/her residency project who will service as the Primary Investigator for IRB approval. Residents are encouraged to consider several factors when selecting a topic for their major project. First, the topic selected should be one of personal interest to the resident. Second, the needs of the Medical Center and Pharmacy Services should be considered. Finally, resident projects should be selected with the intent of submitting the results for publication to an appropriate professional journal. A timeline for the project will be outlined during the orientation period (may vary if project is traditional vs. reverse model). Residency project will be presented at Great Lakes residency conference or other applicable setting (i.e. other conference or grand rounds presentation).

DD. Membership in Professional Organizations
Residents are encouraged to be members of American Society of Health-System Pharmacists (ASHP) and for PGY-2 Psychiatric Pharmacy Residents, the College of Psychiatric and Neurologic Pharmacists (CPNP). Membership in these organizations, in part, supports the overall vision for these programs and the furthering of the pharmacy profession.

Glossary of Terms

Adverse drug event (ADE): an injury from a medicine (or lack of an intended medicine). (ASHP. Suggested definitions and relationships among medication misadventures, medication errors, adverse drug events, and adverse drug reactions. *AJHP*, 1998; 55:165-6.)

Culture: an integrated system of learned behavior patterns that are characteristic of the members of any particular group. It is more than race or ethnicity. Culture includes race or customs, rituals, food, religion, and music; and, in addition, it includes health beliefs and practices, death and birth rituals, structure, and dynamics, social practices and beliefs that define personal space, eye contact, time orientation, and nonverbal communication behaviors. (Randall-David E. Culturally competent HIV counseling and education. Material & Child Health Clearinghouse: McLean, VA: 1994)

Cultural competency: is more than cultural awareness or cultural sensitivity, competency implies skills and expertise to work with and within diverse cultural groups with sensitivity and effectiveness. In its most developed meaning cultural competence includes advocacy. (Randall-David E. Culturally competent HIV counseling and education. Material & Child Health Clearinghouse: McLean, VA: 1994)

Evidence-based medicine: the integration of best research evidence, clinical expertise, and patient values in making decisions about the care of individual patients (Institute of medicine, 2001; Straus and Sackett, 1998). *Best research evidence* includes evidence that can be quantified, such as that from randomized controlled trials, laboratory experiments, clinical trials, epidemiological research, and outcomes research and evidence derived from the practice knowledge of experts, including inductive reasoning (Guyatt et al., Higgs et al., 2001). *Clinical expertise* is derived from the knowledge and experience developed over time from practice, including inductive reasoning. *Patient values and circumstances* are the unique preferences, concerns, expectations, financial resources, and social supports that are brought by each patient to a clinical encounter. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001)

Interdisciplinary team: a team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001)

Leadership: leadership practices include scanning, focusing, aligning/mobilizing, and inspiring.

Scanning:

- ✓ Identify client and stakeholder needs and priorities.
- ✓ Recognize trends, opportunities, and risks.
- ✓ Look for best practices.
- ✓ Identify staff capacities and constraints.
- ✓ Know yourself, your staff, and your organization – values, strengths, and weaknesses.

Focusing:

- ✓ Articulate the organizations' mission and strategy.
- ✓ Identify critical challenges.
- ✓ Link goals with the overall organizational strategy.
- ✓ Determine key priorities for action
- ✓ Create a common picture of desired results.

Aligning/Mobilizing:

- ✓ Ensure congruence of values, mission, strategy, structure, systems and daily actions.
- ✓ Facilitate teamwork.
- ✓ Unite key stakeholders around an inspiring vision.

- ✓ Link goals with rewards and recognition.
- ✓ Enlist stakeholders to commit resources.

Inspiring:

- ✓ Match deeds to words.
- ✓ Demonstrate honest in interactions.
- ✓ Show trust and confidence in staff, acknowledge the contributions of others.
- ✓ Provide staff with challenges, feedback and support.
- ✓ Be a model of creativity, innovation, and learning.

(Management and Leadership Program. Leading and managing framework. Management Sciences for Health, Ballston, VA. 2004)

Management: management practices include planning, organizing, implementing, and monitoring and evaluating.

Planning:

- ✓ Set short-term organizational goals and performance objectives.
- ✓ Develop multi-year and annual plans.
- ✓ Allocate adequate resources (money, people, and materials).
- ✓ Anticipate and reduce risks.

Organizing:

- ✓ Ensure a structure that provides accountability and delineates authority.
- ✓ Ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan.
- ✓ Strengthen work processes to implement the plan.
- ✓ Align staff capacities with planned activities.

Implementing:

- Integrate systems and coordinate workflow.
- Balance competing demands.
- Routinely use data for decision-making.
- Coordinate activities with programs and sectors.
- Adjust plans and resources as circumstances change.

Monitoring and Evaluating:

- ✓ Monitor and reflect on progress against plans.
- ✓ Provide feedback.
- ✓ Identify needed changes.
- ✓ Improve work processes, procedures, and tools.

(Management and Leadership Program. Leading and managing framework. Management Sciences for Health, Ballston, VA. 2004)

Medical informatics: the development and application of information technology systems to problems in health care, research, and education. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001)

Medication-use system: Medication use is a complex process that comprises the sub-processes of medication prescribing, order processing, dispensing, administration, and effects monitoring. The key elements that most often affect the medication use process are: patient information; drug information, communication of drug information; drug labeling, packaging and nomenclature; drug storage, stock and standardization; drug device acquisition, use and monitoring; environmental factors; competency and staff education; patient education; and quality processes and risk management. (Institute of Safe Medication Practices web site accessed May 31, 2005 http://www.ismp.org/Pages/ismp_faq.html#Question%207)

Patient-centered care: identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001.)

Pharmacy practice research: includes all forms of scholarly scientific inquiry that may be performed by pharmacy residents. Broad in scope, it may include prospective or retrospective clinical studies, pharmacokinetic or pharmacodynamic studies, outcome studies, or evaluation of some aspect of pharmacy practice (e.g., impact of a new program or service). Typically, research projects should be applied in nature, using human data, but exceptions may occur.

Professional: the active demonstration of the 10 traits of a professional.

1. Knowledge and skills of a profession.
2. Commitment to self-improvement of skills and knowledge.
3. Service orientation.
4. Pride in the profession.
5. Covenantal relationship with the client.
6. Creativity and innovation.
7. Conscience and trustworthiness.
8. Accountability for his/her work.
9. Ethically sound decision-making.
10. Leadership.

(Ten marks of a professional working smart. New York, NY: National Institute of Business Management, March 11, 1991;17[5].).

Quality: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001.)

Quality improvement: identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality." (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001.)

Department of
Veterans Affairs

Memorandum

Program & Year: __________ PGY1/PGY2 Amb Care/PGY2 Psych (circle one)

From:

____

Subject: Orientation

To: Residency Program Director

____

Acknowledgement of Receipt and Review of Residency Manual

I have received the Residency Manual. I have read the Residency Manual.

I understand what is expected of me by the organization and the terms and conditions of the residency.

As a representative of the Captain James A. Lovell Federal Health Care Center, I am responsible for the rules and regulations as set forth in this Residency Manual.

__________________________________ _______________
Signature Date

Appendices

A. Topic Reviews/Discussions

You are responsible for presenting Topic Reviews that will be scheduled per RFUMS APPE schedule, in conjunction with all other Pharmacy Residents. While you will be responsible for case presentations and topic discussions throughout your rotations, the Topic Reviews are designed to update your knowledge of treatment management of different chronic disease states. Topics will be selected during your orientation period.

Please:

1. Review basics of topic, using appropriate guidelines and review materials
2. Do a literature search of more recent and relevant articles (including updated guidelines) for the topic
3. Prepare a discussion to include:
    a. Guideline review
    b. Review of the literature

Your presentation should be about 30-minutes long and include active learning that covers:

1. Overview of disease state
    a. Diagnostic criteria
    b. Signs and symptoms
    c. Standardized rating scales
    d. Etiology/risk factors
    e. Pathophysiology
2. Treatment
    a. Nonpharmacologic
    b. Pharmacologic - Review of seminal papers
3. Treatment Guidelines
4. Therapeutic controversies
5. References

B. Grand Rounds Presentation:

You are responsible for one Grand Rounds presentation during the course of the residency. You will select a topic, research the topic, prepare PowerPoint slides, identify points you wish to make with each slide, and present the topic. Your presentation will be viewed locally by other residents and interested pharmacy and medical staff. Oxana Reznik with coordinate with Beverly Bartley who prepares the schedule and will let you know when you will be presenting.

Important Points:

1. You shouldn't prepare more than 1 slide for each minute of time allotted
2. Slides should be easy for the audience to read (non-cluttered)
3. You will not read from your slides (this is where careful preparation of your presentation, particularly the points you wish to make with each slide is important)
4. Allow time for questions and answers – if properly prepared, you should be able to anticipate most questions that may be asked
5. You will be expected to be prepared to practice this 2 or more weeks in advance of presentation

C. Continuous Quality Improvement (CQI): PGY2 Programs

This assignment will be completed in the last month of the residency. To ensure that this residency program is addressing the needs of our residents, it is important to review the experiences of residents completing the program. You may want to share some aspects of the residency that you found particularly useful, and you may also wish to share aspects of the residency that may have been less rewarding. In this process, and particularly when identifying areas in need of improvement, it is important to identify potential changes that may make the process more fulfilling and educational.

From a practical point of view, it is likely that you will find yourself in the position of either creating a new PGY2 residency, directing an existing residency, or precepting residents and students. ASHP does have guidelines to help you design your residency program, but there is room for individualization. The following assignment will require that you approach the program as if you were walking into an existing program and looking for ways to make improvements. If you were given unlimited resources (staff, time, etc.) this would be an easy undertaking, however, that is seldom the case. For this assignment you will complete the document entitled "Resident Exit Interview Questions" and review with your RPD.

D. Rotation Assignments

1. Evidence-based therapeutic regimen and monitoring: During your rotations you will be responsible for evaluating patients and preparing a treatment plan. You will be writing progress notes that include the following:
    a. Length of visit (30 mins, 60 mins, etc.)
    b. Purpose of visit (chief complaint)
    c. Identifying information – age, gender, service-connection status, cultural/ethnic background, marital status, residence, work/school status, military history
    d. History of present illness/Chief Complaint
    e. Symptoms
    f. Current medications and adherence
    g. Previous treatment/Medication history – effect, adverse-effects
    h. Past medical history
    i. Social history
    j. Family history
    k. Assessment
    l. Treatment and monitoring plan

2. Case Presentations: During clinical rotations you may be responsible for a formal case presentation. These case presentations can be taken from the therapeutic regimen and monitoring plan completed in the previous assignment. You will present the case to your preceptor as well as clinical staff, other residents and students on rotation at the time.

E. **Reference Citation**

Journal article format:
Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124 (11): 980–3.

Organization as an author:
The Cardiac Society of Australia and New Zealand. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med 1996;124: 980–3.

Books and other Monographs:

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Journal article in electronic format:
Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan–Mar [cited 1996 Jun 5]; 1(1):[24 screens]. Available from URL: http: //www.cdc.gov/ncidod/EID/ei