



**VA**

U.S. Department  
of Veterans Affairs

**VA St. Louis Health Care System  
Residency Manual**

**2016 - 2017**

Please note:

This manual encompasses all PGY programs at the VA St. Louis Health Care System.

When both a VA St. Louis HCS and St. Louis College of Pharmacy policy exists, the PGY2 Internal Medicine Resident should follow the policy set forth by the St. Louis College of Pharmacy. If there is no specified St. Louis College of Pharmacy policy, VA St. Louis HCS policy becomes primary.

PGY1 Residents and PGY2 Infectious Diseases Resident should follow VA St. Louis HCS policy as primary.

If any clarification is required, please contact your RPD or Residency Coordinators.

Dear Residents,

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

If you have any questions regarding this manual, please address to your residency program director or residency coordinators.

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

Best wishes for a successful and rewarding residency year!

Sincerely,

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## **About the VA**

### **VA Mission Statement**

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

### **VA Core Values**

- VA’s five core values underscore the obligations inherent in VA’s mission: Integrity, Commitment, Advocacy, Respect, and Excellence. The core values define “who we are,” our culture, and how

we care for Veterans and eligible beneficiaries. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and eligible beneficiaries and with each other. Taking the first letter of each word—Integrity, Commitment, Advocacy, Respect, Excellence—creates a powerful acronym, “I CARE,” that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve.

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

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

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

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

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

**Pharmacy Service Organizational Chart, VA. St. Louis Health Care System**

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## **PGY1 Pharmacy Practice Residency Program**

### **Purpose Statement**

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

### **Program Overview**

Our program is a 12-month postgraduate curriculum that offers training opportunities in various areas of pharmacy. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever changing world of pharmacy practice

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals, and past experiences. Residents are required to complete core rotation in order to build a strong knowledge base and have the opportunity to select elective rotations in may field of interest.

Residents are required to complete additional program requirements, aim at developing a skilled and competent practitioner.

### ***Program Structure***

#### **Core Rotations (5 weeks)**

##### **- Acute Care Track**

- Orientation
- Acute Care Medicine I
- Acute Care Medicine II
- Infectious Diseases
- Critical Care
- Ambulatory Care I
- Ambulatory Care Elective
- Practice Management
- Long-Term Care
- Elective

##### **- Ambulatory Care Track**

- Orientation
- Ambulatory Care I
- Ambulatory Care II
- Ambulatory Care Elective I
- Ambulatory Care Elective II
- Acute Care Medicine I
- Acute Care Elective
- Practice Management
- Long-Term Care
- Elective

#### **Longitudinal Ambulatory Experience (6 months each)**

- Hepatitis C Clinic
- Anticoagulation Clinic

#### **Elective On-Site Experiences (5 weeks)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>- Infectious Diseases</li><li>- Surgical/Medical Critical Care</li><li>- Emergency Department</li><li>- Hematology/Oncology</li><li>- Cardiology</li><li>- Pulmonary*</li><li>- GI/Hepatitis C</li><li>- Nephrology</li></ul> | <ul style="list-style-type: none"><li>- Endocrinology*</li><li>- Rheumatology*</li><li>- Tele Health</li><li>- Home Based Primary Care*</li><li>- Mental Health</li><li>- Spinal Cord*</li><li>- Pain Management</li><li>- Geriatric</li></ul> |
|---|--|

*\*Rotation is under development*

Elective rotations are available at VA St. Louis HCS in a variety of patient care settings. This program will be flexible to accommodate each resident's area of interest. Every effort will be made to meet the interests of the residents when scheduling elective rotations. Electives at other institutions may be available but not guaranteed.

### **Additional Program Requirements**

- At least 3 articles for publishing in Pharmacy Newsletter
- Two Formal Case Presentations
- One Journal Club
- Two CE presentations
- Pharmacotherapy Grand Rounds Presentation
- Residency Education Academy Teaching Certificate Program (STLCOP)
  - o Didactic teaching
- Research Project/Pharmacy Project/MUE
  - o Including results presentation and manuscript preparation
- Staffing Requirements
  - o Inpatient, Outpatient, and Clinical
- ASHP Clinical Midyear Attendance
- Involvement in residency recruitment

### **Overall Completion Requirements**

- Successful progression through PGY1 Residency Rotations:
- Overall six 'track required' patient care rotations, Long-term care, practice management, orientation, and elective rotations.
- Required core rotations include: Orientation, Acute Care Internal Medicine I, Ambulatory Care I, Long-term Care, and Practice Management.
- Additional Required Rotations By Track (Acute Care, Ambulatory Care):
  - o Acute Care: Acute Care Internal Medicine II, Critical Care, Infectious Disease, Ambulatory Care Elective.
  - o Ambulatory Care: Ambulatory Care II, Ambulatory Care Electives I & II, Acute Care Elective.
- Residents must obtain at least an assessment of RLS level "satisfactory progress" in at least 75% of each rotation's RLS Goals to progress without remediation. Areas in which a resident is assessed as RLS level "needs improvement" will be reviewed by the Residency Program Director, rotation preceptor, and resident in order to develop a specific improvement plan.
- Successful completion of Longitudinal Ambulatory Care Component
- Residents must obtain at least an assessment of RLS level "satisfactory progress" in at least 75% of each RLS Goal to progress without remediation on a quarterly basis.
- Successful completion of Research/Pharmacy Project/Medication Use Evaluation
- Successful completion and presentation of:
  - o Seminar Presentation
  - o Two Formal Case Presentations
  - o One Journal Club Presentation
  - o VA Continuing Education Day Presentation
  - o Presentation of Research/Pharmacy Project/MUE
  - o One Pharmacotherapy Rounds Presentation
  - o Residents must obtain at least an assessment of RLS level "satisfactory progress" in at least 75% of each quarter's presentation's RLS Goals to progress without remediation.
- Successful completion of Residency Education Academy(STLCOP)
- Successful fulfillment of VA Pharmacy Staffing Requirements
  - o Residents must obtain an assessment of RLS level "satisfactory progress" or higher in at least 75% of each RLS Goal to progress without remediation on a quarterly basis.
- Residents must receive an assessment of RLS level "achieved for residency" in all program RLS Competency Areas and Goals in order to be awarded a PGY1 Residency Completion Certificate.

### **Residency Preceptors**

- Residency Preceptors can be found on the website at:  
[http://www.stlouis.va.gov/Pharmacy/VA\\_Preceptors2.pdf](http://www.stlouis.va.gov/Pharmacy/VA_Preceptors2.pdf)

## **PGY2 Internal Medicine Residency Program**

### **Purpose Statement**

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

### **Program Brief Description**

The St. Louis College of Pharmacy/VA St. Louis Health Care System PGY2 Internal Medicine Pharmacy Residency has the primary purpose of developing independent practitioners who will be able to provide optimal pharmaceutical care in the inpatient medical setting. Additionally, the Residency Program provides sufficient academia opportunities to provide a foundation for entry into a faculty position. This is accomplished through the development of the knowledge, skills, and attitudes necessary to perform a variety of duties including: care of the patient in the inpatient setting and specialty clinics, sitting on hospital committees, providing didactic and experiential training of pharmacy students, participating in scholarly activity, and the dissemination of knowledge for the betterment of pharmacy and health care. The graduate will be provided a foundation to further progress as a practice leader through progressive, independent clinical practice, specialty certification, and independent self-study.

### **Program Overview**

The PGY2 Internal Medicine pharmacy residency program further builds knowledge and skills to:

- Serve as an authoritative resource on the optimal use of medications
- Optimize the outcomes of internal medicine patients by providing evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team
- Demonstrate excellence in the provision of training and educational activities for health care professionals and health care professionals in training
- Demonstrate leadership and practice management skills
- Contribute to the body of pharmacy knowledge in internal medicine
- Evaluate, manage, and improve the medication-use process

### ***Program Structure***

#### **Core Rotations (5 weeks)**

- Orientation
- Medicine Core I
- Medicine Core II
- Medicine Consult
- Medicine Precepting
- Critical Care
- Infectious Diseases
- Practice Management
- Medicine I Elective
- Medicine II Elective

#### **Longitudinal Ambulatory Experience**

- Infectious Disease Clinic
- Outpatient Parenteral Antimicrobial Therapy (OPAT) Monitoring
- Professional Development

### **Elective On-Site Experiences (5 weeks)**

- Infectious Diseases
- Medical/Surgical Critical Care
- Nephrology
- GI/Hepatitis C
- Cardiology
- Hematology/Oncology
- Emergency Room
- Palliative/Hospice

### **Elective Off-Site Opportunities**

- Various off-site elective opportunities are available in at least five (5) surrounding area hospitals based on resident interest. Past resident experiences include but are not limited to CCU, neurology/stroke, transplant, infectious diseases, community medicine, family medicine, and nephrology. *Please note this is limited to two (2), non-consecutive, 4 week off-site experiences per residency year.*

### **Teaching Experiences and Opportunities**

- Completion of the St. Louis College of Pharmacy Resident Education Academy Program (teaching certificate program), if not completed during PGY1 experience
- Required lecture to St. Louis College of Pharmacy students
- Discussion group leader within the Pharm.D. curriculum
- VA St. Louis HCS Clinical Pharmacists preceptor over 80 pharmacy students from multiple schools of pharmacy per year

### **Overall Completion Requirements**

- Successful progression through PGY2 Residency Rotations
  - o Internal Medicine, practice management, critical care, infectious disease, and electives
- Successful mastery of RLS Outcomes, Goals, and Objectives
  - o Residents must obtain at least an assessment of RLS level “satisfactory progress” in at least 75% of each rotation’s RLS Goals in order to progress without remediation. Areas in which a resident is assessed as RLS level “needs improvement” will be reviewed by the Residency Program Director, rotation preceptor, and resident in order to develop a specific improvement plan.
  - o Residents must receive an assessment of RLS level “achieved for residency” in all program RLS Outcomes and Goals in order to be awarded a PGY2 Residency Completion Certificate
- Successful completion of a GCCP Resident Research Conference
- Successful completion of Seminar Presentation
- Successful completion of research/pharmacy project/medication use evaluation
- Successful completion and presentation of two formal cases
- Successful completion and presentation of one journal club presentation
- Successful completion and presentation of one pharmacotherapy rounds presentation
- Successful presentation of research/pharmacy project/MUE
- Successful completion of longitudinal ambulatory care component in the Infectious Disease Clinic
- Successful completion of Residency Education Academy (REA) or similar program, if not completed during PGY1 Residency
- Successful completion of didactic and experiential teaching requirements
  - o Didactic lecture(s) to pharmacy students
  - o Precepting one experiential module with two APE students
  - o REA (if needed)
- Successful completion of scholarly project workshops offered through STLCOP
- Successful preparation of a manuscript

*\*please see appendix D for the Encountered Disease State Record Form*

## **PGY2 Infectious Diseases Residency Program**

### **Purpose Statement**

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

### **Program Brief Description**

The VA St. Louis Healthcare System PGY2 Infectious Diseases Residency Program is designed to train residents to become clinical specialists, in inpatient and outpatient settings, and educators in the area of infectious diseases pharmacotherapy

### **Program Overview**

The PGY2 Infectious Disease pharmacy residency program further builds knowledge and skills to:

- Optimize the outcomes of individuals with an infectious disease by providing evidence- based, patient-centered medication therapy as an integral member of an interdisciplinary team or as an independent clinician
- Manage and improve anti-infective-use processes
- Demonstrate excellence in the provision of educational activities for health care professionals and health care professionals in training centering on optimizing anti-infective pharmacotherapy
- Serve as an authoritative resource on the optimal use of medications used to treat individuals with an infectious disease
- Demonstrate leadership and practice management skills
- Conduct infectious disease pharmacy practice research

### ***Program Structure***

#### **Core Rotations (5 weeks)**

- Orientation
- ID Core I/Clinical Microbiology Laboratory
- ID Core II-IV
- Critical Care
- Internal Medicine
- Practice Management
- ID Elective
- Elective (off-site)

#### **Longitudinal Ambulatory Experience**

- Infectious Disease Clinic
- Outpatient Parenteral Antimicrobial Therapy (OPAT) Monitoring
- Hepatitis C Clinic

#### **Elective Off-Site Opportunities**

- Various off-site elective opportunities are available in surrounding area hospitals based on resident interest. Past resident experiences include transplant and infectious diseases.

*Please note this is limited to two (2), non-consecutive, 4 week off-site experiences per residency year.*

### **Teaching Experiences and Opportunities**

- Completion of the St. Louis College of Pharmacy Resident Education Academy Program (teaching certificate program), if not completed during PGY1 experience
- Required lecture to St. Louis College of Pharmacy students in Global Infectious Diseases Course
- Discussion group leader within the Pharm.D. curriculum
- VA St. Louis HCS Clinical Pharmacists preceptor over 80 pharmacy students from multiple schools of pharmacy per year

### **Overall Completion Requirements**

- Successful progression through PGY2 Infectious Diseases Residency Rotations:
  - o Overall seven required patient care rotation, longitudinal infectious diseases clinic/outpatient parenteral antibiotic therapy, practice management, orientation, and elective rotations.
  - o Required core rotations include: Orientation, Critical Care, Internal Medicine, ID Core Rotation 1-5, and Practice Management
  - o Two ID-related elective rotations are also required
    - One must be off-site
  - o Residents must obtain at least an assessment of RLS level “satisfactory progress” in at least 75% of each rotation’s RLS Goals in order to progress without remediation. Areas in which a resident is assessed as RLS level “needs improvement” will be reviewed by the Residency Program Director, rotation preceptor, and resident in order to develop a specific improvement plan.
- Successful completion of a longitudinal experience in Infectious Diseases Clinic/Outpatient Parenteral Antibiotic Therapy Program
  - o Residents must obtain at least an assessment of RLS level “satisfactory progress” in at least 75% of each RLS Goals in order to progress without remediation on a quarterly basis.
- Successful completion of research/pharmacy project/medication use evaluation (MUE)
- Successful completion and presentation of:
  - o Seminar Presentation
  - o Two Formal Case Presentations
  - o One Journal Club Presentation
  - o VA Continuing Education Day Presentation
  - o Presentation of Research/Pharmacy Project/MUE
  - o One Pharmacotherapy Rounds Presentation
    - Resident must obtain at least an assessment of RLS level “satisfactory progress” in at least 75% of each quarter’s presentation’s RLS Goals to progress without remediation
- Successful fulfillment of VA Pharmacy Staffing Requirements
  - o Residents must obtain an assessment of RLS level “satisfactory progress” or high in at least 75% of each RLS Goal to progress without remediation on a quarterly basis.
- Residents must receive an assessment of RLS level “achieved for residency” in all program RLS Outcomes and Goals in order to be awarded a PGY2 Residency Completion Certificate

*\*please see appendix E for the Encountered Disease State/Infections Record Form*

## **Licensure Policy**

### **VA Licensure Policy**

The VA St. Louis Health Care System, as a federal medical facility, requires an active pharmacist license from a recognized State Board of Pharmacy be obtained prior to or as soon as possible following the July 1 start date of all pharmacy residents. PGY1 Pharmacy Residents are encouraged to take the North American Pharmacy Licensure Examination (NAPLEX®) and appropriate Law exam prior to **July 1, 2015**. Failure to obtain a Pharmacist License to practice pharmacy within 90 days from the start of the residency is considered reasonable grounds for dismissal from the program. Exceptions to this policy may be reviewed on a case-by-case basis.

A copy of this license should be provided to the Residency Program Director and the Pharmacy Operations Manager and will be filed with the VA St. Louis Health Care System for documentation purposes. The original license should be made available upon request.

A limited number of elective rotations may be scheduled at facilities outside the VA St. Louis Health Care System. If the pharmacy resident is not already a licensed pharmacist in the State of Missouri, the resident will be required to obtain a Missouri temporary pharmacy license from the Missouri Board of Pharmacy. This licensure is required for residents to participate in any off-site rotations (in Missouri, must be specific to the state in which the rotation is located). This license should be obtained as soon as possible and the resident must provide a copy of this license to the residency program director, with the original license available upon request. The temporary license only allows the practice of pharmacy within the scope of the pharmacy residency and under the supervision of a specified pharmacy preceptor. Further details can be obtained from the residency program director.

For application instructions to obtain temporary licensure, please visit:

<http://pr.mo.gov/boards/pharmacy/375-0407.pdf>

*Please note this application takes 3 weeks for processing.*

### **St. Louis College of Pharmacy Policy**

Pharmacy Residents are expected to obtain a Missouri Pharmacy License with a Medication Therapy (MT) Services certificate by August 1<sup>st</sup>. If a license is not obtained by August 31<sup>st</sup>, the resident will be subject to termination unless documented, extenuating circumstances are presented to the residency program director. A separate application for a certificate of medication therapeutic plan authority must be submitted to the Missouri Board of Pharmacy. Individuals licensed in another state may obtain a temporary pharmacist license for practicing pharmacy in conjunction with their post-graduate residency training program.

If a resident does not have a Missouri Pharmacy license prior to the start of the residency on July 1st, some practice sites may require that the resident obtain a pharmacy intern license while awaiting for full pharmacist licensure. The resident is expected to notify the residency program director when their licensure examination date is scheduled and forward a copy of their license as soon as possible. Specific questions related to exam dates and reciprocity requirements should be addressed to the Missouri State Board of Pharmacy or the Department of Registration and Education in Illinois.

## **Duty Hours Policy**

### **VA St. Louis Health Care System**

In accordance with ASHP PGY1 Pharmacy Residency Standard 2.1, a residents' primary professional commitment must be to the residency program. Employment beyond or outside of the residency program may be limited and must be approved by the RPD. Any outside employment must be approved by the RPD for the date and time of fulfillment *prior* to completion of the outside employment. Outside employment/work without prior approval by RPD can be considered reasonable grounds for dismissal from program. Furthermore, hours worked outside of the residency program are subject to duty hours (see below) and must be tracked and submitted to the RPD. If at any time it is determined that outside employment may be negatively effecting a pharmacy resident's residency performance and/or ability to meet program requirements the Residency Program Director may limit outside employment activities. This determination will be made at the discretion of the RPD with potential input from the resident in question and program/pharmacy department leadership as needed.

VA St. Louis Health Care System and St. Louis College of Pharmacy comply with the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy. Details regarding duty hours can be found at: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

Residents will track their hours at the "Time Clock". At the end of each month, these logs will be forwarded to the RPD for review.

## St. Louis College of Pharmacy

### **Purpose:**

St. Louis College of Pharmacy Residency Programs are committed to both quality resident training and patient care. As described in the ASHP policy, it is the responsibility of residents, preceptors and program directors that residents are fit to provide patient care services in a way that promotes patient safety. These policies and procedures will help ensure that the resident work schedule is in compliance with ASHP Work Duty Hour policies.

### **General**

It should be understood that the residency is a full-time position and should be considered the resident's primary work responsibility. The resident must abide by current duty hour standards set by ASHP (<http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>). (See appendix).

Residents should adhere to policies and procedures established by their employer and each practice site during all learning experiences. The employer will review policies with the resident during their orientation. Similarly, residents with learning experiences at off-site locations should be oriented to relevant policies by their preceptor. For residents directly employed by St. Louis College of Pharmacy a copy of the STLCOP Faculty and Staff Handbook can be found on the MYSTLCOP page of the College's website.

Learning Experiences should be structured to be in compliance with the duty hour policy. For situations in which the resident may have responsibilities to multiple learning experiences concurrently, it is the Residency Program Director's responsibility to make sure that the resident's schedule does not violate this policy. For example, if a resident has pharmacy staffing responsibilities in the evening or on weekends, accommodations may need to be made with their rotation to ensure adequate time off.

Residents are required to self-monitor duty hours. Residency Program Directors will identify one of the following processes for tracking duty hours. This may include:

1. Completing PharmAcademic evaluation of duty hours  
The resident needs to track the hours worked at each practice site or at the College. At the end of each month, the resident will complete the PharmAcademic evaluation on duty hours. Each question should be answered and work hours reported.
2. Documentation of hours via email  
The resident will create an email using the site email account for tracking duty hours. By replying to their own email each day at arrival and departure will capture each time worked. At the end of each month, this email trail should be forwarded to Erin Manott (Erin.Manott@stlcop.edu). A monthly report will be generated for the residency program director.
3. Documentation of hours electronically via a web-based time clock.  
The resident will visit the website (<http://timeclockfree.com>), utilize the created username and password and clock in and out as needs dictate.

Residents will notify their Residency Program Director in writing immediately if they are approaching maximum duty hours allowed within a week (within 10 hours of limits) or if they identify a scheduling issue that may conflict with the duty hour policy.

### **Work outside the scope of Residency Learning Experiences**

“Moonlighting” or working outside the scope of the residency program learning experiences is generally discouraged for the welfare of the resident and the patients that they serve. During the first 6 months of residency, outside work is prohibited for PGY1 residents, but may be permitted for PGY2 residents at the discretion of the Residency Program Director (RPD). During the last six months of the residency year, outside work may be permitted at the discretion of the RPD. Outside work is only permitted for residents that are performing satisfactorily and are on track for successful completion of the program. This includes expectation for any additional work at the residency learning site or outside sites. Outside work without prior approval by RPD can be considered reasonable grounds for dismissal from the program. Furthermore, hours worked outside of the residency program are subject to duty hours and must be tracked and submitted to the RPD in the process below. If at any time it is determined that outside employment may be negatively affecting a pharmacy resident’s performance, the RPD may limit outside employment activities.

If “moonlighting” is permitted by the program, the resident should follow the following procedure before undertaking any outside work:

- Discuss activity and obtain final approval from the RPD. This should include an evaluation of potential time commitment and how this will affect duty hour limits with learning experiences.
- If approved, the resident must submit all scheduled outside work activities at least 2 weeks in advance of the scheduled work.
- If approved, the resident may work up to two “extra” weekend shifts per calendar month. Shifts on consecutive weekends are prohibited.
- The resident must track all outside work using the same procedure as outlined for residency-related work.
- Preceptors should notify the RPD immediately if they suspect that a resident’s outside work is interfering with the resident’s performance.
- The decision whether or not a resident can continue with previous outside work activities is strictly up to the RPD.

Updated June 2016

## Dress Code: VA St. Louis Health Care System

For the overall Medical Center Policy, see Medical Center Memorandum (MCM) 00-08

For the Pharmacy Service Policy, see Standard Operating Procedures (SOP) 119-34

*\*copies of these policies can be found on the VA St. Louis Intranet Homepage or on the VA St. Louis internet pharmacy residency webpage ([http://www.stlouis.va.gov/careers/St\\_Louis\\_VA\\_Pharmacy\\_Practice\\_Residencies.asp](http://www.stlouis.va.gov/careers/St_Louis_VA_Pharmacy_Practice_Residencies.asp))*

## Staffing Requirements: VA St. Louis Health Care System

Pharmacy Residents are required to staff in inpatient, outpatient, and clinical pharmacy services settings.

Inpatient pharmacy staffing obligations consist of one four hour shift (1630 – 2030) on a rotational basis. The resident will participate in inpatient order entry, order clarification, provision of medication information to providers as needed, antimicrobial stewardship activities, patient education, medication reconciliation, or restricted medication use evaluation and approval and medication preparation/dispensing. The resident reports to the pharmacy shift coordinator and completes tasks within the department as assigned. Overall staffing assignments are per the Pharmacy Operations Manager or Associate Chief, Clinical Pharmacy Services.

Outpatient and clinical pharmacy staffing obligations consist of weekend coverage for the medical center. Pharmacy Residents (PGY1 and PGY2) will rotate clinical and outpatient staffing. Generally, Pharmacy Residents will be required to cover one of every three weekends alternating responsibilities in the outpatient pharmacy and providing acute care clinical services for the medical center. Outpatient pharmacy staffing consists of an eight and one-half hour shift on Saturday and Sunday (0800 – 1630 Saturday; 0900 – 1830 on Sunday). The outpatient pharmacy is closed on Sundays; the pharmacy resident will assist with other pharmacy processes on Sunday. These activities may include processing and dispensing of medications for discharged patients, for emergency room visits/providers, preparation of materials for AETC, processing of pending pharmacy orders, assistance of inpatient pharmacist as needed, and other departmental activities as assigned by pharmacy management. Acute care clinical coverage consists of two shifts per weekend, covering Saturday and Sunday (0700 – 1530).

Pharmacy Residents will be required to provide acute care clinical pharmacy services on at least one federal holiday (shift 0700 – 1530) during the residency year.

Assignments of staffing responsibilities, including scheduling, are coordinated through the office of the Pharmacy Operations Manager with the assistance of the PGY2 Internal Medicine and Infectious Disease Residents. If scheduling conflicts arise, it is the responsibility of the Pharmacy Resident scheduled for that evening/weekend to coordinate appropriate coverage for their shift. The PGY2 Internal Medicine and/or Infectious Disease Resident should be informed of the need for a change, and the resulting arranged coverage. The PGY2 Pharmacy Residents will follow-up with the residents involved to confirm the changes and coverage for the evenings/weekends in question and notify pharmacy personnel as needed.

*Please note: hours above are subsequent to change effective immediately when necessary based on medical center facility needs*

## Leave Policy

### **VA St. Louis Health Care System**

Pharmacy Residents are allowed annual leave (vacation), sick leave, authorized leave (professional travel or absences), and Federal Holidays as outlined below.

**Annual Leave (AL) (Vacation):** The pharmacy resident accrues 4 hours of annual leave per pay period (**13 days** per annum). These should be coordinated with the Residency Program Director and approved by the individual who will be the preceptor on the rotation during which the vacation is to occur. Once approved by the preceptor and the Residency Program Director, the request can be processed through the VA VISTA computer system for final approval by the Director of Pharmacy. Requests for approval should be made well in advance (generally at least 2 weeks in advance). Time off for all residents at the end of residency training period cannot be guaranteed.

**Sick Leave (AL) (Sick-time):** The pharmacy resident accrues 4 hours of sick time per pay period (**13 days** per annum). In the event of an acute illness, the resident should contact his/her current preceptor by phone or pager as soon as possible to discuss the situation. ***Email notification is not considered adequate notification.*** Resident may be required to provide written documentation by healthcare professional of acute illness. The preceptor should notify the residency program director and Associate Chief, Clinical Pharmacy Services of the resident's absence. The resident is responsible for completing the process with appropriate documentation in the VA VISTA computer system when they return to work.

**Authorized Absence (AA) (Professional leave):** The resident may be allowed time to attend professional meetings (ASHP, MPRC required) or seminars for professional development directly related to their residency program. This must be approved by the rotation preceptor and the residency program director. Advance notice is generally required.

Off-site rotations are also considered professional leave because you would not be providing services at the VA. Requests for off-site rotations should first be coordinated with the Residency Program Director and then approved by the Director of Pharmacy. These requests should be submitted well in advance of the desired rotation period. AA must also be approved by the Director of Pharmacy and entered in the VA VISTA computer system.

**Federal Holidays:** Residents will be awarded ten paid federal holidays throughout the year, including – July Fourth, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Years Day, Martin Luther King Day, Presidents Day, and Memorial Day. If residency obligations require work on a Holiday, alternative arrangements or compensation may be considered on a case-by-case basis.

**Family Medical Leave Act (FMLA):** Residents are entitled to pre-approved, unpaid leave for FMLA per national policy.

**Extended (Non-punitive) Absence from the Program:** The duration of the residency program may be subject to extension in cases of extended leave or leave without pay (including FMLA). If a threshold of 30 to 90 days of (combined) leave is reached or anticipated, the Residency Advisory Committee will discuss the impact on the resident's ability to fully complete the goals of the residency program. The RAC will decide if the resident can continue as scheduled, or if they will need to extend the residency year (for a duration of up to 90 days). If an overall threshold of 90 days is reached, this would be considered adequate grounds for dismissal from the program. Individual instances will be considered on a case-by-case basis in conjunction with VA St. Louis Health Care System Human Resources, VA National Residency Program Office, and the Office of Academic Affiliations. Considerations and review may influence availability of extension of duration of program, and/or status of resident if extended duration provided (i.e., with or without pay). Another option, if dropped from the program, is to re-apply for one of the following residency years.

### **Health and Life Insurance**

Health and Life Insurance policies are available through human resources on a cost sharing basis.

## St. Louis College of Pharmacy

### Extended Absence Leave & Family Medical Leave Policy

The St Louis College of Pharmacy recognizes that employees occasionally need to take time away from work to care for important family and medical needs, for personal reasons, or for military service. To meet these needs in a manner beneficial to the employee, their families, and St Louis College of Pharmacy, employees may consider several types of leave plans.

Any pharmacy resident request for extended absence will be individually assessed by the residency program director, Associate Dean for Postgraduate Education, and a representative from any institution which serves as the primary employer of the pharmacy resident. More than **60** calendar days of leave of absence may result in dismissal of the pharmacy resident from the program. A leave of absence may result in an extension of the program, with or without pay, up to a maximum of 60 days in order to ensure satisfactory achievement of the residency competencies and completion of the full 12-month pharmacy residency program. The residency year may be adjusted to accommodate resident needs (ex. December used as rotation month or extension into the following summer months beyond the June 30th date of completion). Missed work must be rescheduled or extended when a preceptor is readily available for precepting (Monday – Friday).

Failure to comply may result in dismissal of the pharmacy resident from the program as determined by the residency program director (RPD), Associate Dean for Postgraduate Education, and a representative from any institution which serves as the primary employer of the pharmacy resident. Any resident that is dismissed from the program will forfeit the completion certificate for the residency program. *For additional information, contact Human Resources and refer to the residency handbook regarding Resident Dismissal.*

Pharmacy residents who have been employed by St. Louis College of Pharmacy for at least 12 months may be eligible for leave under the College's Family and Medical Leave Act (FMLA) Policy. Additionally, individuals who have a covered disability under federal or state law that may require a leave of absence (including intermittent leave) may be eligible for reasonable accommodations. Residents should direct requests for FMLA leave or a leave of absence (including intermittent or reduced leave) due to a disability to Human Resources. If the pharmacy resident qualifies for FMLA, the resident must comply with the following policy of the St Louis College of Pharmacy Faculty and Staff Handbook

### Family and Medical Leave Act (FMLA)

1. **Basic FMLA Leave and Active Duty Leave:** Provided certain requirements are met, those employees who have been employed for at least 12 months **and** for at least 1,250 hours during the previous 12 month period may be entitled to up to 12 weeks of leave **during a rolling twelve month period measured backward from the date leave first begins**, under the following circumstances:
  - i. The birth of a child and to care for such child or placement for adoption or foster care of a child;
  - ii. To care for an immediate family member (spouse, child under 18 years old or 18 or over that is incapable of self-care, or parent) with a serious health condition;
  - iii. Because of a serious health condition which renders the employee unable to work; or
  - iv. Because of any qualifying exigency arising out of the fact that your spouse, son (of any age), daughter (of any age) or parent, defined as a covered military member, is on active duty (or has been notified of an impending call or order to active duty) in the National Guard or Reserves or is a retired member of Armed Forces or Reserves and has been notified of an impending call or order to active duty in support of a contingency operation. Please note certain exigencies are limited to a certain number of days of leave.

2. **Military Caregiver Leave:** An employee also may take Military Caregiver Leave to care for a spouse, son (of any age), daughter (of any age), parent or next of kin (as defined) who is a current member of the Armed Forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. A covered service member incurs a serious illness or injury for purposes of this paragraph when he or she is medically unfit to perform the duties of his or her office, grade, rank or rating.

Eligible employees are entitled to a total of 26 weeks of unpaid Military Caregiver Leave during a single 12-month period. This single 12-month period begins on the first day an eligible employee takes Military Caregiver Leave and ends 12 months after that date.

The leave entitlement described in this Section applies on a per-covered service member, per injury basis. However, no more than 26 weeks of leave may be taken within a single 12-month period by any covered employee. Even in circumstances where an employee takes other leave covered by the federal FMLA under numbers 1-4 in the Basic FMLA Leave and Active Duty Leave section above, the combined leave shall not exceed 26 weeks during that 12-month period.

3. **Definitions:** A “serious health condition” referenced in numbers (2) and (3) of the Basic FMLA Leave and Active Duty Leave section above means an illness, injury, impairment, or physical or mental condition that involves:
  - i. In-patient care (i.e., an overnight stay) in a hospital or other medical care facility (including any period of incapacity or any subsequent treatment in connection with such in-patient care);
  - ii. Period of incapacity of more than 3 consecutive full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves (i) treatment 2 or more times by a health care provider or under the supervisor of a health care provider within 30 days of the start of the incapacity, or (ii) treatment by a health care provider on at least one (1) occasion within 7 days of the start of the incapacity which results in a regimen of continuing treatment under the supervision of a health care provider;
  - iii. Any period of incapacity due to pregnancy, or for prenatal care;
  - iv. Any period of incapacity due to a chronic serious health condition requiring periodic visits of at least twice a year for treatment by a health care provider;
  - v. A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, during which the employee (or family member) must be under the continuing supervision of but need not be receiving active treatment by, a health care provider; or
  - vi. Any period of absence to receive multiple treatments by a health care provider or under the supervision of a health care provider, either for restorative surgery after an accident or other injury, or for a condition that will likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment.
4. **When spouses work together:** Eligible employees who are husband and wife are limited to a combined total of 12 weeks of leave during any 12 month period, if the leave is taken (1) for birth of a child; (2) for placement and care of a child; or (3) to care for a parent (but not “parent-in-law”) with a serious health condition. Where the husband and wife both have used a portion of the 12 week entitlement for one of the above purposes, each are entitled to the difference between the amount he or she has taken individually and 12 weeks to care for a child with a serious health condition or to treat their own serious health condition.

5. **Notice of need for FMLA Leave:** If the leave is foreseeable (e.g., birth or placement, planned medical care, leave due to active duty of immediate family member), the employee must provide at least 30 days advance notice to their immediate supervisor, who will advise the Human Resources Department. If circumstances prevent providing the 30 days advance notice, then the employee should provide as much notice as possible (ordinarily the same or next business day). If an employee fails to give the required notice for foreseeable leave with no reasonable excuse, the employee may be denied the taking of the leave until the employee provides adequate notice of the need for the leave. Employees must make every reasonable effort to schedule medical treatments so as not to disrupt the ongoing operations of the department.
6. **Intermittent FMLA Leave:** Intermittent leave also may be available depending upon an employee's serious health condition or an employee's immediate family member's serious health condition. Intermittent or reduced schedule leave for the birth or placement of a child for adoption or foster care may only be taken with approval from Human Resources. Military Caregiver Leave may be taken intermittently or on a reduced leave schedule when medically necessary. Employees taking intermittent leave must follow the College's standard call-in procedures absent unusual circumstance. Employees must specify if the reason for the call-in is related to an FMLA intermittent leave as opposed to a non-FMLA illness. The employee must, however, make a reasonable effort to schedule medical treatment so as not to disrupt unduly College operations. Further, if the need for leave is foreseeable based on planned medical treatment, the employer reserves the right to transfer the affected employee temporarily to an alternate position with equivalent pay and benefits for which the employee is qualified, if the transfer better accommodates the requested leave.
7. **Documentation supporting FMLA leave:** Your reason for the leave must be covered under FMLA and you must provide a completed FMLA Certification Form supporting the need for the leave for any event other than birth of a child. Human Resources will provide employees with the appropriate form to certify a serious health condition. A request for reasonable documentation of family relationship verifying the legitimacy of FMLA Leave may also be required. The employee will have 15 days in which to return a completed Certification form following receipt of the form from the College. If the employee fails to provide timely certification after being required to do so, the employee may be denied the taking of the leave under FMLA. If the Certification form is incomplete or insufficient, an employee will be given written notification of the information needed and will have 7 days after receiving such written notice to provide the necessary information. If the form is complete but unclear the College reserves the right to have Human Resources contact the health care provider with the employee's permission and release. If there is reason to doubt the validity of the medical certification, a second opinion, at the expense of the College, related to the health condition may be required. If the original certification and second opinion differ, a third opinion, at the expense of the College, may be required. The opinion of the third health care provider, which the College and employee jointly select, will be the final and binding decision.

A request for Active Duty Leave must be supported by the Certification of Qualifying Exigency for Military Family Leave form as well as appropriate documentation, including the covered military member's active duty orders. A request for military Caregiver leave must be supported by the Certification for Serious Injury or Illness of Covered Service member form as well as any necessary supporting documentation.

8. **Recertification:** Under certain circumstances as provided by the law, including (but not limited to) situations in which the need or nature of the approved leave changes, the College may, in its sole discretion, require recertification of your serious health condition. The Company may also request recertification every year in which FMLA Leave is taken for any serious health condition that lasts longer than 1 year. In these situations you will have 15 days in which to provide, at your expense, a completed recertification form

9. **Substitution of paid leave:** Employees are required to substitute and exhaust sick pay and vacation pay for leave requested. Such substituted paid time will run concurrently with, and be applied against, the 12 week maximum. Use of sick and vacation time will follow the established rules for each benefit. For birth of a child sick leave may only be used for the period of disability associated with the birth with the remainder of FMLA using other types of paid time off. Employees do not continue to accrue time off while off leave. Holidays falling during an entire week of FMLA leave will be counted towards FMLA leave. For a partial week of leave the holiday will not count as FMLA leave. After paid leave finishes running the remainder of the leave will be unpaid. If an employee takes paid sick leave for a condition that progresses into a serious health condition the College may designate all or some portion of related leave taken under this policy as FMLA, to the extent that the earlier leave meets the necessary qualifications.
10. **Benefits under FMLA leave:** During the 12 week maximum leave period, coverage under group health, dental, and voluntary life insurance plans, if any, will be maintained at the level and under the conditions coverage would have been provided had leave not been taken. Employees will be required to continue to pay their portion of any applicable premiums as if they had not taken leave and failure to do so may result in loss of coverage pursuant to the law. See Human Resources to make payment arrangements. If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the College will require the employee to reimburse the College the amount it paid for the employee's health insurance premium during the leave period.
11. **Return to Work:** As a condition of returning to work from a leave granted pursuant to (3) above, the employee must timely present a certification from his/her health care provider that the employee is able to perform the essential functions of his or her position. Restoration will be denied until the certification is presented. An employee returning from leave under this Policy, who has complied with its terms, generally will be restored to the same (or equivalent) position the employee held prior to leave. A returning employee does not, however, have a greater right to restoration or other benefits than if the employee had been continuously employed during the leave period. Employees are to notify their supervisor and/or Human Resources of their intent to return to work at least two weeks prior to the anticipated date of return.

Date: April 15, 2014  
Updated: April 26, 2016

## Dismissal Policy

### **VA St. Louis Health Care System Pharmacy Resident Grievance, Disciplinary Action, & Dismissal Policy**

**Purpose:** To establish policy and procedures related to pharmacy resident grievance resolution, disciplinary and remediation processes, residency certificate awarding, and procedures for dismissal from the program at the VA St. Louis Health Care System.

#### **Policy**

Pharmacy Residents are employees of the VA St. Louis Health Care System (with appointment duration of one year) and are therefore subject to all pertinent rules and regulations regarding personnel of the Medical Center, including the policies and procedures of the Pharmacy Service. Furthermore, Pharmacy Residents are subject to the requirements of the Pharmacy Residency Program as described in the Pharmacy Residency Program Handbook.

Pharmacy Residents, preceptors, and pharmacy staff and administrators are expected to act in a professional manner at all times. It is not anticipated that grievance, disciplinary, remediation, or dismissal actions will be needed during the completion of the Residency Program. However, the criteria outlined below describe actions to be taken if formal intervention regarding unacceptable performance, unprofessional behavior, or resident grievance is required.

#### **A. Pharmacy Resident Grievance Process**

1. The Residency Advisory Committee encourages the resolution of most problems through face-to-face interactions between the involved parties whenever possible. This is an important aspect of all working relationships. Pharmacy Residents are encouraged to attempt to resolve grievances through this process initially. It is expected that a mutually agreeable solution will be sought by those involved, with appropriate consultation as needed.
2. The Residency Advisory Committee expects those involved in training or working with pharmacy residents to be receptive to reasonable approaches by residents with complaints, feedback, or grievances. It is expected that a mutually agreeable solution will be sought by those involved, with appropriate consultation as needed.
3. If a satisfactory resolution of the complaint or grievance is not achieved between the involved parties, the resident, preceptor, or other involved party should contact the Residency Program Director for consultation and assistance. Assistance could include acting as a mediator for continued discussion, help in selecting an alternative, appropriate mediator, making recommendations regarding an alteration of learning environment or rotational experience, or other appropriate actions.
4. If the conflict remains unresolved after involvement of the Residency Program Director, the resident may submit the complaint, in writing, to the Residency Program Director within 10 days of the final consultative activity. The Residency Program Director will then present the grievance to the Residency Advisory Committee for review within 10 business days of receipt.
  - a. The involved parties of the grievance will be notified of the time, date, and location of the meeting of the Residency Advisory Committee and be allowed time to present information related to the grievance.
  - b. The Residency Advisory Committee will review and discuss the available information regarding the grievance. Formal recommendations regarding the resolution of the grievance and the continuation of the Pharmacy Residents' learning experience will be

determined by the Residency Advisory Committee and distributed in writing to the involved parties.

- c. If the grievance involves any member of the Residency Advisory Committee that member will recuse themselves from the review or discussion of the grievance.
- d. A formal written grievance regarding the Residency Program Director can be submitted directly to the Pharmacy Service Clinical Coordinator for appropriate presentation to the Residency Advisory Committee.
- e. Decisions and recommendations of the Residency Advisory Committee will be final.

## **B. Disciplinary/Remediation Actions against a Pharmacy Resident**

Pharmacy Residents are expected to place the highest priority on the completion of residency requirements, the achievement of residency outcomes, goals and objectives, and the provision of patient care. Furthermore, it is expected that residents will strive to continuously improve their performance and clinical, professional, and educational skills through completion of the program. In accordance with ASHP accreditation requirements, pharmacy residents will be assessed regularly by preceptors, program directors, and other members of the pharmacy and healthcare community. The Residency Program Director is responsible for creating and maintaining a method for assessing and documenting the performance and progress of pharmacy residents that meets the standards of ASHP accreditation. This method shall include a procedure for providing and reviewing written progress reports and evaluations to the residents to facilitate the improvement and development of resident skills and abilities.

If a pharmacy resident fails to show satisfactory progress or performance in any clinical, professional, or educational requirements of the residency program, a variety of actions may be taken by the program director. In general, it is recommended that the following actions be utilized in providing a structured remediation process for pharmacy residents: resident placed on OBSERVATIONAL STATUS, resident placed on PROBATION, resident SUSPENDED, with the potential for a resident to be DISMISSED from the program. Some situations may necessitate a deviation from this standard, and it may not be necessary or proper to move through all levels of the policy for a resident to be placed on probation, to be suspended, or dismissed from the program.

### **1. OBSERVATIONAL STATUS**

Observational status is the first step that may be utilized for structured remediation of a pharmacy resident. If a pharmacy resident's clinical or educational progress and/or performance are found to be unsatisfactory, the Residency Program Director will meet with the resident as soon as possible. Together, the resident and Residency Program Director will outline, in writing, the following: noted areas of insufficiency, a detailed plan for improvement, a plan for reassessment, and the timeframe in which this is to be completed. A copy of the plan will be provided to the resident and placed in the resident's training file by the Residency Program Director. If the pharmacy resident fails to achieve adequate improvement/progress over the specified timeframe, the resident may be placed on probation.

### **2. PROBATION**

- a. A pharmacy resident may be placed on probation if his/her professional, clinical, or educational progress or development is unsatisfactory and continuation of the program or receipt of certificate is at risk. Upon recommendation of the Residency Program Director, if a pharmacy resident fails to meet the standards of progression for the training program, probationary status may be approved by the Residency Advisory Committee.

- b. It is not necessary for a resident to be placed on observational status prior to being placed on probation; a resident may be placed on probation at any time. The assignment of probationary status is not subject to appeal by the resident.
- c. Details of the institution of probationary status and specific reasons for probation implementation will be provided to the resident in writing, with written acknowledgment of receipt requested. In addition to providing written notification, the Residency Program Director must also discuss this decision with the resident at the earliest possible time. Together, the resident and the Residency Program Director will outline, in writing, the following: noted areas of insufficiency, a detailed plan for improvement, a plan for reassessment, and the timeframe in which this is to be completed. The documentation will clearly detail specific performance related areas of concern and/or deficiency.
- d. As noted above, the Residency Program Director shall provide a specific, detailed plan for reassessment. This plan shall include a specific timeline for activities related to remediation and reassessment. In general, at least 30 calendar days will be allowed for the resident to improve their performance related to the specified areas of insufficiency. Probationary status may be assigned for a shorter or longer period with the approval of the Residency Advisory Committee.
- e. At the conclusion of the probationary period, the Residency Program Director will complete a reassessment of the resident regarding the targeted areas for improvement. If the reassessment determines that the resident has not achieved satisfactory progress toward the correction of the identified deficiencies, the resident may be recommended for dismissal from the program as detailed in section “4” below. Dismissal from the program is subject to appeal; appeal of dismissal must follow the procedures as detailed in section “5” below.
- f. If at the specified time of reassessment the Residency Program Director is satisfied with the progress and improvement of the resident in the areas targeted for remediation and any other areas of concern that may have arisen during the probationary period, the improvements will be presented to the Residency Advisory Committee for discussion and review. If the improvements are determined to be satisfactory, the resident will be notified in writing of the repealing of probationary status.

### **3. SUSPENSION**

- a. The Residency Program Director may place a resident on suspension with the approval of the Residency Advisory Committee. Situations that may result in suspension include, but are not limited to: allegation of a serious professional charge against the resident, concern that a resident’s performance has been compromised, or actions by a resident which result (or may result) in an increased risk to patients.
- b. The suspension may be with or without pay, dependent upon the discretion of the Pharmacy Chief of Service. Suspension with pay is not subject to appeal. Suspension without pay is subject to appeal through the process detailed in section “5” below.
- c. Notification of suspension will be provided to the resident in writing, with written acknowledgement of receipt requested. The Residency Program Director and members from the Resident Advisory Committee shall confer with the resident regarding the suspension as soon as practicable.

- d. An investigation of specified concerns, allegations, or actions will be initiated within 5 working days. The investigation team will include the Residency Program Director, 2 other members of the Residency Advisory Committee, and the Pharmacy Service Clinical Coordinator. The determination of reinstatement, with pertinent conditions if applicable, or dismissal of the resident will be made within 30 calendar days. This will allow the investigation team and the Pharmacy Service time to fully evaluate the concerns, allegations, or actions pertinent to the situation and recommend appropriate action.
- e. The suspension period may be extended beyond 30 days with approval of the Pharmacy Chief of Service if more time is needed to complete an appropriate investigation.

#### **4. DISMISSAL**

- a. Upon recommendation of the Residency Program Director and the Residency Advisory Committee, a resident shall be dismissed from a pharmacy residency program for unsatisfactory performance or conduct by the Pharmacy Chief of Service. Potential grounds for dismissal include, but are not limited to:
  - i. Illegal, unethical, or unprofessional conduct;
  - ii. Excessive tardiness/absenteeism;
  - iii. Job abandonment (3 or more days absent from program without notice given to the Residency Program Director);
  - iv. Resident performance or actions that results in an increased risk to patients; performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare.
- b. The recommendation for dismissal shall be submitted to the Pharmacy Chief of Service in writing. This documentation shall detail the specific areas of performance, conduct, or concerns that are the grounds for the dismissal.
- c. Dismissal related to job abandonment will be considered equivalent to resignation and is not subject to appeal. Dismissal related to unsatisfactory performance or conduct is subject to resident appeal as detailed in section "5" below.
- d. The Pharmacy Chief of Service will send written notification of dismissal to the following:
  - a. Pharmacy Resident (certified mail, return receipt requested or hand-delivered with written acknowledgment of receipt/delivery)
  - b. Residency Program Director
  - c. The VA St. Louis Health Care System Human Resources
- e. Upon notification of dismissal, all compensation and benefits of the resident will end, effective the date of notification.
- f. If the dismissal is subject to appeal, appeal must be filed within 5 working days of notification of dismissal as described in section "5" below.

## 5. RIGHT TO APPEAL DISMISSAL

A pharmacy resident who has been dismissed from a VA St. Louis Health Care System Pharmacy Residency Program shall be afforded the right to appeal dismissal (except when dismissal results from job abandonment; see section 4.a.iii above). Appeal of dismissal will be handled in a just fashion, being cognizant of rights of the pharmacy resident and the interests of the VA St. Louis Health Care System.

- a. A pharmacy resident wishing to appeal dismissal must submit the appeal, in writing, to the Pharmacy Chief of Service and the Residency Program Director within 5 working days of dismissal notification. If an appeal of dismissal is not submitted within 5 days the option of appeal will be considered waived and will amount to acceptance of dismissal by the resident.
- b. As long as the dismissed pharmacy resident has not depleted their allotted vacation or sick time, salary and/or insurance benefits will continue to be provided during the appeal process. The provision of salary and/or insurance benefits shall not exceed 30 days from time of appeal of dismissal submission.
- c. An ad hoc Residency Dismissal Appeal Committee will be appointed by the Pharmacy Chief of Service and the Residency Program Director. This committee shall consist of a current pharmacy resident, a member of the Residency Advisory Committee, two preceptors of the VA St. Louis Health Care System
- d. Pharmacy Residency Program and the Pharmacy Service Clinical Coordinator.
- e. A time and place for the hearing of the appeal will be set by the Residency Dismissal Appeal Committee. It shall occur at the earliest reasonable date and within 10 days of the time of the submission of appeal.
- f. Documentation pertaining to the contested dismissal will be provided to the appointed Residency Dismissal Appeal Committee members at least 5 business days prior to the dismissal appeal hearing. This documentation shall include all pharmacy residency related evaluations of the dismissed resident, documentation related to resident dismissal, and any other pertinent information including the letter of appeal from the resident. At the resident's request, this information will be made available to the resident for review and/or duplication.
- g. The resident shall be allowed to introduce evidence they believe to be pertinent to the dismissal proceedings during the hearing. Any material the resident wishes to introduce must be provided to the Residency Program Director at least 5 business days prior to the scheduled dismissal appeal hearing for inclusion in materials distributed to the Residency Dismissal Appeal Committee members.
- h. The resident is afforded the right to appear in person with or without retained legal counsel at the dismissal appeal hearing. Failure of the resident to appear before the committee will result in dismissal of the appeal and upholding of the decision to dismiss. Legal counsel shall participate in a strictly advisory role to the resident. The VA St. Louis Health Care System must be notified of the participation of legal counsel at least 5 business days prior to the dismissal appeal hearing. During the hearing, the resident will be offered the opportunity to address the committee, but this is not required.
- i. The VA St. Louis Health Care System shall have legal counsel present during the hearing.

- j. All materials, documentation, and evidence submitted or considered during the dismissal appeal hearing must be related to the reasons for dismissal from program and the resident's appeal.
- k. The Residency Dismissal Appeal Committee will confer and submit their findings and recommendations to the Pharmacy Chief of Service within 7 business days of the hearing. The Pharmacy Chief of Service will, within 7 days, review and disseminate the decision, in writing, to the following: the pharmacy resident (certified mail, return receipt requested, or hand delivered with written acknowledgement of receipt/delivery), the Residency Program Director, and the VA St. Louis Health Care System Human Resources.
- l. All hearings, actions, and documentation related to the dismissal appeal process is considered confidential and shall not be discussed or disseminated outside of activities related to the appeals process as described above. All materials related to the appeals process shall be returned to the Pharmacy Chief of Service at the conclusion of the proceedings. These materials will be maintained as appropriate by the Pharmacy Chief of Service.

This policy/procedure must be completed, in entirety, prior to the pharmacy resident seeking appeal/mediation through any other forum.

### **C. Awarding of Residency Certificate**

- 1. It is the responsibility of the Residency Program Director, along with the Residency Advisory Committee, to determine if Pharmacy Residents have successfully completed all residency program requirements. In accordance with ASHP accreditation standards, Pharmacy Residents who fail to meet the standards of the program as outlined in the residency handbook will not be issued a certificate. Awarding of a residency certificate will not occur if:
  - a. A resident fails to complete remediation/disciplinary actions
  - b. Has failed to meet the residency program requirements for completion
  - c. Has not completed required evaluation forms (of preceptors, the residency program, or self).
- 2. At the end of the residency period unfulfilled requirements will be reviewed and discussed by the Residency Advisory Committee. If the committee determines that the insufficiencies are achievable by the resident, an opportunity to complete the requirements under a Without Compensation (WOC) appointment may be offered. All remaining requirements must be completed within the pre-specified time limits not to exceed 90 days of the end of the original residency period. Any time required by the resident to complete the requirements would not result in compensation (payment or otherwise). If requirements are completed within the specified timeframe to the satisfaction of the Residency Advisory Committee, a residency certificate may then be awarded.

## St. Louis College of Pharmacy

The St. Louis College of Pharmacy, in accordance with its mission to “make a difference in student learning, patient care, and pharmacy education,” is committed to the development and training of pharmacy residents. Those participating in the administration or completion of a pharmacy residency program associated with the St. Louis College of Pharmacy are expected to conduct themselves in a professional, collegial, and respectful manner at all times, working together to promote the advancement of pharmacy practice, to encourage the development of residents, preceptors, students, program directors, and other healthcare providers, and to provide patient-centered pharmaceutical care.

Within the challenging environment of pharmacy practice and pharmacy residency training, conflicts between involved persons may arise. It is expected that conflicts will be approached and resolved in a professional manner. This policy defines procedures and guidelines to be utilized in the case of conflicts that cannot be or are not resolved between program administrators and residents. Additionally, this policy outlines the steps to be taken if the need for formalized remediation or discipline of a pharmacy resident is required.

### **I. PROCEDURE FOR RESIDENT COMPLAINTS**

If a pharmacy resident has a particular complaint while completing a St. Louis College of Pharmacy training program, he/she shall first attempt to resolve it on his/her own through consultation with a preceptor or his/her Residency Program Director. If the issue is not resolved with a preceptor, then the resident should discuss the issue with the Residency Program Director. If the conflict remains unresolved, the resident may submit the complaint, in writing, to the Associate Dean for Post-Graduate Education. If the complaint cannot be adjudicated through the efforts of the Associate Dean for Post-Graduate Education, an ad-hoc committee will be appointed by the Associate Dean to hear the complaint. The committee will consist of the Associate Dean for Post-Graduate Education (chair), a program director, two preceptors and a resident from different College residency programs. With the exception of the Associate Dean for Post-Graduate Education, members of this committee shall not have been involved in previous attempts to adjudicate the complaint. The decision and/or resolution of the appointed committee regarding the complaint shall be final.

### **II. DISCIPLINARY ACTIONS AGAINST RESIDENTS**

Pharmacy residents are expected to place the highest priority on the completion of residency requirements, the achievement of residency goals, and the provision of patient care. Furthermore, it is expected that residents will strive to continuously improve their performance and clinical, professional, and educational skills through completion of the program. In accordance with ASHP accreditation requirements, pharmacy residents will be assessed regularly by preceptors, program directors, and other members of the pharmacy and healthcare community. Each Residency Program Director is responsible for creating and maintaining a method, consistent with accreditation standards, for assessing and documenting the performance and progress of pharmacy residents. This shall include a procedure for providing written progress reports and evaluations of residents to facilitate the improvement and development of their skills and abilities.

If a pharmacy resident fails to show satisfactory progress or performance in any clinical, professional, or educational requirement of the residency program, a variety of actions may be taken by the program director. A structured remediation process for pharmacy residents may include one of the following actions: resident placed on OBSERVATIONAL STATUS, PROBATION, SUSPENSION, with the potential for a resident to be DISMISSED from the program. Some situations may necessitate a deviation from this standard, and it may not be necessary or proper to move through all levels of the policy for a resident to be placed on probation, to be suspended, or dismissed from the program.

## **A. OBSERVATIONAL STATUS**

Observational status is the first step that may be utilized for structured remediation of a pharmacy resident. If a pharmacy resident's clinical or educational progress and/or performance are found to be unsatisfactory, the Residency Program Director will meet with the resident as soon as possible. Together, the resident and Residency Program Director will outline, in writing, the following: noted areas of insufficiency, a detailed plan for improvement, a plan for reassessment, and the timeframe in which this is to be completed. Copies of the plan will be provided to the Associate Dean for Post-Graduate Education. If the pharmacy resident fails to achieve adequate improvement/progress over the specified timeframe, the resident may be placed on probation.

## **B. PROBATION**

1. A pharmacy resident may be placed on probation if his/her professional, clinical, or educational progress or development is unsatisfactory and continuation of the program or receipt of certificate is at risk. If a pharmacy resident fails to meet the standards of progression for the training program, the Residency Program Director, may recommend probationary status. This must be approved by the Associate Dean for Post-Graduate Education. The Associate Dean will notify the Dean of Pharmacy and Director of Human Resources.
2. It is not necessary for a resident to be placed on observational status prior to being placed on probation; a resident may be directly placed on probation at any time for more serious performance concerns. The assignment of probationary status is not subject to appeal by the resident.
3. Details of the probationary status and specific reasons for probation implementation will be provided to the resident in writing, delivered by certified mail, return receipt requested, at his/her residence, or hand-delivered with written acknowledgment of receipt to the resident. In addition to providing written notification, the Residency Program Director must also discuss this decision with the resident at the earliest possible time. Together, the resident and the Residency Program Director will outline, in writing, the following: noted areas of deficiency, a detailed plan for improvement, a plan for reassessment, and the timeframe in which this is to be completed. The documentation will clearly detail specific performance related areas of concern and/or deficiency.
4. As noted above, the Residency Program Director shall provide a specific, detailed plan for reassessment. This plan shall include a specific timeline for activities related to remediation and reassessment. In general, at least 30 calendar days will be allowed for the resident to improve their performance related to the specified areas of insufficiency. Probationary status may be assigned for a shorter or longer period with the approval of the Associate Dean for Post-Graduate Education.
5. At the conclusion of the probationary period, the Residency Program Director will complete a reassessment of the resident regarding the targeted areas for improvement. If the reassessment determines that the resident has not achieved satisfactory progress toward the correction of the identified deficiencies, the resident may be recommended for dismissal from the program as detailed in section D below. Dismissal from the program is subject to appeal; appeal of dismissal must follow the procedures as detailed in section E below.
6. If, at the specified time of reassessment, the Residency Program Director is satisfied with the progress and improvement of the resident in the areas targeted for remediation and any other areas of concern that may have arisen during the probationary period, the resident will be notified in writing of the repealing of probationary status.

## **C. SUSPENSION**

1. The Residency Program Director may place a resident on suspension with the approval of the Associate Dean for Post-Graduate Education. Situations that may result in suspension include, but are not limited to, the allegation of a serious professional charge against the resident, concern that a resident's performance has been compromised, or actions by a resident which result (or may result) in an increased risk to patients. The Associate Dean will notify the Dean of Pharmacy and the Director of Human Resources.
2. The suspension may be with or without pay, dependent upon the discretion of the Associate Dean for Post-Graduate Education, in consultation with the Dean of Pharmacy and Director of Human Resources. Suspension with pay is not subject to appeal. Suspension without pay is subject to appeal through the process detailed in section E below.
3. Notification of suspension will be provided to the resident in writing, delivered by certified mail, return receipt requested, at his/her residence, or hand delivered with written acknowledgment of receipt to the resident. The Program Director and Associate Dean for Post-Graduate Education shall confer with the resident regarding the suspension as soon as practical.
4. An investigation of specified concerns, allegations, or actions will be initiated within 5 working days. The investigation team will include a Residency Program Director, the Associate Dean for Post-Graduate Education, and another residency preceptor or program director. The determination of reinstatement or dismissal of the resident will be made within 30 calendar days. This will allow the investigation team time to fully evaluate the concerns, allegations, or actions pertinent to the situation and recommend appropriate action. The suspension period may be extended beyond 30 days with approval of the Dean of Pharmacy if more time is needed to complete an appropriate investigation.

## **D. DISMISSAL**

1. Upon recommendation of the Residency Program Director and the Associate Dean for Post-Graduate Education, the Dean of Pharmacy may dismiss a resident from a pharmacy residency program for unsatisfactory performance or conduct. Potential grounds for dismissal include, but are not limited to:
  - a. Illegal, unethical, or unprofessional conduct;
  - b. Excessive tardiness/absenteeism;
  - c. Job abandonment (3 or more days absent from program without notice given to the Residency Program Director);
  - d. Resident performance that is not satisfactorily progressing past a newly graduated pharmacist level, or actions that results in an increased risk to patients; performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare.
2. The recommendation for dismissal shall be submitted to the Dean of Pharmacy in writing by the Associate Dean for Post-Graduate Education. This documentation shall detail the specific areas of performance, conduct, or concerns that are the grounds for the recommendation of dismissal.
3. Dismissal related to job abandonment will be considered equivalent to resignation and is not subject to appeal. Dismissal related to unsatisfactory performance or conduct is subject to resident appeal as detailed in section E below.

4. The Dean of Pharmacy will send written notification of dismissal to the following:
  - a. Pharmacy Resident (certified mail, return receipt requested or hand-delivered with written acknowledgment of receipt/delivery)
  - b. Residency Program Director
  - c. Associate Dean for Post-Graduate Education Department Chair of Pharmacy Practice
  - d. The St. Louis College of Pharmacy Director of Human Resources
5. The resident will be notified of the dismissal and termination of employment. The termination date will be no sooner than the notification date. Employment related compensation and benefits will be paid out according to College policy.
6. If the dismissal is subject to appeal, appeal must be filed in writing within 5 working days of notification of dismissal as described in section E.

**E. RIGHT TO APPEAL DISMISSAL**

1. A pharmacy resident who has been dismissed from a St. Louis College of Pharmacy residency program shall be afforded the right to appeal dismissal (except when dismissal results from job abandonment; see section D 1, 3 above). Appeal of dismissal will be handled in a just fashion, being cognizant of rights of the pharmacy resident and the interests of the St. Louis College of Pharmacy and its affiliates.
2. A pharmacy resident wishing to appeal dismissal must submit the appeal, in writing, to the Dean of Pharmacy within 5 working days of dismissal notification. If an appeal of dismissal is not received by the Dean's office within 5 days, the option of appeal will be considered waived and will amount to acceptance of dismissal by the resident.
3. An ad hoc Residency Dismissal Appeal Committee will be appointed by the Dean of Pharmacy. This committee shall consist of a current pharmacy resident, two preceptors of St. Louis College of Pharmacy residency programs, the Associate Dean for Post-Graduate Education, and the Chair of the Department of Pharmacy Practice. Members of this ad hoc committee shall not have been involved in previous disciplinary actions regarding the dismissed resident, except for the Associate Dean for Post-Graduate Education.
4. A time and place for the hearing of the appeal will be set by the Residency Dismissal Appeal Committee. It shall occur at the earliest reasonable date and within 10 days of the time of the submission of appeal.
5. Documentation pertaining to the contested dismissal will be provided to the appointed Residency Dismissal Appeal Committee members at least 5 business days prior to the dismissal appeal hearing. This documentation shall include all pharmacy residency related evaluations of the dismissed resident, documentation related to resident dismissal, and any other pertinent information including the letter of appeal from the resident. At the resident's request, this information will be made available to the resident for review and/or duplication.
6. The resident shall be allowed to introduce evidence that they believe to be pertinent to the dismissal proceedings. Any material the resident wishes to introduce must be provided to the Associate Dean for Post-Graduate Education at least 5 business days prior to the scheduled dismissal appeal hearing for inclusion in materials distributed to the Residency Dismissal Appeal Committee members.

7. The resident is afforded the right to appear in person with or without retained legal counsel at the dismissal appeal hearing. Failure of the resident to appear before the committee will result in dismissal of the appeal and the decision to dismiss will be upheld. Legal counsel shall participate in a strictly advisory role to the resident. St. Louis College of Pharmacy must be notified of the participation of legal counsel at least 5 business days prior to the dismissal appeal hearing. During the hearing, the resident will be offered the opportunity to address the committee, but this is not required.
8. St. Louis College of Pharmacy shall have the option of having legal counsel present during the hearing.
9. All materials, documentation, and evidence submitted or considered during the dismissal appeal hearing must be related to the reasons for dismissal from program and the resident's appeal.
10. The Residency Dismissal Appeal Committee will confer and submit their findings and recommendations to the Dean of Pharmacy within 7 business days of the hearing. The Dean of Pharmacy will, within 7 days, review and disseminate the decision, in writing, to the following: the dismissed pharmacy resident (certified mail, return receipt requested, or hand delivered with written acknowledgement of receipt/delivery), the Chair of the Department of Pharmacy Practice, the Associate Dean for Post-Graduate Education, the Residency Program Director, the St. Louis College of Pharmacy President, and the Director of Human Resources.
11. All hearings, actions, and documentation related to the dismissal appeal process is considered confidential and shall not be discussed or disseminated outside of activities related to the appeals process as described above. All materials related to the appeals process shall be returned to the Associate Dean for Post-Graduate Education at the conclusion of the proceedings. These materials will be maintained as appropriate by the Associate Dean for Post-Graduate Education.
12. If the pharmacy resident wins the appeal, employment will be reinstated retroactive to the date of the original dismissal. The resident will be reinstated on a probationary status.

This policy/procedure must be completed, in entirety, prior to the pharmacy resident seeking appeal/mediation through any other forum.

Effective date: 3/12/14

## **Overall Assessment Strategy**

For each learning experience the following evaluations will be completed

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

Evaluations for rotations will occur via PharmAcademic web-based software program. For an overview of the Residency Learning System and PharmAcademic , the resident should refer to the Resident's Guide to RLS available on the ASHP website and PharmAcademic program available on McCreadie Group website.

For the rotations that are 5 weeks long, evaluations should be completed on the last day of rotation. Evaluations **MUST** be done within 7 days of the end of the rotation. For longitudinal rotations, evaluations occur quarterly. It is the responsibility of the resident to complete and discuss the evaluations face to face with the preceptor prior to the end of the rotation. The resident must have the learning experience summative self-evaluation, preceptor evaluation, and learning experience evaluation completed in the last week of the rotation, prior to the summative evaluation.

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

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

### **Provide Feedback to the Resident**

Preceptors are encouraged to complete "Feedback for Resident" throughout the resident's rotation to provide additional written feedback to the residents if deemed appropriate by the preceptor.

### **Quarterly Evaluations**

The residency program director or designee shall meet with the resident quarterly. Prior to these meetings, the resident will complete the necessary information to complete the Customized Training Plan. The purpose of quarterly evaluations is to review evaluations of the resident's performance, review of resident's evaluations of preceptors and rotations, review the plan for the next quarter, review any ongoing projects and completions, and revise the resident plan if appropriate. The resident's progress and performance as they relate to the residency's goals and objectives will be discussed.

### **Additional Sources of Evaluation**

Additional sources of feedback can include, but are not limited to, written notes, emails, revisions or suggestions and oral feedback. The goal is for the resident to have frequent sources of feedback, so that they can continue to develop their skills and improve in areas that need attention.

### **Compliance with Evaluation Policy**

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

*\*\*Please see appendix F for individual programs' assessment strategies*

## Program Assessment Definitions

### PGY1 Pharmacy Resident (VA St. Louis Health Care System)

#### ASHP Evaluation System (NI, SP, ACH, ACHR)

**Needs Improvement:** 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:** 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 indicate resident has achieved a goal on some rotations or in some settings, but requires opportunities for demonstration/assessment in broader practice settings prior to reaching achievement for residency year.

**Achieved:** 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: resident has mastered/achieved this goal/objective and demonstrates ability to perform associated tasks/skills independently within multiple settings of pharmacy practice and learning experiences as applicable. Only the RPD/RPC can designate residency goals as 'achieved for residency.'

#### PharmAcademic Numeric Evaluation Scale (1-5)

**NA - Not applicable/Not evaluated:** Objective marked as Taught only.

**1 - Does not know/No progress:** Resident lacks knowledge of how to do activity. Functions at level expected of pharmacy students.

**2 - Knows/Some progress, but below expectations:** Resident knows how/has 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 an advanced pharmacy student.

**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 task (modeling/coaching level). Functioning at level expected of first-year pharmacist.

**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.

**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, self-directed learning engaging preceptor, consistently impresses preceptor.

#### Translating Scales

ASHP Evaluation Scale	Corresponding Numeric Scale
Needs Improvement	1-2
Satisfactory Progress	3 (sometimes 4)
Achieved	4-5
Achieved for Residency	Broadly demonstrated skill of 4-5 across learning experiences or practice settings OR has improved over time and is expected to perform at level of 4-5 across diverse learning experiences/practice settings.

## PGY2 Pharmacy Residents (VA St. Louis Health Care System/St. Louis College of Pharmacy)

### ASHP Evaluation System (NI, SP, ACH, ACHR)

**Needs Improvement:** 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:** 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 indicate resident has achieved a goal on some rotations or in some settings, but requires opportunities for demonstration/assessment in broader practice settings prior to reaching achievement for residency year.

**Achieved:** 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:** resident has mastered/achieved this goal/objective and demonstrates ability to perform associated tasks/skills independently within multiple settings of pharmacy practice and learning experiences as applicable. Only the RPD/RPC can designate residency goals as 'achieved for residency.'

### PharmAcademic Numeric Evaluation Scale (1-5)

**NA - Not applicable/Not evaluated:** Objective marked as Taught only or not applicable.

**1 – Does not know/No progress:** Resident lacks knowledge of how to do activity. Functions at level expected of pharmacy student/advanced pharmacy student.

**2 – Knows/Some progress, but below expectations:** Resident knows how/has 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 first year pharmacy 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 task (modeling/coaching level). Functioning at level expected of first year pharmacy resident.

**4 – Shows how/Competent/Progress exceeds expectations:** resident can complete activity/task independently but continues to require supervision. Performs within expectations of pharmacy resident. Minimal guidance/intervention/review of preceptor required (facilitating). Demonstrates *full range* of skills required for completing task/activity with an optimal outcome.

**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, medication expert, exemplary skill set present, sophisticated approach to task/activity. Consistent performance, self-directed learning engaging preceptor, consistently impresses preceptor.

### Translating Scales

ASHP Evaluation Scale	Corresponding Numeric Scale
Needs Improvement	1-2
Satisfactory Progress	3 (sometimes 4)
Achieved	4-5
Achieved for Residency	Broadly demonstrated skill of 4-5 across learning experiences or practice settings OR has improved over time and is expected to perform at level of 4-5 across diverse learning experiences/practice settings.

## **Project Guidance**

*\*see learning experience descriptions for complete expectations and instructions*

### **Residency Research Project**

- Each resident will conduct a research project over the course of the residency year. This project will include idea development, literature review, study design, IRB submission, data collection, data analysis, data interpretation, oral presentation and a written manuscript. The written manuscript is to include identification of an appropriate journal for potential submission and the following of instruction to authors for that journal. The manuscript must be written and submitted in final form prior to completion of residency. The manuscript must be reviewed by the project mentor(s) and approved by the residency program director.

### **Seminar, CE**

- One formal seminar presentation will be conducted in October, November, or December by each resident. Seminar programs are hosted by the St. Louis College of Pharmacy for CPE credit. These presentations are presented to pharmacist, residents, and students in the St. Louis and surrounding areas. Resident attendance is required at all sessions.
- The presentation should be a pharmacotherapy topic that includes some controversial or unclear area in pharmacotherapy. This is a 60 minute CE presentation. This should not be a disease state review. Primary literature is the guiding force to put this presentation together. This is to be prepared and presented with MS Power Point

### **VA Pharmacy CE**

- One formal CE presentation will be conducted in April by each resident. VA Pharmacy CE Day is hosted by VA St. Louis Health Care System, Jefferson Barracks Division and v-tel to VISN 15 VA campuses. The presentations are presented to VA clinic support pharmacists, VA clinical pharmacy specialists, and pharmacy residents.
- The presentation should be a review or timely topic. This is to be prepared and presented in MS Power Point.

### **Pharmacotherapy Grand Rounds**

- Pharmacotherapy Grand Rounds is a monthly program that is directed by Clinical Pharmacy Service. Each resident will present a pharmacotherapy grand rounds topic, typically occurring in the spring semester of the year. This presentation is 45 minutes and should provide an up-to-date review and critical evaluation of the medical literature (including teaching on a concept of study evaluation i.e. statistical evaluation, design, etc.) covering a variety of health-related topics. The expectation is to increase the participants knowledge base of evidence-based medicine with the ultimate goal of improving the care that we provide to our patients. This presentation should also include brief pharmacology discussion.
- Audience will include clinical pharmacy specialists, pharmacy residents, pharmacy students, resident physicians, attending physicians, and medical students.

### **Formal Case**

- Residents will complete two formal case presentations; one in the fall and one in the spring. The cases presented should revolve around pharmacotherapy topics and include primary literature and be a case in which the resident was directly involved. This will include a self-evaluation and a formal evaluation. Power Point is used for this presentation. Resident attendance is required at all sessions

### **Journal Club**

- Residents will complete one journal club presentation, usually in the spring semester. Residents will present recent/current pharmacotherapy related studies. This will include a self-evaluation and a formal evaluation. Power Point is used for this presentation as well as a handout. Resident attendance is required at all sessions.

*\*\*Appendix C: Evaluation forms for Journal Club and Formal Case*

## **MUE**

- Medication-use evaluation is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. MUE may be applied to a medication or therapeutic class, disease state or condition, a medication use process (prescribing, preparing and dispensing, administering, and monitoring), or specific outcomes.
- MUE must be conducted with the pre-approval of P&T (or surrogate subcommittee). Resident will present results of the MUE to P&T committee, including recommendations for change and/or follow-up.
- VA MUE Toolkit: <http://www.pbm.va.gov/PBM/vacenterformedicationsafety/tools/MUEToolkit.pdf>

## **GCCP Resident Research Symposium**

- Residents will prepare a 5-10 minute presentation regarding their planned residency research and/or pharmacy projects. Residents will prepare a presentation introducing their idea, including a brief background and preliminary plans for project design and methods. Audience will provide feedback to assist the resident to prepare more efficient/effective project and avoid challenges.
- Anticipated audience will include: GCCP members, other area pharmacy residents, pharmacy students, and area pharmacy residency program preceptors.

## **Preceptor Development Presentation**

- Each Resident will prepare one 15-20 minute presentation on a topic for preceptor development. Presentations are via Lync/telephone over lunch. Possible topics should be discussed with the Preceptor Development Coordinator.
- Anticipated audience (via phone): residency preceptors, current residents, and possibly students

## **Pharmacy Newsletter**

- The Pharmacy Newsletter is distributed to all pharmacy staff in April, July and December
- Each resident will write and submit at least 1 article per newsletter for contribution in to our pharmacy newsletter throughout the residency year.
- Each resident will submit 1 journal articles with brief overview of the article for contribution in to our pharmacy newsletter "Newsletter Library" throughout the residency year
- *Specific due dates for topics, drafts, and final copies will be discussed during the orientation rotation. This will also include information on expectations and links to past articles.*

## **Pharmacy and Therapeutics Committee**

- Each resident will attend monthly P&T committee meetings and related subcommittees during the residency year.
- P&T Meeting are the third Tuesday of every month
- P&T committee does not meet in July or December

## **Out-of-State Conference Attendance**

- **ASHP Midyear:** typically occurs the first week of December.
  - o Residents travel planning will be started in mid-August
  - o *Resident attendance is mandatory unless excused absence is given by the residency program directory or surrogate*
- **ID Week:** typically occurs in October
  - o *PG Y2 Infectious Disease Resident Attendance is mandatory unless excused absence is given by the residency program directory or surrogate*

## General Residency Year Timeline

Fall	Spring
- GCCP (Research Symposium)	- Journal Club
- Formal Case	- Formal Case
- Research Submission (to IRB)	- Didactic Teaching (PGY2)
- Seminar (October - December)	- Continuation of Research Project
- MUE	- Continuation of MUE/Results
- Didactic Teaching (PGY2)	- Research Day (at the College)
- REA (PGY1 and/or PGY2)	- Pharmacotherapy Grand Rounds
	- VA CE Day

## Residency Binders

*\*The contents of the residency binder serve as documentation of activities completed during the residency year. The residency binder is a permanent record which is the property of the VA St. Louis Health Care System and St. Louis College of Pharmacy*

### - **General Outline for Binder**

- o Table of Contents
- o Appointment Letter
- o CV/Licensure
- o Resident Schedule of Rotations (list)
- o Customized Training Plans
- o Each Rotation
  - LED (if paper copy received vs. electronic in PharmAcademic)
  - Include any written feedback or activities as appropriate
- o Longitudinal Rotation Note Examples (and other activities completed)
  - Hepatitis C/Warfarin (5 of each)
  - Home IV Notes (10 total)
- o Formal Cases (slides and handout from each presentation)
  - Include evaluation summary
- o Journal Club (article, slides, and handout)
  - Include evaluation summary
- o Pharmacotherapy Rounds (slides)
- o Pharmacy Newsletter
  - Include drafts with edits and final copy for each article written
  - Include paragraphs for "Newsletter library"
- o VA CE/Other Presentations (slides, handouts, etc)
- o Didactic Teaching (PGY2 only)
- o REA Lecture (slides, handout, questions, etc) (PGY1 and/or PGY2)
- o Research Project
  - "Research Binder" must be in a separate binder
  - IRB protocol +/- manuscript should be in residency binder at minimum
- o MUE (write up, presentation handout, +/- manuscript)
- o Seminar (slides, handout)
- o Disease State Record Forms (PGY2 only)
- o Off-site hours tracking forms

## **Residency Oversight**

### **VA St. Louis Health Care System Residency Advisory Committee (RAC)**

The VA St. Louis Health Care System Pharmacy Residency Advisory Committee (RAC) is comprised of the Residency Program Directors, Residency Program Coordinator, Associate Chief of Pharmacy for Clinical Services, at least two additional program preceptors, and two pharmacy residents (one PGY1 and the chief resident (PGY2), both to be rotated quarterly) to maintain variety in practice setting representation on committee. Preceptor members may be identified through invitation by the program directors, program coordinator, and/or associate chief of pharmacy. Participation in responsibilities and or input into committee action/decisions from additional preceptors will be sought as needed. The committee will meet quarterly and as needed in order to complete responsibilities. The committee is broadly responsible for review and maintenance of programs, including resident progression through programs, in conjunction with Residency Program Director. Committee responsibilities include:

- Assuring program meets ASHP accreditation standards.
- Review and approve purpose of residency program.
- Review and approve residency program policies/structure.
- Review and approval of program/learning experience outcomes, goals, and objectives.
- Review and approval of learning experiences/learning experience descriptions and assessment plans.
- Review and approval of preceptor status of pharmacy staff/other providers.
- Providing ideas for development and monitoring of preceptor qualifications.
- Review of feedback summary from residents regarding preceptors/learning experiences and implementation of guided improvements as needed.
- Review of individual resident progress through learning experiences, individualized plan, and residency program overall. Review of progress of resident in achieving residency outcomes. Provide guidance for individual resident feedback as needed.
- Review and maintain quality of residency program. Identify areas of need and/or ideas for program improvement and/or expansion of learning opportunities.
- Provide guidance to residency program director in conduct of residency program.
- Guide/monitor implementation of resident dismissal/grievance policy if required.

### **Residents Role on the Committee:**

Volunteers for the PGY1 resident member will be solicited at the beginning of the residency year and rotated quarterly (this will give all PGY1 residents the opportunity to serve on the committee). Each PGY2 resident will serve on the committee during their term as 'chief resident'. Because of sensitive material pertaining to current residents in the program, pharmacy resident members of the RAC will not participate in entire quarterly, or called, RAC meetings. In general, the residents will be present for the first portion of RAC meetings, during which time broader programmatic issues will be discussed, such as policy/structure reviews, reviews of learning experience descriptions, and discussions of expansion or improvements to the programs. The resident members will be responsible for acting as representatives of their class and bringing forth any concerns with the program or preceptors. Additionally, residents will be responsible for keeping portions of the residency program manual up-to-date. Section assignments will be made by the RAC membership on an as needed bases.

Additional resources and regular assistance for the RPD and RPC in administration of the program include participation in St. Louis College of Pharmacy Residency Success Team, questions, information, and advice from the Veteran's Affairs Residency Program Director email list serve, and participation in monthly VHA RPD calls organized and presented by VHACO and PBM. Topics include regular updates on ASHP accreditation standards and issues, recruitment strategies and requirements, preceptor development, among other pertinent discussion points, ideas, and presentations.

## **Chief Resident**

The Chief Resident functions as an intermediary between the Residency Advisory Committee and residents and as a representative of the residency class. They serve to coordinate activities, ensure timely completion, and communication. The Resident responsibilities will be alternated among PGY2s in blocks (i.e. monthly vs. 3- or 6-month intervals)

### ***Chief Resident Responsibilities/Duties***

- Communicate with central pharmacy via email the scheduling for dual appointment weekends
- Keep Residency Calendar up to date on Residency SharePoint site.
- Send weekly reminder emails to preceptors regarding resident presentations
- Organize and lead monthly Resident Meeting
- Reserve rooms for resident presentations
- Attend and provide verbal update of minutes from monthly Resident Meetings, residents' views about their overall development, and potential barriers to the program's and resident's goals at Residency Advisory Committee (RAC) Meetings and communicate feedback to residents as necessary
- Ensure VA ADERS and MedWatch Reports are completed on a monthly basis
- Facilitates communication between residents as necessary
- Ensures connectivity for Lync presentations: arrives 10 minutes early to ensure room set up and technological connection
- Other duties as assigned

### ***Benefits***

- **Improves on**
  - o Leadership skills
  - o Organizational skills
  - o Communication skills
  - o Confidence
  - o Responsibility/Accountability
- **Gains experience in**
  - o Leadership
  - o Management
  - o Conflict management
- 

### ***Suggested Readings***

Chief Resident in Pharmacy Residency Programs. Am J Health Syst Pharm., April 2007; 64: 754-61.

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## Journal Club and Formal Case Presentation Evaluation Forms (Appendix C)

### VA St. Louis Health Care System PGY1 & PGY2 Pharmacy Resident Journal Club Presentation Evaluation

Assessor:    Preceptor        Resident        Student        Self        Date: \_\_\_\_\_

Name of Presenter: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

**1= Needs Focused Improvement**

**2 = Satisfactory Progress**

**3 = Achieved**

#### *Literature Evaluation/Content*

	<b>Criteria</b>	<b>Score</b>	<b>Comments/Recommendations for Improvement</b>
<b>Introduction and Background</b>	Clearly summarizes importance/relevance of topic in introduction		
	Presents relevant background information		
	Selects appropriate primary literature		
<b>Study Evaluation</b>	Adequately summarizes and presents pertinent methods (including statistics)		
	Adequately summarizes, critiques, and explains implications of inclusion/exclusion criteria AND demographics/characteristics of patients enrolled.		
	Adequately summarizes and presents pertinent results		
<b>Conclusions and Recommendations</b>	Critically evaluates quality of primary literature		
	Synthesizes own conclusions based on critical appraisal of the literature		
	Applies and connects separate content areas to build to a conclusion		
	Provides clear recommendations based on synthesis of primary literature		

**1= Needs Focused Improvement**                      **2 = Satisfactory Progress**                      **3 = Achieved**  
*Presentation Style and Delivery, Handout, Slides*

	<b>Criteria</b>	<b>Score</b>	<b>Comments/Recommendations for Improvement</b>
<b>Organization and Flow</b>	Presents information in an organized and logical sequence		
	Uses smooth transitions between and within content areas		
<b>Slides and Handout</b>	Purposefully uses audiovisuals to enhance presentation (font is clear and visible, microphone is appropriate, etc)		
	Uses appropriate balance of text and figures in slides		
	Effectively develops handout to augment presentation and for potential use as a future reference		
<b>Presence, Presentation Style, Voice, Professionalism</b>	Maintains good voice quality, rate and tone		
	Maintains sufficient eye contact with audience		
	Effectively uses body language to augment and not distract from presentation		
	Uses appropriate terminology for level of audience		
<b>Preparedness</b>	Demonstrates professional behavior		
	Uses time efficiently and effectively		
	Displays confidence through command of subject matter		
	Answers questions accurately and respectfully		
<b>Overall Score and Assessment/Comments</b>		<b>Score</b>	<b>Comments</b>

**Strengths of Presentation**

**Areas of Focus Improvement Efforts**

**VA St. Louis Health Care System PGY1 & PGY2 Pharmacy Resident Case Presentation Evaluation Form**

Assessor: Preceptor Resident Student Self **Date:** \_\_\_\_\_

Name of Presenter: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

**1= Needs Focused Improvement**

**2 = Satisfactory Progress**

**3 = Achieved**

***Case and Topic Discussion Content***

	<b>Criteria</b>	<b>Score</b>	<b>Comments/Recommendations for Improvement</b>
<b>Background</b>	Presents the clinical course in sufficient detail to demonstrate good understanding of the patient's condition		
	Presents relevant background information pertaining to patient/disease state		
<b>A &amp; P</b>	Demonstrates comprehension of the patient's medical problems		
	Demonstrates understanding of the therapeutic approach to management of the patient's problems.		
<b>Applicable Evidence</b>	Selects appropriate primary literature to illustrate the therapeutic management of the problem.		
	Adequately summarizes and presents pertinent methods (including statistics)		
	Adequately summarizes and presents pertinent results		
<b>Literature Evaluation</b>	Critically evaluates quality of primary literature		

<b>Overall Conclusions and Recommendations</b>	Describes how critique of literature supports study conclusion
<b>Application to Patient</b>	<p>Applies and connects separate content areas to build to a conclusion</p> <p>Provides clear recommendations based on synthesis of all primary literature</p> <p>Effectively integrates patient case with topic discussion</p>

**1= Needs Focused Improvement**

**2 = Satisfactory Progress**

**3 = Achieved**

***Presentation Style and Delivery, Handout, Slides***

	<b>Criteria</b>	<b>Score</b>	<b>Comments/Recommendations for Improvement</b>
<b>Organization and Flow</b>	<p>Presents information in an organized and logical sequence</p> <p>Uses smooth transitions between and within content areas</p>		
<b>Slides and Handout</b>	<p>Purposefully uses audiovisuals to enhance rather than distract from presentation (i.e. legible, etc)</p> <p>Uses appropriate balance of text and figures in slides. Slides organized and utilized effectively.</p> <p>Effectively develops handout to be used as a future reference. Handout compliments presentation.</p>		
<b>Presence, Presentation Style, Voice, Professionalism</b>	<p>Maintains good voice quality, rate and tone</p> <p>Maintains sufficient eye contact with audience</p> <p>Effectively uses body language to augment and not distract from presentation</p> <p>Uses appropriate terminology for level of audience</p>		

**Preparedness**

- Demonstrates professional behavior
- Uses time efficiently and effectively
- Displays confidence through command of subject matter
- Answers questions accurately and respectfully

**Score      Comments**

**Overall Score and Assessment/Comments**

**Strengths of Presentation**

**Areas of Focus Improvement Efforts**

**PGY2 Internal Medicine – Encountered Disease State Record (Appendix D)**

Category	Specific	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7
Bone/Joint and Rheumatology	*Connective tissue disorders							
	*Gout/hyperuricemia							
	*Osteoarthritis							
	*Osteoporosis							
	*Rheumatoid arthritis							
Cardiovascular	*Acute coronary syndromes (excluding AMI)							
	*Acute myocardial infarction							
	*Advanced cardiac life support							
	*Atrial arrhythmias							
	*Chronic coronary artery disease							
	*Disorders of lipid metabolism							
	*Heart failure							
	*Hypertension							
	*Peripheral arterial (atherosclerotic) disease							
	*Pulmonary arterial hypertension							

	*Valvular heart disease							
	*Venous embolism and thrombosis							
	*Ventricular arrhythmias							
Endocrine	*Adrenal disorders							
	*Calcium Disorders							
	*Diabetes insipidus							
	*Diabetes mellitus							
	*Diabetic ketoacidosis							
	*Disorders of pituitary gland (GH deficiency, SIADH, etc)							
	*Metabolic syndrome							
	*Obesity							
	*Parathyroid disorders							
	*Relative adrenal insufficiency							
Fluid and Electrolyte/Nutrition	*Thyroid disorders							
	*Acid-base disorders							
	*Electrolyte abnormalities							
	*Nutrition support							
Gastrointestinal	*Chronic liver disease and cirrhosis							

	*Constipation							
	*Diarrhea							
	*GERD							
	*Hepatitis							
	*Inflammatory bowel disease							
	*Irritable bowel syndrome							
	*Motility disorders							
	*Nausea/vomiting							
	*Pancreatitis							
	*Peptic ulcer disease							
	Stress ulcer prophylaxis							
	*Upper gastrointestinal bleeding							
Genitourinary	*Benign prostatic hyperplasia							
	Urinary incontinence							
Hematologic	*Anemias							
	*Clotting factor disorders							
	*DIC							
	*Drug-induced hematologic disorder							
	*Sickle cell disease							

	*Venous thromboembolism							
Immunologic	*Allergic reactions							
	*Stevens-Johnson syndrome							
	Angioedema							
Infectious disease	*Antimicrobial prophylaxis							
	*Bone and joint infections							
	*Central nervous system infections							
	Decubitus ulcers							
	Ear infections							
	*Febrile neutropenia							
	*Gastrointestinal infections							
	Gynecologic infections							
	*HIV infection							
	Immunizations							
	*Infectious endocarditis							
	*Intraabdominal infections							
	*Mycobacterial diseases							
*Nosocomial pneumonia								
*Other viral diseases								

	Prostatitis							
	Sepsis/Shock							
	*Sexually transmitted diseases							
	*Skin and soft tissue infections							
	*Systemic fungal infections							
	*Upper respiratory tract infections							
	*Urinary tract infections							
Neurologic	*Acute pain							
	*Cerebral ischemia							
	*Dementia							
	*Epilepsy/Seizure							
	*Headache/migraine							
	*Parkinson's disease							
	*Peripheral neuropathy							
	*Status epilepticus							
	Tremors							
Psychiatric	*Anxiety disorders							
	*Bipolar disorders							
	*Depressive disorders							

	*Drug/alcohol overdose/ withdrawal							
	*Schizophrenia							
	*Sleep disorders							
	*Substance abuse							
Renal	*Acute renal failure							
	*Chronic renal failure							
	*Dialysis (mgmt. of complications and drug dosing)							
	*Glomerulonephritis							
	*Nephrolithiasis							
Respiratory	ARDS							
	*Asthma							
	*Chronic obstructive airway disease (not asthma)							
	*Sleep apnea							
Miscellaneous/Other	ICU sedation/paralysis/delerium							
	Toxicology							
	Allergic rhinitis							
	Glaucoma							
	Supportive care (prevent/treat							

	complications associated with malignancy)							
	Mechanical Ventilation							

Rotation	Type of Rotation	Preceptor Signature and Date
Rotation 1		
Rotation 2		
Rotation 3		
Rotation 4		
Rotation 5		
Rotation 6		
Rotation 7		
Longitudinal	Infectious Diseases Clinic (Moenster)	


**PGY2 Infectious Disease – Encountered Disease/Infections Record (Appendix E)**

Category	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7
Bone and Joint Infections							
Cardiovascular Infections							
Central Nervous System Infections							

Fungal Infections							
Gastrointestinal Infections							
HIV-infection and AIDS (including OI)							
Infections of reproductive organs							
Intra-abdominal infections							
Lower respiratory tract infections							
Ophthalmologic infections							
Sepsis							
Sexually transmitted diseases							
Skin and soft tissue infections							
Tuberculosis and other mycobacterial infections							
Upper respiratory tract infections							
Urinary tract infections							
Viral infections							

Rotation	Type of Rotation	Preceptor Signature and Date
Rotation 1		

Rotation 2		
Rotation 3		
Rotation 4		
Rotation 5		
Rotation 6		
Rotation 7		
Longitudinal	Infectious Diseases Clinic (Moenster)	


## Assessment Strategy (Appendix F)

### PGY1 Pharmacy Residency Assessment Strategy

#### Preceptor Assessment of Residents:

- Preceptors for the PGY1 program will provide on-going, continual assessment and provide verbal feedback frequently throughout a learning experience.
- Preceptors for the PGY1 program will provide a criteria-based, documented assessment of program objectives specific to each learning experience (rotational/longitudinal) *at least twice*, once at the half-way point using the “Provide Feedback to Resident” button (rotational only), and again at the end of each learning experience or quarterly for longitudinal experiences. This assessment shall reflect the resident’s performance at the time. Preceptors will discuss the assessment with the resident.
  - Informal, formative feedback throughout the rotation is encouraged, and, if necessary or wanted, may be documented in PharmAcademic by using the “Provide Feedback to Resident” button
  - Documented assessment is due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.
  - Continued failure to meet this deadline can result in actions ranging from verbal/written discussion with the RPD/RAC, or being placed on “preceptor-in-training” status.

#### Resident Self-Assessment:

- Residents are encouraged and expected to continually consider their on-going performance and improvement and to work to continually incorporate feedback to improve.
- The PGY1 resident will be required to complete a criteria-based, documented self-assessment of program objectives specific to each learning experience *at least once* at the end of each learning experience or quarterly for longitudinal experiences. The assessment should be a candid reflection of the resident’s performance at that time. This assessment should be completed (at least) on the same schedule as the preceptor assessment for each learning experience.
  - Residents are encouraged to consider completing assessments more frequently if needed/wanted.
  - Assessments shall be discussed with preceptor and RPD. A comparison of self- and preceptor assessments shall be included in the discussion with preceptors/RPD.
  - Documented assessment is due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.
  - Continued failure to meet this deadline can result in verbal/written discussion with the RPD, or continued failure to meet the Goals and Objectives of the residency, particularly R3.1.2 and R3.2.4.

#### Resident Assessment of Learning Experiences/Preceptors

- The PGY1 resident will be required to complete an objective assessment of each learning experience and preceptor at the conclusion of all learning experiences. This assessment will generally follow the ASHP provided learning experience and preceptor assessment format (via PharmAcademic). Residents are encouraged to provide candid, objective assessments for each.
  - Assessments shall be discussed with preceptor and RPD.
  - Assessments are due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.
  - Continued failure to meet this deadline can result in verbal/written discussion with the RPD, or continued failure to meet the Goals and Objectives of the residency, particularly R3.1.1, R3.2.3, and R3.2.4.

## **PGY2 Internal Medicine Pharmacy Residency Assessment Strategy**

### Preceptor Assessment of Residents:

- Preceptors for the PGY2 IM program will provide on-going, continual assessment and provide verbal feedback frequently throughout a learning experience.
- Preceptors for the PGY2 IM program will provide a criteria-based, documented assessment of program objectives specific to each learning experience (rotational/longitudinal/concentrated) *at least* once at the end of each learning experience or quarterly for longitudinal experiences. This assessment shall reflect the resident's performance at the time. Preceptors will discuss the assessment with the resident. The assessment will be reviewed by the resident and RPD with documentation of review via PharmAcademic.
  - Informal feedback throughout the rotation is encouraged, and, if necessary or wanted, may be documented in PharmAcademic by using the "Provide Feedback to Resident" button
  - Documented assessment is due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.

### Resident Self-Assessment:

- Residents are encouraged and expected to continually consider their on-going performance and improvement and to work to continually incorporate feedback to improve.
- The PGY2 IM resident will be required to complete a criteria-based, documented self-assessment of program objectives specific to each learning experience *at least* once at the end of each learning experience or quarterly for longitudinal experiences. The assessment should be a candid reflection of the resident's performance at that time. This assessment should be completed (at least) on the same schedule as the preceptor assessment for each learning experience.
  - Residents are encouraged to consider completing assessments more frequently if needed/wanted.
  - Assessments shall be discussed with preceptor and RPD. A comparison of self- and preceptor assessments shall be included in the discussion with preceptors/RPD.
  - Documented assessment is due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.

### Resident Assessment of Learning Experiences/Preceptors

- The PGY2 IM resident will be required to complete an objective assessment of each learning experience and preceptor at the conclusion of all learning experiences. This assessment will generally follow the ASHP provided learning experience and preceptor assessment format (via PharmAcademic). Residents are encouraged to provide candid, objective assessments for each.
  - Assessments shall be discussed with preceptor and RPD.
  - Assessments are due within 7 days of the end of a learning experience.
  - For longitudinal experiences, assessments are due within 7 days of the end of the quarter.

## **PGY2 Infectious Diseases Pharmacy Residency Assessment Strategy**

### Rotations:

- Preceptors for the PGY2 ID program will only be required to complete a summative evaluation in PharmAcademic at the end of their rotation
  - Informal feedback throughout the rotation is encouraged, and, if necessary or wanted, may be documented in PharmAcademic by using the “Provide Feedback to Resident” button
  - We ask that, if possible, preceptors complete their final summative evaluations in PharmAcademic within 7 days of the completion of the rotation
- The PGY2 ID resident will be required to complete final self, learning experience, and preceptor evaluations in PharmAcademic for each rotation
  - We ask that, if possible, the resident complete their evaluations in PharmAcademic within 7 days of the completion of the rotation

### Longitudinal Experiences:

- The Residency Program Director will be responsible for completing all evaluations for longitudinal experiences
- A summative evaluation will be completed quarterly for each longitudinal learning experience
  - If it is deemed necessary to provide additional formal feedback between quarterly evaluations, the RPD will use the “Provide Feedback to Resident” button in PharmAcademic
- The PGY2 ID resident will be required to complete final self, learning experience, and preceptor evaluations in PharmAcademic quarterly for each longitudinal learning experience
- As in the case of presentations, additionally files may be uploaded to PharmAcademic
  - These files may include, but not be limited, other preceptors evaluations of presentations