



VA

U.S. Department
of Veterans Affairs

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

2021 - 2022

Please note:

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

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)

- COMPACT Clinic
- Anticoagulation Clinic

Elective On-Site Experiences (5 weeks)

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

**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 Presentation
- Two CE presentations
- Pharmacotherapy Grand Rounds Presentation
- Residency Education Academy Teaching Certificate Program
 - o Didactic teaching
- Research Project/Pharmacy Project/MUE
 - o Including results presentation and manuscript preparation
- Staffing Requirements
 - o 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, 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 "satisfactory progress" in at least 75% of each rotation's RLS Goals to progress without remediation. Areas in which a resident is assessed as "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 "satisfactory progress" in at least 75% of each ASHP 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 "satisfactory progress" in at least 75% of each quarter's presentation's ASHP Goals to progress without remediation.
- Successful completion of Residency Education Academy
- Successful fulfillment of VA Pharmacy Staffing Requirements
- Residents must receive an assessment of "achieved for residency" in all ASHP Competency Areas and Goals in order to be awarded a PGY1 Residency Completion Certificate.

Residency Preceptors

- A list of current residency preceptors can be found on the website:
 - o https://www.stlouis.va.gov/careers/St_Louis_VA_Pharmacy_Practice_Residencies.asp

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 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
- Ambulatory Care

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 Resident Education Academy Program (teaching certificate program), if not completed during PGY1 experience
- Required lecture to local area college(s) 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 ASHP Competency Areas, Goals, and Objectives
 - o Residents must obtain at least an assessment of “satisfactory progress” in at least 75% of each rotation’s ASHP Goals in order to progress without remediation. Areas in which a resident is assessed as “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 “achieved for residency” in all program ASHP Competency Areas 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 fulfillment of VA Pharmacy Staffing Requirements
- 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
- Successful preparation of a manuscript

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 Resident Education Academy Program (teaching certificate program), if not completed during PGY1 experience
- Required lecture to UHSP/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 “satisfactory progress” in at least 75% of each rotation’s ASHP Goals in order to progress without remediation. Areas in which a resident is assessed as “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 “satisfactory progress” in at least 75% of each ASHP 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 “satisfactory progress” in at least 75% of each quarter’s presentation’s ASHP Goals to progress without remediation
- Successful fulfillment of VA Pharmacy Staffing Requirements
 - o Residents must obtain an assessment of “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 “achieved for residency” in all program ASHP Competency Areas and Goals in order to be awarded a PGY2 Residency Completion Certificate

[^] subject to availability

PGY2 Pain Management and Palliative Care Residency Program

Purpose Statement

PGY2 Program Purpose: PGY2 pharmacy residency programs build on the 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 Health Care System PGY2 Pain Management and Palliative Care Residency Program is designed to transition PGY1 pharmacy residency graduates from generalist practice to specialized practice focused on the pain management and palliative care needs of patients. Residency graduates will be equipped to participate as essential members of interdisciplinary pain management and/or palliative care teams and are able to make complex therapeutic recommendations in various practice settings.

Program Overview

The PGY2 Pain Management and Palliative Care Pharmacy Residency Program further builds knowledge and skills to:

- Manage a range of pain syndromes, including chronic malignant and non-malignant pain, neuropathic pain, and more
- Provide symptom management and other palliative care needs during end-of-life care
- Serve as authoritative resources for optimal use of medications
- Develop pain management and palliative care related services, if applicable

Program Structure

Core Rotations (5 weeks)

- Orientation
- Outpatient Pain Management I
- Outpatient Pain Management II
- Palliative Care/Hospice I
- Acute Psychiatry/Substance Use Disorders
- Hematology/Oncology
- Surgical ICU*
- Pharmacy Management and Administration

Longitudinal Ambulatory Experiences

- Outpatient Pharmacy Opioid Refill Clinic
- Outpatient Pain-PACT Telephone Clinic

Elective On-Site Opportunities (4 weeks)

- Spinal Cord Injury
- Outpatient Mental Health
- Ambulatory Care
- Emergency Department
- Inpatient Post-Operative Pain*

**customizable to individual resident based on PGY1 rotation experiences*

Elective Off-Site Opportunities (4 weeks)

- Hospice of Southern Illinois, Inc

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

Teaching Experiences and Opportunities

- Completion of Teaching Certificate Program (*if not completed during PGY-1*)
- St. Louis VA Clinical Pharmacists precept over 80 pharmacy students from multiple schools of pharmacy per year

Overall Completion Requirements

- Successful progression through PGY2 Pain and Palliative Care Residency Rotations
 - o Required core rotations, longitudinal experiences, and 3 electives
- Successful mastery of ASHP Competency Areas, Goals, and Objectives
 - o Residents must obtain at least an assessment of “satisfactory progress” in at least 75% of each rotation’s ASHP Goals in order to progress without remediation. Areas in which a resident is assessed as “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 “achieved in residency” in all program ASHP Competency Areas and Goals in order to be awarded a PGY2 Residency Completion Certificate.
- 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
- Successful fulfillment of VA Pharmacy Staffing Requirements
 - o Resident must obtain an assessment of “satisfactory progress” or higher in at least 75% of each RLS Goal to progress without remediation on a quarterly basis.

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 **residency start date**. 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.

Duty Hours Policy

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. Please see **Appendix B** for further instructions and details.

Dress Code

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)*

Resident Wellness Policy

In the current health care environment, residents are at an increased risk of burnout and depression. Psychological, emotional and physical well-being are critical to the development and maintenance of competent, caring and resilient providers. The well-being of our residents is of utmost importance to our program. We encourage healthy lifestyles, choices, and living. The VA St. Louis Health Care System together with St. Louis College of Pharmacy support resident pharmacist wellness and offer a variety of support services.

Definitions:

- Burnout
 - Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.
- Resilience
 - The ability to withstand and recover quickly from difficult conditions or situations. During training, Residents may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.
- Well-Being
 - Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial

Identification of Resident Burnout

- RPD/Coordinators will review monthly hours
- Quarterly evaluation of resident during quarterly customized training plans. Evaluation will be self-identified or through discussion relating to resident wellness by the RPD.
- All residents are encouraged to continually consider their well-being and utilize tools and skills for self-assessment.

Program Support

- Residents will have sessions throughout the year focusing on resident wellness, healthy living, and burnout prevention including a session within orientation.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the Program Director, Residency Coordinator, Preceptors or the Chief Resident when they have concern for themselves or a resident colleague displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.

VA Resources

- Employee Assistance Program (EAP)
 - Short-Term program for helping you deal with personal issues that affect your job performance and well-being. If longer term services are needed, the coordinator will assist the employee in finding a private or community resource
 - Services Provided
 - Coping with loss
 - Stress at the work place
 - Alcohol and drug treatment
 - Locating resources for older relatives
 - Financial problems
 - Depression
 - Caring for yourself
 - Anger control
 - You can refer yourself or your supervisor can suggest you contact the EAP
 - EAP is confidential

- VA Employee Health and Wellness Quarterly Bulletins (available on intranet)
- Discounted gym memberships
- Yoga/Tai Chi at both JC and JB divisions presented by Whole Health

Management of Resident Burnout

- Residents who have been identified as potentially developing burnout will be addressed by:
 - Initial discussion with RPD/Coordinator/Designee/RAC with intent to develop a plan for reducing burnout
 - Routine follow-up to assess continued feelings of burnout
 - If burnout continues, utilizing VA resources to assist resident as above including discussion with VHA Pharmacy Residency Advisory Board if deemed necessary.

VA National Resource

The Pharmacy Residency Program Office has developed a Residency Wellness Center SharePoint Site developed by a VA psychologist and Clinical Pharmacy Specialist

- Developed for Stress, Burnout, Grief, and Mental Health.
 - Literature
 - Active Coping Resources for mitigating stress and burnout
 - Mental Health Support (Access and navigating mental health care)
 - Resilience
 - Stress, Burnout, and Mental Health Comorbidity

Access to the SharePoint is given to each resident during orientation and several times throughout the year

Staffing Requirements

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

Pharmacy Coverage obligations consist of one four hour shift (1630 – 2030) on a rotational basis. The resident will participate in duties assigned by the Residency Program Director or designee. Activities can include by are not limited to antimicrobial stewardship activities, patient education, medication reconciliation, or restricted medication use evaluation and approval.

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 Diseases 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

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 process 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 cumulative leave threshold of 30 days (PGY2) or 90 days (PGY-1) of (combined) leave is reached or anticipated, the Residency Advisory Committee will discuss the impact on the resident's ability to fully complete the CAGOs of the residency program. The RAC will consider options including, but not limited to, the resident continuing as scheduled, extension of the residency year (for a duration of up to 30 days for PGY2 and 90 days for PGY1s), or if threshold reached consider dismissal from 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.

If an extended absence occurs (i.e extended family or sick leave), extension of the residency program may be necessary. Opportunity to extend the program with pay will depend on the decision of the VA Central Office regarding extending the funding.

Health and Life Insurance

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

Dismissal Policy

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/excessive leave;
 - 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.

- I. 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.

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 ASHP requirements and PharmAcademic , the resident should refer to 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 meeting, 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, presentations, 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 results in discretionary disciplinary action by the Resident Program Director.

***Please see appendix D 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.

Guidelines for Presentations

**see learning experience descriptions or discuss with your RPD/mentor for complete expectations and instructions*

*****POWERPOINT SLIDES ARE REQUIRED FOR ALL PRESENTATIONS*****

Resident Seminar Presentation (1 presentation, October – January)

Length of the presentation: 45 minutes total (35-40 minutes of presentation and 5-10 minutes for questions)

Slide Template Requirement: Please use the standard VA slide template

Preceptor/Mentor Approval of Content Required: Yes

General Comments & Handout Requirements:

As this will be a high-level, continuing educational program completed early in the residency year and presented to other clinical pharmacy specialists in the St. Louis area, the RAC requires that the resident develop both a slide deck from which they will present and a comprehensive handout to distribute to the audience. The handout may not be a printed version of the PowerPoint slides.

The handout should contain additional detail beyond what is represented in the slide deck and may include any appendices or other reference material that will enhance the presentation, but the resident may not have time to cover. This handout should be organized in the same manner as the slide deck so the audience can easily follow along. This should not be a transcript of what the resident is planning to say, but should utilize bullet points, pertinent tables, graphs, and other figures to create a comprehensive reference of the presentation for anyone who attends. The handout should be referenced according to the American Medical Association style.

As this is a continuing education presentation, all residents are expected to observe and meet deadlines for providing materials so they may be evaluated and appropriately approved.

Resident Journal Club Presentations (1 presentation towards the beginning of the year)

Length of Presentation: ~20-25 minutes

Slide Template Requirement: No

RPD Approval of Content Required: Yes

General Comments & Handout Requirements:

These presentations will be given to preceptors and clinical pharmacy specialists at the VA St. Louis Health Care system throughout the residency year. For this presentation the resident will be required to develop a slide deck from which to present but will not be required to develop a comprehensive handout. The resident will be required to provide the article being presented and their slide deck to all preceptors and clinical pharmacy specialists at the VA St. Louis Health Care System.

Resident Formal Case Presentations (2 presentations given throughout the year)

Length of the presentation: 40-50 minutes

Slide Template Requirement: No

Preceptor/Mentor Approval of Content Required: Not required, but a good idea to have your mentor/program director approve the patient case and direction of the teaching point discussion

General Comments & Handout Requirements:

These presentations will be given to preceptors and clinical pharmacy specialists at the VA St. Louis Health Care System throughout the residency year. As these presentations are considered a higher-level institutional presentation, during which a resident should demonstrate a comprehensive understanding of the care of a patient (either outpatient or inpatient) and provide an evidence-based teaching point regarding a specific aspect of that care, the RAC requires that the resident develop both a slide deck from which they will present and a comprehensive handout to distribute to the audience. The handout may not be a printed version of the PowerPoint slides.

The handout should contain additional detail beyond what is represented in the slide deck and may include any appendices or other reference material that will enhance the presentation, but the resident may not have time to cover. For this type of presentation specifically, it may be necessary for the resident to include additional detail (histories, surgical reports, imaging, laboratory data, etc.) about the patient's clinical course that they will not have time to cover in the presentation but will help the audience understand disease state management. This handout should be organized in the same manner as the slide deck so the audience can easily follow along. This should not be a transcript of what the resident is planning to say, but should utilize bullet points, pertinent tables, graphs, and other figures to create a comprehensive reference of the presentation for anyone who attends. All content in the teaching point section should be referenced according to the American Medical Association style.

Pharmacotherapy Grand Rounds (most residents, 1 presentation during the year, January – June)

Length of the presentation: 20-30 minutes

Slide Template Requirement: No

Preceptor/Mentor Approval of Content Required: Yes

General Comments & Handout Requirements:

All PGY-1 residents, and, if time and space allow, all PGY-2 residents are required to give one 20-30-minute presentation over a timely topic to medical residents, students, and attending physicians at the VA St. Louis Health Care System. For this presentation the resident will be required to develop a slide deck from which to present but will not be required to develop a comprehensive handout. Handout versions of the PowerPoint slides do not need to be distributed to attendees.

VA Continuing Education Day Presentation (1 presentation, typically in April)

Length of the presentation: 50-55 minutes

Slide Template Requirement: Please use the standard VA slide template

Preceptor/Mentor Approval of Content Required: Yes. Additionally, all residents are required to schedule a practice session prior to the CE presentation date and invite 1-3 other clinical specialists

General Comments & Handout Requirements:

All residents are required to deliver a presentation to VA pharmacists, pharmacy technicians, nurses, and nurse practitioners at a predetermined date during April of the residency year. For this presentation the resident will be required to develop a slide deck from which to present and a short handout outlining some

of the most important take-home points from their presentation. This handout should typically only be one-page, front and back, and should be designed as a “quick-reference” for anyone attending the presentation. As this is a continuing education presentation, all residents are expected to observe and meet deadlines for providing materials so they may be evaluated and appropriately approved. The residents slide decks will also be provided to attendees.

Anticoagulation Presentation (1 presentation given during a monthly anticoagulation meeting)

Length of the presentation: 20-30 minutes

Slide Template Requirement: No

Preceptor/Mentor Approval of Content Required: Yes – must be approved by the preceptor 4 weeks prior to the presentation

General Comments & Handout Requirements:

All residents are required to deliver a short presentation or journal club via Skype during an anticoagulation monthly meeting to VA anticoagulation preceptors. The presentation or journal club should be relevant to the area of anticoagulation clinical practice. No handout is required for this presentation, but the resident must create a slide deck and the slides will be saved in the following folder: ANTICOAGULATION -> Anticoag Presentations and Topic Ideas -> Presentations Slides-Handouts.

Preceptor Development Presentation (1 presentation during the year, January – June)

Length of the presentation: 20 minutes

Slide Template Requirement: No

Preceptor/Mentor Approval of Content Required: Yes, topic must be approved or assigned by Residency Program Coordinator

General Comments & Handout Requirements:

All residents are required to deliver a short presentation, via Skype, to VA preceptors covering a relevant issue to precepting students and/or residents. No handout is required for this presentation, but the resident must create slides and this deck will be made available to all preceptors on the VA SharePoint site.

Resident Research Symposium Presentation (1 presentation given during the middle of May)

Length of the presentation: 15 minutes

Slide Template Requirement: Please use the standard VA slide template

Preceptor/Mentor Approval of Content Required: Yes

General Comments & Handout Requirements:

All residents are required to deliver a short platform presentation discussing the completed results of their resident research project. This presentation will be given at St. Louis College of Pharmacy. No handout is required, but an abstract of the study results must be submitted to the Office of Continuing Education by the deadline provided each year. This abstract will be published in the event program; the residents slides will not be provided to the audience.

Selected Lectures Delivered at UHSP/St. Louis College of Pharmacy (number will vary based on the program)

The PGY-1 and PGY-2 residencies at the VA St. Louis Health Care System maintain a close relationship with St. Louis College of Pharmacy, and residents may participate in teaching activities associated with the College of Pharmacy. If these activities are lectures, the resident is responsible for working with their mentors at the VA and the course coordinators at the College of Pharmacy to determine exactly what is required for that specific lecture in the course. Some courses will require comprehensive handouts, while others (i.e. lectures in elective course) may only require slide decks.

Topic Discussion and Rotation-Specific Presentations (variable)

If a resident is assigned a topic discussion or presentation as a part of one of their rotations, it is the responsibility of the resident to discuss with the preceptor what they require for each of these presentations.

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

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 article 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 *PGY2 Infectious Disease Resident Attendance is mandatory unless excused absence is given by the residency program directory or designee.*

General Residency Year Timeline

Fall	Spring
<ul style="list-style-type: none"> - Formal Case - Research Submission (to IRB) - Seminar (October - January) - MUE - Didactic Teaching (PGY2) - REA (PGY1 and/or PGY2) 	<ul style="list-style-type: none"> - Journal Club - Formal Case - Didactic Teaching (PGY2) - Continuation of Research Project - Continuation of MUE/Results - Research Day - 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 Duty Hours Log

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.

General Information

CONFIDENTIAL INFORMATION
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Duty Hours with Time Clock (Appendix B)

CONFIDENTIAL INFORMATION

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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

	Criteria	Score	Comments/Recommendations for Improvement
Introduction and Background	Clearly summarizes importance/relevance of topic in introduction		
	Presents relevant background information		
	Selects appropriate primary literature		
Study Evaluation	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		
	Critically evaluates quality of primary literature		
Conclusions and Recommendations	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
Presentation Style and Delivery, Handout, Slides

2 = Satisfactory Progress

3 = Achieved

	Criteria	Score	Comments/Recommendations for Improvement
Organization and Flow	Presents information in an organized and logical sequence		
	Uses smooth transitions between and within content areas		
Slides and Handout	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		
Presence, Presentation Style, Voice, Professionalism	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		
	Demonstrates professional behavior		
Preparedness	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

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

	Criteria	Score	Comments/Recommendations for Improvement
Background	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		
A & P	Demonstrates comprehension of the patient's medical problems		
	Demonstrates understanding of the therapeutic approach to management of the patient's problems.		
Applicable Evidence	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		
Literature Evaluation	Critically evaluates quality of primary literature		
	Describes how critique of literature supports study conclusion		
Overall Conclusions and Recommendations	Applies and connects separate content areas to build to a conclusion		
	Provides clear recommendations based on synthesis of all primary literature		
Application to Patient	Effectively integrates patient case with topic discussion		

1= Needs Focused Improvement

2 = Satisfactory Progress

3 = Achieved

Presentation Style and Delivery, Handout, Slides

	Criteria	Score	Comments/Recommendations for Improvement
Organization and Flow	Presents information in an organized and logical sequence		
	Uses smooth transitions between and within content areas		
Slides and Handout	Purposefully uses audiovisuals to enhance rather than distract from presentation (i.e. legible, etc)		
	Uses appropriate balance of text and figures in slides. Slides organized and utilized effectively.		
	Effectively develops handout to be used as a future reference. Handout compliments presentation.		
Presence, Presentation Style, Voice, Professionalism	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		
	Demonstrates professional behavior		
Preparedness	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

Assessment Strategy (Appendix D)

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

PGY2 Pain and Palliative Care Pharmacy Residency Assessment Strategy

Preceptor Assessment of Residents:

- Preceptors for the PGY2 Pain and Palliative Care (PPC) program will provide on-going, continual assessment and provide verbal feedback frequently throughout a learning experience.
- Preceptors for the PGY2 PPC 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 PPC 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 PPC 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.