

**Procedure Manual
PGY-1 Pharmacy Residency Program
Fayetteville Veterans Affairs Medical Center
Fayetteville, NC**

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Residency Program Director**

**Mike Thompson, RPh,
Chief of Pharmacy**



2016 – 2017



Dear Resident:

The purpose of the Residency Manual is to provide general information on policies, procedures, benefits, responsibilities, and other information that may be helpful towards the completion of your residency. It also provides information on the goals, objectives, and activities that you will complete in order to successfully complete the residency. Please read this manual and keep it for further reference. At the end of the manual you will find a memo that you will sign, make a copy of and return the original to me after you have read the manual. If you have any questions regarding this manual, please address them with me.

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

Best wishes for a successful and rewarding residency year!

Sincerely,

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Clinical Pharmacist Specialist
PGY-1 Pharmacy Residency Program Director
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I. Overview of Residency

A. Purpose of PGY1 Pharmacy Residency:

PGY-1 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 post graduate year two (PGY2-2) pharmacy residency training.

The PGY-1 pharmacy residency program at the Fayetteville, NC Veterans Affairs Medical Center is designed to produce a well-rounded pharmacy healthcare professional through exposure to multiple ambulatory care experiences in various settings, as well as experiences in the acute care setting that expand upon fundamental knowledge for general inpatient pharmacy services.

B. Overview of the ASHP Standards for PGY1 Pharmacy Residencies:

Standard 1: Requirements and selection of residents

Standard 2: Responsibilities of the program to the resident

Standard 3: Design and conduct of the residency program

Standard 4: Requirements of the residency program director and preceptors

Standard 5: Requirements of the site conducting the residency program

Standard 6: Pharmacy services

C. Qualifications of the Resident:

1. The applicant must meet the predetermined criteria set forth in the Fayetteville, NC VAMC PGY-1 Pharmacy Residency Program Application, Interview, and Evaluation Procedure
2. The applicant must be a US citizen.
3. The applicant must be a graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program.
4. The applicant should obtain an active pharmacy license in any US state either prior to or within 90 days of the start date of the residency.
5. The applicant must complete an application via WebAdMIT including:
 - a. Curriculum vitae
 - b. College transcripts
 - c. 3 recommendations
 - d. Letter of intent
6. The residency program director (RPD) will evaluate the residency applicant in an established, formal procedure that includes an assessment of the applicant's ability to achieve the educational goals and objectives selected for the program. The following criteria will be included in this evaluation:
 - a. Assessment of the applicant's academic performance
 - b. Letters of recommendation from faculty and employers

- c. On-site personal interview
- 7. The residency applicant must participate in and adhere to the rules of the Residency Matching Program (RMP) process.

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

D. Resident Development Plan:

The generalized residency development plan will be customized to address the strengths, weaknesses and interests of the resident. The resident will be evaluated periodically (at least quarterly) by the residency program director (RPD) using personal observations and comments from the other pharmacist preceptors and/or health care professionals. The resident will also participate in self-evaluation and have a portion of the development plan to complete, followed by review from the RPD. The development plan will be customized based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests. The development plan will be reviewed quarterly and updated as needed to meet unaccomplished goals, or modified if one or more of the required educational objectives is performed and judged to indicate full achievement. The resulting development plan will maintain consistency with the program's purpose and outcomes. The development plan and any modifications to it, including the resident's schedule, will be shared with the resident and appropriate preceptors at Residency Advisory Committee meetings.

E. Assessment Strategies:

1. Preceptor Evaluation of Resident

The resident will be evaluated by the learning experience preceptor at the completion of each learning experience (or quarterly for longitudinal rotations) using personal observations and comments from the other health care professionals. Each resident evaluation will be discussed by the preceptor with the resident, and each evaluation will be discussed by the residency program director during the quarterly customized training plan review and the transition meeting that occurs at the end of each learning experience. Observations are based on attainment of educational outcomes, goals, and objectives derived from task analysis of the job responsibilities of the learning experience preceptor. When a rotation involves a non-pharmacist co-preceptor, the resident will be evaluated by the pharmacist preceptor based on attainment of goals and objectives for the rotation. Feedback on resident progress will be provided by the non-pharmacist preceptor to the pharmacist preceptor as part of the resident's evaluation. Feedback will be specific and designed to identify areas of strength as well as areas where improvement is needed. If the resident is having difficulty performing assigned tasks, or is in any way having difficulty keeping up with the residency timeline, a Performance Improvement Plan (PIP) will be put in place. The PIP will be specific to the areas of performance in need of

improvement and a timeline for achievement. The PIP will be reviewed with the resident and incorporated into an updated development plan. The resident's performance will then be reevaluated with the resident every 2 weeks and the PIP/development plan will be modified as needed until the resident's performance is back up to expectations.

2. Resident Self-Evaluation:

The resident will perform self-evaluation based on attainment of educational outcomes, goals, and objectives derived from task analysis of the job responsibilities of learning experience preceptor. Teaching the resident to perform effective and constructive self-evaluation will be incumbent on the residency program director (RPD). Written self-evaluation will be documented quarterly in the customized training plan.

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

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

4. Transition Meetings:

Incoming and outgoing preceptors, resident, and residency program director will establish a formal 30 minute meeting time to discuss evaluation of resident at the end of each learning experience, or quarterly for longitudinal learning experiences.

F. Attitude:

The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity with regards to all activities and responsibilities associated with the residency for its entirety. The resident shall demonstrate the ability to work and interact with all staff and patients of the Medical Center in a productive and harmonious manner. Appropriate attire, personal hygiene and conduct are expected at all times. The resident will adhere to all the regulations governing the operations of the Department of Veterans Affairs Medical Center without exception.

G. Attendance & Leave:

Prompt arrival and attendance is required at all clinics, conferences, meetings, rounds and other scheduled activities during each and every rotation throughout the term of the residency. Unexcused absences and/or tardiness will not be tolerated and can be a basis for failure of the rotation involved. It is the responsibility of the resident to contact the preceptor,

RPD or the pharmacy secretary as soon as is practical to report unavoidable absences or tardiness. If the resident desires to be absent for personal reasons, such as religious holidays, etc., the resident must follow VA Procedure requesting leave at least two weeks in advance of the planned absence. All such requests must be approved by the appropriate preceptor(s), and approved via VISTA by the appropriate pharmacy personnel or designee, before the absence will be considered excused. The resident is responsible for rescheduling or arranging alternate coverage for all activities which will occur during any planned absence.

If you are leaving the VA system, every effort needs to be made to assure that all vacation time is utilized by the end of the residency program. If you are staying within the system for a PGY2 program or a permanent position, you may let vacation days roll over into your next year according to human resource policies. As a PGY2 resident, you will need to follow the vacation, professional, and sick leave policy for the individual program. This may mean that you will not be able to take all of the vacation days accrued by the end of your second residency program.

*No more than five days of leave (this includes vacation, professional, and sick leave) may be taken during any given month of rotation, with the exception of the month of December due to the ASHP Clinical Midyear Meeting and the Christmas holiday.

*No more than three vacation days may be taken during the last week of the residency program.

H. Grievances:

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

I. Termination Policy:

A resident may be terminated at the discretion of the Chief of Pharmacy for the failure to meet program objectives or planned duration as outlined in this text or for failure to meet the terms of employment of Fayetteville VAMC. These *could* include excessive AWOL practices, substance abuse, mental impairment, harassment, theft of government property and/or inappropriate professional conduct. Any termination will follow standard VA HR practices of progressive discipline, VHA handbook 5005 (hiring) and VHA handbook 5021 (termination). A resident may also be considered for termination if licensure is not obtained within 90 days of the start date of the residency. See PGY1 Resident Dismissal Procedure/Termination of Residency (**Appendix A**).

J. Extended Absence:

A total of twelve months of funding is available for each resident to complete the residency program. Extended absence may be considered for unanticipated situations requiring more

than 40 hours or 7 calendar days of consecutive work time off in a single learning experience. If it is necessary for a resident to take an extended absence beyond the leave earned as a temporary full-time employee, the resident may use her/his earned annual leave (and sick leave, if applicable) and be placed on leave without pay (LWOP) status. The RPD must be notified of any extended absence during the course of the residency program. In the event of extended leave and LWOP status, the Fayetteville VAMC Human Resource department and the Office of Academic Affiliations (OAA) will be notified. If the resident is to complete the training program following the extended leave of absence, she/he is required to complete the full twelve month training period and all residency requirements satisfactorily in order to earn the residency certificate. Funding is subject to availability from OAA, or locally if applicable, for completion of the period of the training program that falls outside the standard residency training year (July 1-June 30). Funding is not guaranteed. The resident may choose to complete their training program without pay if funding is not available. The maximum length of extension is not to exceed 6 months, and the program must be completed before December 31st (18 months from start of residency year). Additional travel funds will not be provided for conferences/travel that occur outside of the standard residency training year. In the event that the resident chooses not to continue the residency and meet the stated requirements (hours and learning objectives) he or she must follow the PGY1 Resident Voluntary Withdrawal Procedure. (**Appendix B**).

K. PharmAcademic – All residents will utilize ASHP PharmAcademic:

[\(PharmAcademic Login\)](#)

PharmAcademic will be utilized to complete the Development Plan, Resident Evaluations, Resident Self-Evaluations, Preceptor/Learning Experience Evaluations, and Custom Evaluations as needed. Completed evaluations will be saved electronically in the electronic residency binder.

L. Successful Completion of PGY1 Pharmacy Residency Program:

Successful completion of this residency program will be contingent upon the following:

1. Completion of 12 months of training.
2. Meet all ASHP PGY1 Residency Competencies including achieving all the required goals and objectives. A resident may be permitted to graduate with up to 2 goals in a status of satisfactory progress as long as they are not major issues and in the judgment of the Residency Advisory Committee, continued progress to the level expected of the objectives can occur as the resident continues to gain experience. The Residency Advisory Committee will meet in the 3rd quarter of each residency year to assess each resident's progress towards achieving all goals and objectives. If any goals and objectives remain unachieved, the resident will be given the opportunity during the remainder of the residency period to demonstrate competency in this area.
3. Satisfactory completion of all learning experiences. If a rotation is not satisfactorily completed, appropriate remedial work must be completed

- as determined by the preceptors and program director.
4. Completion of a residency project with manuscript and forms for publication in a submission ready format.
 5. Completion of all assignments and projects as defined by the preceptors and residency program director.
 6. Compliance with all institutional and departmental policies.
 7. Refer to Requirements for Completion of PGY-1 Pharmacy Residency (**Appendix D**) for specific details of requirements.

The residency program director (RPD) will be responsible for assuring that all of the above are complete before awarding the PGY1 Program graduation certificate to the resident.

M. Continuous Professional (Preceptor) Development:

Preceptors and preceptors in training will follow a preceptor development plan. This will include but is not limited to:

1. Provide updated curriculum vitae (CV) and Academic and Professional Record form to the RPD by June 30th every other year (even years).
2. Attend at least 3 PGY1 Residency Advisory Committee Meetings per year.
3. Demonstration ongoing self-evaluation of their own preceptor skills by listening to the feedback received from residents, other preceptors, and the RPD.
4. Obtain a total of 8 Preceptor Education (PE) credits every 2 years (see specifics in the preceptor development plan).
5. Preceptors will routinely practice in their training area, demonstrate a desire to train residents, and demonstrate an excellence in teaching skills. Preceptors will pursue the four core areas of education: direct instruction, modeling, coaching, and facilitating.
6. Preceptors are evaluated by the resident on completion of a learning experience. Any deficiencies will be discussed and additional training will be provided as deemed necessary in order to meet the goals and objectives of the learning experience.

N. Schedule of rotations:

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

O. Duty Hours:

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Residents will acknowledge that they understand duty hour requirements by electronically signing the duty hours policy in PharmAcademic at the initiation of the residency program. Residents will also provide monthly duty hours documentation utilizing PharmAcademic.

Residents MUST comply with Duty Hour Requirements set forth by ASHP (<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>). Any discrepancies in compliance will be addressed by the RPD.

P. Staffing:

The resident will be responsible for staffing during the orientation component of the residency, taking place during the months of July of the residency program. The staffing component will consist of processing, verifying, and distributing of both inpatient and outpatient medication orders. Once orientation is complete and the resident has accomplished both the inpatient and outpatient orientation checklists (**Appendix E**), residents will be required to staff at least one day each month, alternating between the inpatient and outpatient pharmacies depending on learning experience setting. Additional staffing may be incorporated depending on the learning experience requirements. The day of staffing will be determined based on the learning experience setting, but will be determined no less than 2 weeks in advance. Helpful “survival guides” are provided to assist with orientation and may serve as a reminder for tasks that are performed on an infrequent basis (**Appendix F**). Dual appointment MAY be granted, for staffing purposes outside of residency requirements.

Q. Program Evaluation and Improvement:

Program evaluation and improvement activities will be directed at enhancing achievement of the program’s outcomes. The residency program director (RPD) will evaluate potential preceptors based on their desire to teach and their aptitude for teaching, and will provide preceptors with opportunities to enhance their teaching skills (see **M. Continuous Professional Development**). The residency program director (RPD) will devise and implement a plan for assessing and improving the quality of preceptor instruction. Consideration will be given to the resident’s documented evaluation of preceptor performance as one measure of preceptor performance. At least annually, the residency program director (RPD) will use evaluations, observations, and other information to consider program changes. The resident is responsible for completing a Continuous Quality Improvement (CQI) assessment in the final month of the residency (**Appendix C**). The purpose is to identify specific areas of the residency that may be

improved and will include specific recommendations.

R. Tracking of Graduates:

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

S. Resident Orientation:

The resident will receive orientation to the VA System, Fayetteville VAMC Pharmacy including inpatient and outpatient staffing, and the Pharmacy Residency Program. The extent of orientation to the VA System and Fayetteville VAMC Pharmacy will be determined based on prior experience or lack of experience in the VA System. Please see orientation section in residency binder (**Appendices E & F**).

T. Residency Program Director Availability:

The resident will have a designated meeting time with the residency program director no less than each quarter, or more often as needs arise. Please plan ahead and utilize this time wisely. This time will be utilized to discuss the resident's progress, any questions the resident may have about their Resident Development Plan, and any changes to the plan that would be appropriate. It is also a time to discuss any non-urgent questions or concerns the resident may have. The residency program director will make time to meet with the resident to discuss urgent questions or concerns the resident may have that need to be addressed before the next scheduled meeting.

U. Resident Development:

On-site training will be conducted in accordance with SOP 138 (if not previously completed). The resident will develop:

1. Communication and assessment skills
2. Knowledge of Disease States
3. Medication Reconciliation
4. The resident will evolve abilities to manage change and resolve patient or provider pharmacy issues as it relates to their practice environment(s).
 - a. By providing effective medication management, good pharmaceutical practices and administrative skills the resident will demonstrate the ability to prevent medication errors.
 - b. The resident will play an integral role in patient care through interface with interdisciplinary teams and multi-disciplinary practices.
 - c. The resident will develop patient and staff education on various topics including compliance, new drugs, formulary and therapeutic issues.
5. System Awareness: The resident will demonstrate a working knowledge of system tools, i.e. organizational structure, policies and procedures, hospital formulary,

and computer or other technological resources, and must demonstrate competence in:

- a. Use of CPRS
- b. Use of personal computers
- c. Use of pager/facsimile/phone systems
- d. Consult and referral protocols
- e. Drug Information resources

V. Operations:

1. The resident will complete an Entering Interests Form (EIF) prior to starting the residency
2. The resident will have a Development Plan designed at the beginning of the residency using the EIF as a guide to achieving the resident's goals
3. The Development Plan will be reviewed quarterly
4. A schedule will be put forth at the beginning of the residency
5. Specific electives will be incorporated in to each resident's schedule according to the EIF
6. Assigned work hours are Monday through Friday 8:00-AM to 4:30PM according to rotation (may vary). Staff requirements may cause extension of assigned work hours. Leave will be determined according to the Pharmacy Service Leave Policy.



REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES

ELECTIVE COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES

It is expected that residents are familiar with all required competency areas, educational goals, and educational objectives. Each goal will be evaluated at least once during the residency year, per ASHP standards.

II. Core Experiences

A. *Required Learning Experiences.* The resident's training shall include training in the following required areas:

1. Orientation
2. Longitudinal Learning Experiences:
 - a. Drug Information
 - b. Pharmacy Management
 - c. Residency Project
 - d. Pharmacy Staffing
 - e. Formal Education
3. Rotation Learning Experiences:
 - a. PACT
 - b. Anticoagulation Management
 - c. Geriatrics
 - d. Acute Care
 - e. Psychiatry

Required learning experiences should be completed prior to elective experiences.

B. *Elective Experiences.* The following may be taken as electives (as available):

1. Administrative
2. Ambulatory Care Specialties
3. Community Based Outpatient Clinic Concentrated
4. Critical Care
5. Home Based Primary Care/Hepatology
6. Infectious Disease
7. Oncology
8. Diabetes/Endocrinology
9. Women's Health
10. Urgent Care

Learning experience descriptions are kept current in PharmAcademic. Please refer to PharmAcademic for a detailed description of each required and elective learning experience, including goals, objectives, and activities associated with each learning experience.

III. SUGGESTED Residency Year Assignment Timeline by Month

July

- Orientation
- BLS/ALS class (if BLS is not active or will expire soon)
- Attend the NCAP Residency Conference
- Identify article for SR-AHEC Significant Papers CE
- Register in ACES for MidYear
- Complete Entering Interest Form/Initial Customized Training Plan
- Develop tentative resident schedule for the year

August

- Identify options for project

September

- Identify topic/focus for project
- Select project mentor
- Attend Campbell University Career Day/Residency Showcase
- Quarter 1 Newsletter submission
- Quarter 1 Customized Training Plan
- MUST obtain and submit copy of pharmacy license to Chief of Pharmacy/Pharmacy Secretary
- Develop abstract for poster presentation at ASHP Mid-Year Meeting (optional)

October

- Participate in Pharmacy Week activities, including Grand Rounds CE presentation in conjunction with PGY-2 resident(s)
- Attend UNC Career Day/Residency Showcase?
- Develop plan for project
- Submit MidYear registration (if approved through ACES)
- Submit abstract to ASHP Mid-Year for poster presentation by October 1 (optional)

November

- Attend the NCAP Residency Showcase
- The resident will present at the SR-AHEC Significant Papers CE (month subject to change)
- Continue work on project

December

- Attend ASHP Mid-Year meeting
- Continue work on project
- Start residency application review process
- Quarter 2 Newsletter submission
- Quarter 2 Customized Training Plan

January

- Continue work on project
- Continue residency application review process

February

- Participate and help with residency interviews
- Continue to work on project; finalize abstract for submission

March

- Submit project abstract to SERC by March 1
- Prepare for Veterans Annual Health Fair by developing a topic for a booth
- Continue to work on project
- Quarter 3 Newsletter submission
- Quarter 3 Customized Training Plan

April

- Participate in Veterans Annual Health Fair
- Continue to work on project
- Present project at Sandhills Area Research Symposium (SARG)

May

- Attend SouthEastern Residency Conference (SERC)
- Prepare and submit manuscript to peer-reviewed journal

June

- Prepare for end of year
- Prepare PGY1 Pharmacy Residency Program CQI assignment (see **Appendix C**)
- Final submission of all required materials for PharmAcademic upload
- Quarter 4 Newsletter submission
- Quarter 4 Customized Training Plan

IV. Residency Orientation Overview

Monday through Friday: 8:00am – 4:30pm (additional time may be required, as necessary)

Preceptor:

Jennifer Nazarchyk, Pharm.D., CDE
Clinical Pharmacist Specialist
PGY-1 Pharmacy Residency Program Director
Contact Information:
910-488-2120 ext. 5722 (office)
Jennifer.Nazarchyk@va.gov

Stephanie Hopkins, Pharm.D., BCACP
Clinical Pharmacist Specialist
PGY-2 Pharmacy Residency Program Director
Contact Information:
910-488-2120 ext: 5528 (office)
Stephanie.Hopkins@va.gov

Description: A brief orientation is provided to help the resident meet staff, learn about the organization, and begin to acclimate to the environment. During this time, the resident will obtain access to the computer systems, receive some basic computer/electronic record instruction, learn how to find policies, orient to the residency program, and interact with human resources. The majority of the orientation to specific activities, roles, etc. will be provided at the beginning of each new learning experience.

The RPD will arrange the experiences for this brief orientation. The resident will have contact with the RPD or a designated staff member on a daily basis. There is no assessment for this experience. The content for this experience is familiarity with policies and procedures, particularly how to find them, as well as basic orientation to computer sign on, CPRS GUI, VISTA, and Outlook.

The resident will complete the Entering Interest and Self-Evaluation forms. Following discussion and review, the RPD will complete the initial resident development plan. The residency schedule will be completed to include required rotations, and based upon the resident's interests, elective rotations. The evaluation process will be reviewed including formative evaluations, self-evaluations, learning experience evaluations, and summative evaluations.

Activities: will be documented using the adapted General Pharmacy Orientation Checklist

- Orientation to the facility through:
 - Institutional orientation
 - Facility tour
- Introduction to staff and preceptors

- Review of residency manual
- Overview of medical center manuals and memorandum
- Overview of computer systems
- Orientation to Residency Learning System
- Orientation to PharmAcademic

V. Appendices

Appendix A. Resident Dismissal Procedure/Termination of Residency

PGY1 Resident Dismissal Procedure/Termination of Residency

A resident may be placed on probation or dismissed from the program should there be evidence of transgressions. Transgressions may include but are not limited to the following:

1. Failure to obtain and submit pharmacy license to Chief of Pharmacy within 90 days of the start date of the residency
2. Failure to maintain pharmacy licensure
3. Unprofessional or unethical behavior
4. Insubordination
5. Unsatisfactory attendance
6. AWOL Absence
7. More than one unsatisfactory evaluation documenting continued failure to meet goals and objectives which may include the following:
 - a. Failure to perform resident responsibilities at an acceptable level (i.e. patient care activities, readings, presentations, and other activities as specified by their preceptor)
 - b. Failure to complete activities on time and at the level expected of a resident following documentation
8. Theft of government or personal property
9. Mental impairment caused by substance abuse

Responsibilities:

The resident must present a copy of their license to the Chief of Pharmacy within 90 days of the start date of the residency. Failure to do so will result in termination of the residency.

If a resident is placed on probation, the residency director along with the other preceptors will document transgressions leading to probation in writing, and, along with the resident, will formulate an individual plan for performance improvement. If the resident does not show satisfactory improvement, he/she may be dismissed. This action will be taken with the concurrence of the Chief of Pharmacy, Residency Director, and Residency Committee.

Procedures:

1. After the first transgression, the preceptor will provide the residency director with a written evaluation documenting the transgression. Written documentation may include but is not limited to rotation and quarterly evaluations. The resident will meet with the residency director to formulate a plan to improve performance. The first transgression will not result in probation.
2. Upon receipt of a second documented transgression, the resident may be placed on probation or additional measure will be taken to correct problems.
3. Any documentation of future transgressions will result in dismissal of the resident. Actions will have the concurrence of the Chief of Pharmacy, Residency Director, and Residency Committee.

Resident

Residency Director

Chief, Pharmacy Service

Date: _____

Appendix B. Voluntary Withdrawal Procedure

PGY1 Resident Voluntary Withdrawal Procedure

A resident may voluntarily withdraw from the residency for extenuating circumstances or if he/she feels they can no longer meet the requirements set forth to complete residency requirements.

Responsibilities:

If a resident elects to voluntarily withdraw from the residency program he or she must notify the Chief of Pharmacy and residency committee in writing at least 14 days prior to his/her leaving the position. The written documentation should include reason for withdrawal and resident's intended last day.

Resident

Residency Director

Chief, Pharmacy Service

Date: _____

Appendix C - Continuous Quality Improvement (CQI):

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

From a practical point of view, it is likely that you will find yourself in the position of either creating a new residency program or directing an existing residency. ASHP does have guidelines to help you design your residency program, but there is also room for individualization. The following assignment will require that you approach the program as if you were walking into a new program seeking accreditation and looking for ways to make improvements. If you were given unlimited resources (staff, time) this would be an easy undertaking, however, that is seldom the case. For this assignment you will:

- Review ASHP Regulations and Standards for PGY1 Pharmacy Residency Program
- Review resources available to the current PGY1 Pharmacy Residency Program
- Review the current PGY1 Pharmacy Residency Program based on ASHP standards, with consideration of available resources and identify areas that can use improvement
- Based on your experiences, how can the orientation be improved and what could be added to improve the orientation process?
- Prepare a written plan for improving the current PGY1 Pharmacy Residency Program:
 - Orientation for new residents
 - Changes in existing learning experiences
 - Potential learning experiences to consider for addition
 - Teaching and precepting responsibilities (ex: students)
- Any other features that need improvement

Appendix D. Requirements for Completion of PGY-1 Pharmacy Residency

**REQUIREMENTS FOR COMPLETION OF PGY1 PHARMACY RESIDENCY
FAYETTEVILLE, NC VAMC**

These activities must be completed for issuance of residency certificate, unless excusable circumstances approved by RPD

Residency Requirement	Date Completed	Comments
EDUCATION		
Present Journal Club (1 per quarter)		
Present Case Presentation (1 per quarter) <ul style="list-style-type: none"> Alternative presentation to a different audience may be deemed appropriate by preceptor 		
Educate in Shared Medical Appointment MOVE! (Longitudinal; alternate with co-resident each month; 5 per year)		
ADR, FDA MedWatch, VADERS (Longitudinal)		
Drug Information Questions (2 formal responses per quarter)		
Present at Significant Papers CE at SR-AHEC		
Present at Medical Grand Rounds (Fall & Spring) <ul style="list-style-type: none"> MUST be in charge of obtaining CE credit for at least one of the sessions 		
Lead student topic discussion (1 per month, when students on site)		
Attend SCAN-ECHO CV Risk Reduction session (at least 8 during first half of residency year)		
LEADERSHIP		
Attend and participate in monthly student Journal Club and Disease State Presentations		
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting		
Participate in recruitment activities as assigned (NCAP, Campbell, Wingate, etc)		
Precept APPE pharmacy student(s) as designated by preceptor		
Attend P&T Committee Meetings (at least 4 per year)		
Participate in Wellness Activity (Pharmacy Week, Health Fair, Community Service)		
Serve as Chief of Pharmacy (1 day per year)		

Complete Continuous Quality Improvement (CQI) with recommendations for residency program changes		
RESEARCH		
Attend Womack IRB meeting with Dr. Elliott (1 per year)		
Submit Residency Project Abstract to SERC		
Present Residency Project at Sandhills Area Residency Group (SARG) Research Symposium (SR-AHEC)		
Present Residency Project at Southeastern Residency Conference (Athens, GA)		
Complete Manuscript for Residency Project in a publication ready format		
ORIENTATION		
Attend NCAP Residency Conference (1 day)		
Outpatient Pharmacy Orientation		
Inpatient Pharmacy Orientation		
Complete all required training for VA employees to include BCLS		
LEARNING EXPERIENCES		
successful completion of learning experiences is determined by the goals, objectives, and activities specified by individual preceptors		
Create and maintain an electronic copy of a residency binder. ALL documents must be saved to the pharmacy shared drive, with transfer to RPD at completion of residency year.		
Complete ALL evaluations for each learning experience in PharmAcademic no less than 2 days prior to completion of learning experience (longitudinal experiences will be evaluated quarterly)		
Staffing (Longitudinal; 4 hours every other week; alternate with co-resident between inpatient/outpatient)		
Pharmacy Management (Longitudinal)		
Residency Project (Longitudinal)		
Formal Education (Longitudinal)		
Drug Information (Longitudinal)		
PACT (12 weeks)		
Anticoagulation Management (12 weeks)		

Acute Care (12 weeks)		
Geriatrics (4 weeks)		
Psychiatry (4 weeks)		
Elective 1 (4 weeks)		
Elective 2 (4 weeks)		
EVALUATIONS		
Complete evaluations in PharmAcademic thoroughly and on time (varies by learning experience)		
Complete ongoing self-assessment via Quarterly Development Plans (Initial, Quarter 1, Quarter 2, Quarter 3, Quarter 4)		
Complete outgoing resident survey		

Appendix E. Orientation Checklist

Resident Staffing/Orientation Competency Checklist

	RESIDENT SUCCESSFULLY DEMONSTRATES TASK		N/A
	PRECEPTOR INITIALS	RESIDENT INITIALS	
Introduction to General Pharmacy Services Policies and Procedures			
Scheduling, breaks/meals			
Sick leave, paid time off, holidays			
Appropriate attire			
Handling of Personally Identifiable and Sensitive Information			
Tour of Pharmacy Services			
Pharmacy layout; general work flow progression; Incoming/outgoing medication handling			
Supply Needs			
Pharmacy access/security codes/keys			
Office supplies, supply cabinet			
Telephone/Voice Mail/Paging System/Fax Usage			
Telephone: Utilize phone directory; answer calls appropriately; transfer calls; call extensions within the hospital; call outside of the hospital; long distance calls			
Voicemail: Instruction on voice mail set up; how to set "out of office"			
Use of patient call system			
Page healthcare team members, including Pharmacy Services			
Send/receive faxes			
Utilize Available Pharmacy References			
Physical: MSDS, Trissel's (IV compatibility), Merck Manual, Facts & Comparisons			
Online: STAT!Ref, Lexicomp, UpToDate, Procedures, Pharmacist's Letter, Natural Medicines Comprehensive Database			
VistA			
Basic activity instruction:			
Main menu; movement within menus			
Generate profiles			
Edit co-pay charges			
Inquire drug file			
Patient inquiry features			
Employee functions			
Order entry:			
Per policy			
Verbal			
Service correction			
Hold/Unhold			
Patient medication profile:			
Name, address, phone number, etc.			
Pharmacy narrative			
Prescription codes			
Future appointments			
Patient information update:			
Update address/phone number			
Temporary address feature			
Designate for "easy-off" cap			

GENERAL ORIENTATION

GENERAL ORIENTATION

Enter a narrative statement			
Locate service connection/fee basis			
Update allergy/ADR's			
Printing:			
Medication profile			
Patient labs			
Adding network printer			
BCMA			
How to check if doses were given			
What BCMA screen looks like to nursing; how nurses mark doses in BCMA and in Vista			
Missing dose requests			
How to barcode medications			
CPRS			
Patient Inquiry/Link			
Patient Cover Sheet -vitals, allergies, medications, recent labs, upcoming appointments			
Order Entry			
Progress notes			
Drug menus			
How to order drugs from doctor's side			
Reports menus (including remote data)			
Lab menus (including graphing options)			
How to complete a consult			
How to write note/use templates/use objects			
Tools bar: -how to find high alert & unacceptable abbreviations, BCMA video			
Adverse Drug Reaction/Medication Error Reporting			
Identification and file submission			
Non-formulary/Restricted Items			
How to look up formulary status/restrictions (VDI/DFI); National Formulary			
How to handle patients admitted on N/F drugs			
How to enter/complete PADR			
How to document approval of drug			
Procedure for getting drug added to formulary			
Basic information on P&T Committee			
Apply for NPI number and give number to supervisor			
http://www.cms.hhs.gov/NationalProvdentStand/			
How to borrow/loan medications			
Disaster Procedures			
Disaster manual; call back list			
Access the cache; disaster drugs & procedures (including location of drugs)			
Antibiotic Stewardship			
Understand how the program works; how to follow-up on problems identified			

General Daily Schedule

Print active ward list for 2C, 4C for med cart fill			
-New overnight admissions get newly labeled trays within the med chart			
-IV's get immediate attention			
Process and verify new overnight orders via VistA (Asheville VA/Fayetteville VA)			
AM med carts filled & delivered by techs with both previous day & overnight updates by 0900			
-2C, 4C wards have carts delivered M-F/ICU ward has cart delivered daily			
Pull picklist and have techs run med orders through the AutoMed			
IV piggybacks are prepared by techs and verified by PharmD and delivered to wards			
Run picklist for afternoon med carts to be delivered and fill or update picklists if not delivered			
-3A, 4A wards have carts delivered M, W, F			
Verify IV large volumes and have techs deliver to wards			
Continuous completion of med orders within VistA queue (updates for wards 2C, 4C, and ICU)			
Check on missing doses			
Handle physician and mid-level practitioner consults, questions			

IV Admixture/Sterile Products

Refrigerator items/list			
Aseptic Technique Review			
Cleaning procedures for hoods and IV room; Spill procedures/MSDS sheets			
Compounded medications; USP 797 requirements			
Preparation of parenterals/piggybacks			
Total Parenteral Nutrition (TPN)			
Information on compatibility/stability			
Medication order verification			
How to print labels (first doses, missing doses, etc.)			
How to print/reprint batch			
How to return/destroy/cancel IV labels			

AutoMed Unit Dose System Operation

General operating steps; label printing			
Cassette tray filling			
Documentation of errors for QA			
Look Alike/Sound Alike medications			
Census activity report			

Med Cart Filling and Verification

Pull picklists			
Med order verification; Verification of tech responsibilities			
Ensure appropriate delivery according to dates/times			
Labeling of liquids, creams, inhalers, ophthalmic			

Physician and Mid-Level Practitioner Assistance

Appropriate clinical assistance and documentation			
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Patient Discharge Procedure

Discharge alert processing			
Finish Rx – include reviews of inpatient & outpatient profiles (Med Rec)			
Suspending Rx Vs. queuing vs. expediting			
How to check if scripts are ready			
Discharge counseling, if needed; where to get counseling sheets; how to document			
Anticoag clinic patients			

Unclaimed Discharge Medications

Daily review by IE; also includes patient's own meds from home			
Delete tickets			
Check history in ScriptPro			

Transfer Reports

Responsibility			
What to look for and how to correct			
How to document (initial sheets and place in notebook)			

Medication Reconciliation

Check provider notes on admission			
Requirements (v/s what is preferred)			
How to use template			
How to print Medication Reconciliation Report (^MMR)			
Conduct interview			
How to reconcile discrepancies (with physician and in chart)			
How to document			

Clinical

How to do pharmacokinetics/communicate/document			
How to do anticoagulation monitoring/communicate/document			
How to do admission assessment (different from Med Rec)			

Total Parenteral Nutrition (TPN)

How to review TPN orders			
How to troubleshoot problems with CAPS			

Ward Inspection Procedures

Cleanliness; appropriate storage (temp, separating orals/IV/etc, no cardboard); expiration dates			
Appropriate completion of forms and documentation on checklist			

Processing Patient's Own Meds on Admission

Create a Window Ticket			
Storage			
How and when to destroy (regular and narcotics)			
Review of cabinet by IE to determine disposition of those not picked up			
How to use patient's own meds if necessary -visually check bottle, initial, print barcode, enter into profile			

Miscellaneous

How to obtain blood products (such as Factor VII) emergently			
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Controlled Substance Vault

Read Narcotic Policy and Procedures			
Review inpatient controlled drug package			
Vault procedures			
Safe combination/opening safe			
Handle incoming narcotics			
Fill narcotic inpatient orders			
Fill Omnicell with narcotics			

General Understanding of Work Flow and Personnel Assignments

Pharmacy Without Walls (PWOW)			
ScriptPro			
-Filling operations			
-Checking/bagging operations			
Controlled Substance Vault			
Check-out window			
Compounding Area			
Call Center & Mail Room			

Pharmacy Without Walls (PWOW)

Prescription verification of Fayetteville VAMC and Fee Basis Providers			
-Electronically via VistA			
-Physically via VA Form 10-2577, action profile or approved outside provider's script			
Patient Medication Profile Review			
Identify drug-drug interactions or incompatibilities			
Prescriber clarification on prescriptions			
Supply adequate quantities to patients			
-7-10 day supplies on most new non-controlled medications to bridge CMOP			
-Entire 30 days supply for new controlled substance prescriptions			
Controlled refills via CMOP			
Inform patients of refill instructions			
-Automated phone line			
-Returning refill slips			
-Time allotment for refills to arrive at home			

ScriptPro Training

Patient profiles			
Locate individual prescriptions within the system			
Active/pending versus completed orders			
Patient pick-up & un pick-up			
Batching			
Check history			

Controlled Substance Vault

Read Narcotic Policy and Procedures			
Review outpatient controlled drug package			
Vault procedures			
Safe combination/opening safe			
Handle incoming narcotics			
Fill narcotic outpatient orders			

Check-Out Window

Offer/conduct patient counseling			
Scan out prescriptions in ScriptPro to patients			
Mail out prescriptions > 24 hours in age			
Prepare and send prescription medications to VA Rest Home via courier			

Compounding Medications

Bulk compounding of common prescriptions			
-procedures/recipes; equipment location, operation and cleaning; recordkeeping; storage			
Compounding of individual medications			
-procedures/recipes; equipment location, operation and cleaning; recordkeeping; storage			

OUTPATIENT ORIENTATION

Call Center & Mail Room

Assist technicians in answering patients' questions			
Mail out completed prescriptions			
Document handling			

Handling of Home Medications

Initial attempts to turn them over to a patient's family member			
Proper receipt of medications with appropriate documentation			
Mail of home medications back to patient when suitable			
-US Postal Service for non-controlled medications			
-FedEx for controlled medications			

General Outpatient Procedures

Appropriate use of claim ticket remarks			
Times and policies on mailing out un picked up medications			
How to fill outpatient scripts in Secure vault			

Appendix F. Inpatient and Outpatient “Survival Guides”

The Basics		
<p>Printers: Barcode Labels: Zebra1 Outpt printer: winpharm Inpt printer: ggg100</p> <p>**MUST PRINT LABELS FOR CREAMS, SHAMPOO, OINTMENTS, INHALERS, OPHTHALMIC SOLUTIONS, ETC.**</p> <p>Order Stop Times: 24h = Now/1x orders 14d = Most orders 3d = CII *except w/ 14d letter 90d = 3A/4A, unless CII</p> <p>Requested Start Time: Δ to 1 minute later, will go to next dose</p> <p>MOB Patients Verify start time! In the past, Δ #3 to Now</p> <p>Transferring Units: Orders will automatically d/c. Orders must be re-entered, IV's will need to be re-labeled with correct unit</p> <p>Pick List: Select #2- Unit Dose, then select #5- pick list, select ward, then print.</p>	<p>Wards: ICU 3C – medical (MOB = med obs), surgical (SOB = surg obs) 5C – Psych wards (different dosing schedule; NO IV's!!) 3A & 4A – LTC ward</p> <p>Order Types: R = Fill on request *All Controls (kept in omnicell) *Creams, inhalers, eye drops, etc. *Meds available in the omnicell P = PRN; only 24 hrs sent *Psych PRN Orders = Order type should be "R" C = Continuous – should always have admin times C/P Orders are placed in pts drawer A = Active H = Hold Now dose *May be available in omnicell D/C & Hold Orders: *If cart has already left → Do nothing *If cart has NOT left → Pull item *Items on hold will not scan *IV orders – Cancel, then discard label</p> <ul style="list-style-type: none"> • Find label • Select IV menu option: <ul style="list-style-type: none"> ○ Barcode ID – Return & Destroy (IV) • Enter action (Recycle/Cancel/Destroy) – shred label <p>Medications Available on Wards (Don't have to send): Controlled Substances Vaccines: Influenza, Pneumo and TB Benzotropine, Olanzapine, Lorazepam Tylenol Maalox (AIOH/MGOH/SMTH) MOM (Mag Hydrox UD cups) Hydroxyzine 50mg *5C CLOSED Ward (562-567) Enter "P" and SEND *5C OPEN Ward (510-526) Enter "R" and DO NOT send</p>	<p>Cart Runs: ICU – daily 3C & 5C - M-F b/w 1000-1100 3A & 4A – Tue & Fri around 1500</p> <p>Cart Fills: ICU – 7d/wk @ 1400 3C & 5C – M thru Th (24h fill) Fri (3d fill) 3A & 4A – M & F @ 1500 *Orders after the cart delivered, must be sent*</p> <p>Schedules: Qam = 0900; 5C = 0630 Qday = 0900 Q85 = 5, 13, 21 TID = 09, 13, 21 TID PC = 08, 13, 18 Bedtime = 2100 BID = 0900 & 2200 BID-AC = 0700 & 1700 TID-AC = before meals *Must use for meal-time insulin QID-AC = 0700 1100 1700 2100 Furosemide Qday (furosemide) = 0600 BID (furosemide) = 0600 & 1800 Respiratory (RESP) – Different admin sched Warfarin – requires 2 PharmD checks Qday @ 1700 DM Meds BID-AC, QID-AC, etc. Fentanyl patches (Q72h) If past 0900, place NOW order</p>
Missing Dose		
<p>Place in the "to be pulled bin" If IV, check profile to see if you can tell why missing Verify start date – was it started late the night before and cart hasn't gone up yet? Creams/Drops, Etc. Call and double check, have tech look and if need to send again, write in comments "sent to replace..." If pt transferred, contact previous ward</p>		
Non-Formulary Drugs		
<ul style="list-style-type: none"> • *N/F* by drug's name • Check to see if pt has been on medication in the past • Check in CPRS to verify Dr. has placed a consult for requested N/F drug; check status: Pending/Approved/Denied • Examples <ul style="list-style-type: none"> ○ Pantoprazole IV (Piggyback) – Restricted to pts with suspected/confirmed GI bleed – also can't be taking any PO meds ○ Iron Sucrose (Venofer) must be entered by Nephrologist and entered in the inpatient profile 		

Printing Labels**HOW TO PRINT A BARCODE**

- Go to pharmacy menu in Vista
- Select #13 – Medication Administration Menu, then select #10 – Print Barcode
 - Search drug name and select drug
 - Initial in “fill by” and “checked by” space
 - Indicate # of labels
 - Queue to print to Zebra1
 - Search for patient (then just print via: **Num lock + “e”**)

****MUST PRINT LABELS FOR CREAMS, SHAMPOO, OINTMENTS, INHALERS, OPHTHALMIC SOLUTIONS, ETC.****

Bulk Items (Shampoo, cream, ointment, inhalers, etc.)

- When processing the order place note in #11: special instruction, “sent date”
- F1 + E – to exit out of the note

Reprinting an IV Label – when label has been damaged

- Select #3 – IV Menu, then Select #3 – Label Menu (IV)
- Select individual labels, find the pt, then the drug and NL for new label

How to find a pending order that has not printed – check periodically

- Pharmacy Menu
- Select #2 – Unit Dose Meds
- Select #1 – Non-verified/Pending Orders
- May also review FNC disposition

Albumin does **NOT** require an IV label

Controlled Substances**Wards – usually stocked in omnicell on the floor**

- ICU omnicell does not stock controls! Must get controls from other floors. **WE DO NOT SEND.**
- Schedule should be “R” – refill on request
- Controls are only for 3 days; must change stop date to: “t+3@2400”

CLC

- May have controlled drug ordered for 30 days **IF** 30 day letter is with the order
- **Date** and **Initial** the 30 day letter, **File** (alphabetically) in the 30 day control folder on the top shelf
- Set the stop date “t+30d@2400”
- Select #11 – Special Instruction: “30 day letter approved”
- ****If provider changes medication dose, etc., the 30 day letter applies to the new dose****

Scanning**Testing To See if an IV Label Will Scan**

#15 → Recycle → Check it → “^” to exit screen – also where you cancel labels

Cancel Label

#3 – IV Med, #15 Barcode ID, Cancel, Scan, Enter

Unit Dose Bar Code or New Unit Dose Packing

- After the techs make a new unit dose, must verify the bar code scans
- Pharmacist menu: select #13 – Med Administration
- Select #9 – Drug file inquiry
- Use scanner to scan

Tug Issues

Nurse calls “unable to access” – check to see if she has been “signed out”

- Check lever on side, up/down, or press “sign out”

Zostavax

Get label and diluent from Barbara’s office; vaccine in IV room freezer

Pharm Menu #4, Release med #4

Scan bar code, then file in red box @ outpt window

Miscellaneous

Available Drugs/Doses in the pharmacy

- Potassium Chloride **10 mEq**
- Propranolol **10 mg**
- Morphine SO4 Solution (2mg/mL) UD is in 5 mL cups

Items in the fridge

- Phenylephrine Ophthalmic Solution
- Gabapentin Solution

#411 – Physician Look Up

#14 – Drug View

- Allows you to look up N/F drug, c/p code and find formulary alternatives

Items with *, if changing anything, must list if “serv. cor.; verbal/tele order; written”

Hydralazine 20mg/mL Injection

- Put in #2 the mg dose w/o the mL and it will automatically calculate amount
 - Example: #2 for mg dose put in 5 and it will calculate how many mLs

Watch Capsules vs. Tablets – must change “orderable items”

- HCTZ 12.5mg (caps NOT tabs)
- Gabapentin

Methylprednisolone 125mg/2mL

Drips

- Use IV reconstitute binder
- Diltiazem Drip (125mg/25mL – place order for 125mg/125mL)
 - Admixture, choose #2 Dilt125
 - Schedule: Once or Now
 - Infusion rate = Titrate@1

Mix Ups

Wrong Drug/Dose in #12

- Select #12, drug selected from order will appear; to delete drug “@”
 - Example: Drug name// @ - this will delete the ordered selected drug on #12 , enter
 - To select new drug:
 - Type the name of drug and select correct dose and unit per dose

Right Drug, Wrong Units

- Select #12, drug selected from order will appear
- Press enter (because it is the right drug and strength)
- You will see: Unit per dose// (put in the # of units you need to make the dose you need)
 - Example:

Change Dispensed Drug That Has Already Been Verified (must inactivate)

- Pull up med, #12, enter until inactive date – make changes and accept

Infliximab (Remicade)

Calculate Dose

- $5\text{mg/kg} \times \text{pt wt (kg)} = \text{Total Dose}$

1 Vial = 100mg of Drug

- Every 1 vial reconstitutes with 10 mL (100 mg/10 mL)

Total Volume = 250 mL NS **always put in comments**

- Must subtract amount of drug reconstituted (#vials x 10 mL) from 250
 - $250 - \text{Amount of drug reconstituted} = \text{Amount of Normal Saline to add}$

Infuse ≥ 2 hours

Comments

- Dose: 5mg/kg, pts wt, infuse over no less than 120 minutes

****Some pts may be at a different dose. Check infusion clinic folder to find information, if needed ****

Dialysis Patients – Inpatient orders for outpatient dialysis

Miscellaneous

- **ASA 81mg UD** → change to 4 = 325mg
- **Clonidine** change to 3 consecutive times (08-09-10)
- **Hep B Vaccine**
 - Dose for dialysis pts = 40 mcg
- 0 = pre-exchange orders

Stop Time

- Typically 1 year, unless MD specifies
- Check to see if certain number of doses

180 Day Medications

- **Zemplar (Vit D Analog) Paricalcitol**
- **Epoetin (Epoen/Procrit) **unit dose**** Dialysis typically has this in stock, just needs verified by pharmacy
 - SubQ administration
 - Choose the closest amount needed
 - Place a note in #11: ****NOTE DOSE****
 - Order is valid for 180 days (change stop date to “t+180@2400”)
 - Process & print label
- **Darbpoetin (Aranesp)**

Xolair (Omalizumab) – Infusion Clinic

Ask if they want us to mix
 Process via outpatient profile – check for active order w/ refills, if so “RF”
 Queue to aaa123 printer
 Grab label, and drug (IV fridge)
 Place in bag with label, take to infusion clinic
 Release in Vista (#4 pharm menu, #4 release med)
 File sheet in book

IV Orders

<p>Entering IV Orders Select Solution: “Pre-Mix” – if available Admixture = large volume bag Ex: 1,000 mL NaCl, D5, ½ NS, etc. Piggyback = most other IV’s (Abx, etc.)</p> <p>Stop Times Piggy, Admixture → always 5d Hyperal → 3d All IV’s stop times are at noon on 3rd /5th day</p>	<p>Delivery Times Piggybacks – delivered @ 1130 Large Volumes – delivered @ 1500 IV screen (PG) P// → Print or Bypass</p> <p>IV Push Orders NOT IV orders, these are UNIT DOSE Examples:</p> <ul style="list-style-type: none"> • Ondansetron • Methylprednisolone • Furosemide • Lorazepam • Hydralazine • Hydromorphone • Epoetin 	<p>Processing Admixture Bags w/ Additives Example: Thiamine 100mg Folic Acid 5mg in D5/1/2 NS 1000 mL Infuse over 4 hrs Qday for 3d -Determine if Dr. wants 1 bag like this in 24hrs or 1 bag for the day w/ the additives <u>-1 bag with the rest plain fluids</u> When adding the additives: “1” for # of bottles This allows only 1 of the bags w/ the additives Mark as an admixture Rate must be in mL/min NOT “infuse over 4 hours” (240 min); All bags would infuse too quickly = lots of fluid (4 hrs = 250 mLs/hr)</p>
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Banana Bag (Admixture)

Verify additives are compatible (IV med spiral book)
 Change stop date b/c you don’t want another label to print (change for several hours later)
 Usually in NS1000 @ 125mL/hr or 200 mL/hr over 2 hours is okay
 Additives:
 100mg Thiamine
 1mg Folic acid
 10 mL multivitamins ****must have****

Pharmacist "To-Do" Checklist	
<p>0800-1630 *Verify overnight orders are done (processed by Asheville pharmacist) Help pull morning pre-exchange orders for 3C & 5C *Have IV manufacturing/ward lists & labels printed – if not queue to print Run pick lists for wards 3C and 5C, then send to FastPak machine by 0830 *Process orders *Check/sign IV's for 1100 delivery and after lunch for 1530 delivery *Help pull orders Run updates on MWF for wards 3A and 4A prior to 1130 Run pick lists on T Th F for 3A and 4A after 1130, then send to FastPak machine</p> <p>1500-2300 Process orders Pull orders after 1630 Make IVs after 1630 Run ICU pick list and fill before 2000 Delete old pick lists (T and F nights) Unit dose – pick list – enter units disp – leave last 2 lists – disp "AAA" yes, yes Process pending outpt prescriptions Check any mail/compounding filled Process blue bucket narcotic scripts, fee basis scripts and any other pending requests</p>	<p>***Under IV menu program to print at*** #6 Ward list Date T+1 @ 0730 #5 Manufacturer list Date T+1 @ 0745 (give to tech) #3 Labels – scheduled labels Date T+1 @ 0800</p> <p>Weekend See 0800-1630 duties* Run ICU pick list and fill around 1400 start/stop times don't change Check any mail/compounding filled Be sure to process Urgent Care orders Queue IV manufacturing/ward lists & labels to printer for morning shift Blue bucket narcotic scripts, fee basis, other pending requests ***Omniceil restock list that prints*** Always fill Urgent Care Check others to see if they need filled Can do on both Sat/Sun or just Sun NEVER do OR on weekend ***Urgent Care Orders*** If supply provided in Urgent Care – process – print – manually release Check nursing assessment note to see if medication was given Finish pending Rx, CL, FNC Disp, then pts will pull up; things flagged here longer than 1 week – serv reject</p>

Azithromycin (Zithromax)	Dose	Dilution	Infusion Time	Compatibility
	500 mg	250mL	60 minutes	D ₅ W, NS, LR
	1000 mg	500 mL	120 minutes	
Ampicillin/Sulbactam (Unasyn)	Dose	Dilution	Infusion Time	Compatibility
	All doses	100 mL	30 minutes	NS
Banana Bag MVI 10mL + Thiamine 100mg + Folic Acid 1 mg +/- Magnesium	ER Order = 1x admixture Continuous Order = Place (1) by bottles in #1 for each ingredient 1 bag will have all ingredients, remainder will be NaCl			
Calcium Gluconate	Dose	Dilution	Infusion Time	Compatibility
	All doses	100 mL	30 minutes	D ₅ W, NS, LR
Cefazolin	Dose	Dilution	Infusion Time	Compatibility
	All doses	100 mL	30 minutes	D ₅ W, NS, LR
Ceftriaxone (Rocephin)	Dose	Dilution	Infusion Time	Compatibility
	All doses	100 mL	30 minutes	D ₅ W, NS
Ciprofloxacin (Cipro) -Check Renal Function-	Pre-mix Bags		Infusion Time	Compatibility
	200 mg in 100 mL		60 minutes	
400mg in 200 mL		60 minutes		

Clindamycin (Cleocin)	Pre-mix Bags		Infusion Time	Compatibility D ₅ W, NS, LR
	300 mg in 50 mL		30 minutes	
	600 mg in 50 mL		30 minutes	
	900 mg in 50 mL		60 minutes	
Daptomycin (Cubicin)	Dose	Dilution	Infusion Time	Compatibility NS/LR (NO D ₅)
	All doses	50 mL	30 minutes	
Dopamine	Pre-mix Bags		Infusion Time	Compatibility
	400 mg in 250 mL			
Gentamicin	Dose	Dilution	Infusion Time 30 minutes	Compatibility D ₅ W, NS
	0-40 mg	50 mL		
	>40 mg	100 mL		
Imipenem/Cilastin (Primaxin)	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS
	500 mg	100 mL	30 minutes	
	1000 mg	250 mL	60 minutes	
Linezolid (Zyvox)	Pre-mix Bags		Infusion Time 60 minutes	Compatibility Isotonic D5W
	400 mg in 200 mL			
	600 mg in 300 mL			
Magnesium Sulfate **premix bags** -2g in 50mL- (1g = 8 mEq)	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS
	1 g	50 mL	30 min	
	2 g	50-100 mL	60 min	
	3 g	100 mL	120 min	
	4 g	250 mL	180 min	
Metronidazole (Flagyl)	Pre-mix Bags		Infusion Time	Compatibility D ₅ W, NS, LR
	500 mg in 100 mL		60 minutes	
Moxifloxacin (Avelox)	Pre-mix Bags		Infusion Time	Compatibility D ₅ W, NS, LR
	400 mg in 250 mL		60 minutes	
Pantoprazole (Protonix)	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS, LR
	40 mg	100 mL	15-30 minutes	
Piperacillin/Tazobactam (Zosyn) -Check Renal Function-	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS
	All doses	100 mL	30 minutes	
Potassium Chloride	Dose		Infusion Time	Compatibility D ₅ W, NS
	10 mEq/100 mL 20 mEq/250 mL		10 mEq/hr	
Ranitidine (Zantac)	Dose	Dilution 50 mL	Infusion Time 15-30 minutes	Compatibility D ₅ W, NS
	25 mg			
	50 mg			
Tobramycin	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS
	0-40 mg	50 mL	30 minutes	
	>40 mg	50-100 mL	30-60 minutes	
Vancomycin	Dose	Dilution	Infusion Time	Compatibility D ₅ W, NS
	500 mg	100 mL	30 minutes	
	1000 mg	250 mL	60 minutes	
	1500 mg	500 mL	90 minutes	
	2000 mg	500 mL	120 minutes	

FVAMC Pharmacy Services Renal Dosing Guidelines		
NOTE: CPRS calculates the creatinine clearance based on the most recent serum creatinine results. If the value is less than 50 or it cannot be calculated, a warning message is displayed upon initial medication order entry.		
DRUG	NORMAL DOSE	RENAL DOSE
Ampicillin/Sulbactam	1.5-3gm IV q6h	CrCl ≥30: 1.5-3gm IV q6-8h CrCl 15-29: 1.5-3gm IV q12h CrCl 5-14: 1.5-3gm IV q24h
Cefepime	1-2gm IV q8-12h	CrCl 30-60: 500mg-2gm IV q24h Or 2gm IV q12h CrCl 11-29: 500mg-2gm IV q24h CrCl <11: 250mg-1gm IV q24h
Ciprofloxacin	PO: 250-750mg PO q12h IV: 200mg IV q12h 400mg IV q8-12h	CrCl 30-50: 250-500mg PO q12h CrCl 5-29: 250-500mg PO q18h CrCl 5-29: 200-400mg IV q18-24h
Ceftazidime	500mg-2gm IV q8-12h	CrCl 31-50: 1gm q12h CrCl 16-30: 1 gm q24h CrCl 6-15: 500mg q24h CrCl <5: 500mg q48h
Enoxaparin	DVT Prophylaxis: 40mg SQ q24h Treatment: 1mg/kg SQ q12h or 1.5mg/kg SQ q24h	Prophylaxis: CrCl <30: 30mg SQ q24h CrCl <10: not recommended Treatment: CrCl 10-30: 1mg/kg SQ q24h CrCl <10: not recommended
Fluconazole	400mg PO/IV q24h	CrCl <50: 200mg PO/IV q24h
Levofloxacin	500-750mg PO/IV q24h	500mg/day Indications: CrCl 20-49: 500mg 1 st dose, 250mg PO/IV q24h CrCl 10-19: 500mg 1 st dose, 250mg PO/IV q48h 750mg/day Indications: CrCl 20-49: 750mg PO/IV q48h CrCl 10-19: 750mg 1 st dose, 500mg PO/IV q48h
Metformin	500mg PO BID-850mg TID	Contraindicated in: Males when SCr ≥1.5 Females when SCr ≥1.4
Piperacillin/Tazobactam	3.375-4.5gm IV q6h	CrCl 20-40: 2.25gm IV q6h (3.375gm IV q6h for nosocomial pneumonia) CrCl <20: 2.25gm IV q8h (2.25gm IV q6h for nosocomial pneumonia)
Vancomycin (general guidelines) *Consult Pharmacy For Monitoring*	2000-3000mg IV/day divided q8-12h	CrCl >50: start w/15-20mg/kg per dose IV q12h CrCl 20-49: start w/15-20mg/kg per dose IV q24h CrCl <20: determine by serum concentration monitoring

Outpatient Survival Guide

Accessing Patient Profiles	
A = Active – Window; S = Suspended – CMOP, E = Expired	
<p><u>VistA Patient Profile Access</u> Select Pharmacist Menu Option “#1 – Rx (Prescriptions)” Select “#2 – Patient Prescription Processing” Enter Patient Name/Last 4</p>	<p><u>Access Pending Orders</u> Select Pharmacist Menu Option “#1 – Rx (Prescriptions)” “#1 – Finish Pending Rxs”; select “Patient”, then “All”</p>
The Basics	
<p><u>Service Connected</u> Pt’s profile, skip through until “Rx pt status” Will be “SC” 1 – SC 3 – SC < 50% 5 – opt NSC</p> <p><u>Print Medication Info Sheet</u> #10 – Print a PMI sheet</p>	<p><u>Printers</u> PWOW: winpharm Inpatient: ggg100 Printer by Barb’s office: AAA123 Zebra1 = multi dose item labels Zebra3 = when zebra1 breaks Zebra2 = IV labels</p> <p><u>Activity Log – “AL”</u> Shows history of actions performed on a script & by whom</p>
CMOP	
http://vaww.cmop.med.va.gov/CMOPNationalWebApplication/	
<p><u>Check delivery status</u> Patient profile → pull up med – check last release date “AL” - #8 (All logs) – CMOP event log – c/p TRN – order # into CMOP website **can also use Rx# or Pt’s SSN in CMOP website** Must put in station # (565); find med, click on tracking #</p>	
<p><u>Tracking a Controlled Substance sent from vault/Others sent via UPS</u> Mail processing room – binder with list of tracking numbers</p>	
<p><u>Correcting a medication that wasn’t queued to print/suspended to CMOP</u> Pull up med list, type “CM” and select the drug you want to send/suspend</p>	
<p><u>Cancelling a CMOP Order</u> If status in VistA is (Mail, Transmitted) CMOP is working on the prescription, may be able to cancel Cancel through tracking website Wait 5-10 minutes until status changes to (Mail, Not Dispensed), then change to window and queue to print</p>	
Miscellaneous Key Strokes Within Vista	
<p>LV – Leave Time @ - deletes small amount of text ... - deletes a large amount of text CO = copy order if computer won’t let you renew ^411 – Information on Dr. – Clinic and Pager # ^TB – Tool box – change sig code, etc.</p>	<p>?? – displays options F1 E – gets out of edit ^fee – Fee basis status Enter pt’s name, select pt, check dates to see if fee basis is still active</p>
Vista Mail	
<p>To reply to the “un-able to” messages ^mail, mail main menu, NML; either delete or reply w/ reason for un-able to scan; if you don’t know write “unable to determine”</p>	

Outpatient Survival Guide

Dispensing

Manually Release an Order

Medications that won't scan

-Main Menu, #4 Pharm Menu, #4 Release Medication

RX Number (include letters), Initials

Place white ticket in red box

Mail Outs: Bundle/Rubber band and date, then place in white boxes

"Window" Fill Medication is Out of Stock

Have to send to CMOP to be filled

Patient profile – change routing to mail, verify until the end, "S" to suspend

Pulling a suspended med to mail from here

Patient profile – choose medication

Enter "PP"; Leave as mail, queue like normal, label device = winpharm or AAA123, find drug, give to tech, tell them it's for mail

Script Talk

Script talk process + Hit Suspend will print here and be filled

Check if something has been dispensed via ScriptPro

<30 days: Will call manager tab at bottom, then search function on top right

>30 days: "Data Storage" for scripts

Credit a co-pay

^ reset, "N" – to reset co-pay; "Y" – to cancel charges; (s); ?? to pick reason...

Miscellaneous Order Entry Items/Pending

Determining which clinic has the most pending orders

Login → Division: "565" → Summary report: "Y"

Delete a refill – patient does not want medication refilled

Select medication, select #20, follow prompts, insert @ under refill date

HOLD

Placing an order on HOLD, must process pending order first

Unhold a Medication

Patient profile → "UH" → Written/Service Connection → Comment can be "Pt request"

Check to make sure status is "suspense" if not then pull up and refill it (RF)

If provider has placed the order on hold, then they only can remove it, however a RPh can discontinue the order

Partial Fill **All partials are filled here**

"PR" = partial fill

Select medication, type "PR"

Change fill date (T+1) → fill for 7 day supply → Remarks = CMOP

when doing partials for large orders in PWOW

Remarks = CMOP (pt out, never received, etc.)

May only be done for controls, IF verbal authorization from provider

Pull from Suspense

"PP" = pull from suspense

Can use "PP" in Vista when something is in "Active/Susp" to fill today and pick up

Pulling early will NOT adjust the date for the next refill therefore do NOT use if replacing lost/stolen meds

Controls

Cannot edit sig or increase qty or day supply, may decrease; RFs will automatically adjust

No partials, unless verbal authorization from provider

30 day supply only

May fill 5x's or 6 months

CII's

Place in blue box, do not enter, if brought in for mail

CMOP does not fill, they come from the vault

No refills

Outpatient Survival Guide

CPRS

Terms next to a drug and what it means

- (Mail) = it has been ordered by patient or pharmacy, but hasn't been mailed out yet
Can change this to window in vista if patient wants to pick it up
- (Released) = it has been processed and mailed out, the date next to it is date mailed out
Can only do a partial fill at this point

Vista Web

- Located at the Top Right
- Other medications patient is filling at any other DOD facility

View all medication a patient has received from this VA

- Reports, Clinical Reports, Pharmacy, All Outpatient
- Also pull remove data

Flagging Orders

- Unexpired Med: CPRS → Orders → Highlight Drug → Action Tab → Flag
- Expired Med: CPRS → Orders → View Tab → "Custom Order View" → Completed/Expired
- When a MD doesn't address a flag – can service reject, which the MD will have to sign
Pull up order → DC → Serv rej → put in comment as to why

Non-formulary/Consults

Check if a drug is on formulary or restricted

- Vista – main menu, #14 for drug view, type in drug name
Once you select drug, enter, enter → All info will be displayed

Consults

- Physicians must place a consult for non-formulary medications. Access consults via CPRS → Patient → Consults Tab to determine if approved/denied/pending
- If no consult is placed for a non-formulary medication, **FLAG** the order to the prescriber

Alprazolam – do not process w/o approval

Clopidogrel – okay if prescribed by Cardiology; others = CONSULT

ASA/Butal/Caff (NF) vs. APAP/Butal/Caff (F)

Nutritional Supplements/Boost

- Dietary consult or entry by dietician/nephrology
- May be co-signed by dietician and be approved

Warfarin

- Pharmacy anti-coagulation consult

Niacin

- Slo-Niacin = Sustain Release/Controlled Release (Formulary)
- Niaspan = Extended release
Max: 2g/day
- Niacor = Regular Release
Max: 6g/day

NF meds and alternatives

- Levothyroxine (Levoxyl – Brand) – Synthroid
- Temazepam, Diazepam, Clonazepam = Formulary
- Lorazepam – Restricted to MH/Neuro
- Alprazolam – Restricted to prior approval

Specific Drug Orders

Diabetic Orders

- U500 = 500 units/mL → 20 mL vials; use with TB syringe 0.5 mL
- 100 units/mL → 10 mL vials
- 50 for 90 days if not on insulin
- Flexpens: 5 pens/box = 1500 units

Syringes

- Syringe (1mL/30g/0.5 in.); 90 d supply Qty 100

Large Quantity Orders (Creams, mouthwash, etc.): 25 day supply + add RF

- Hydrocortisone/Aquaphor 1:1 Leave as mail; Qty 454g
- Emla Cream = Lidocaine/Prilocaine

Nasal Sprays

- Flunisolide – Day Supply = 50; 2 bottles for 90 days!
2 sprays in each nostril once daily
- Fluticasone (NF) – Consult or Change to Flunisolide

Nasal Decon/Afrin – Limit to 1 bottle, only use for <3 days

Nebulizers

- Albuterol
Day Supply ex. 2mLs/day x 30 days = 60 mL
Typically given w/ 3 mL vials of saline solution

Magic Mouthwash: Limited to 2 pints/fill

Venlafaxine (SA) Tabs → Caps

Prevacid: Use 15mg capsules instead of 30mg

Polley Clinic

- Avar cleanser (Sulfur/Sulfacetamide) – Sulfacetamide lotion
- Finacea 15% gel (Azelaic Acid) – Benzoyl peroxide, Tretinoin

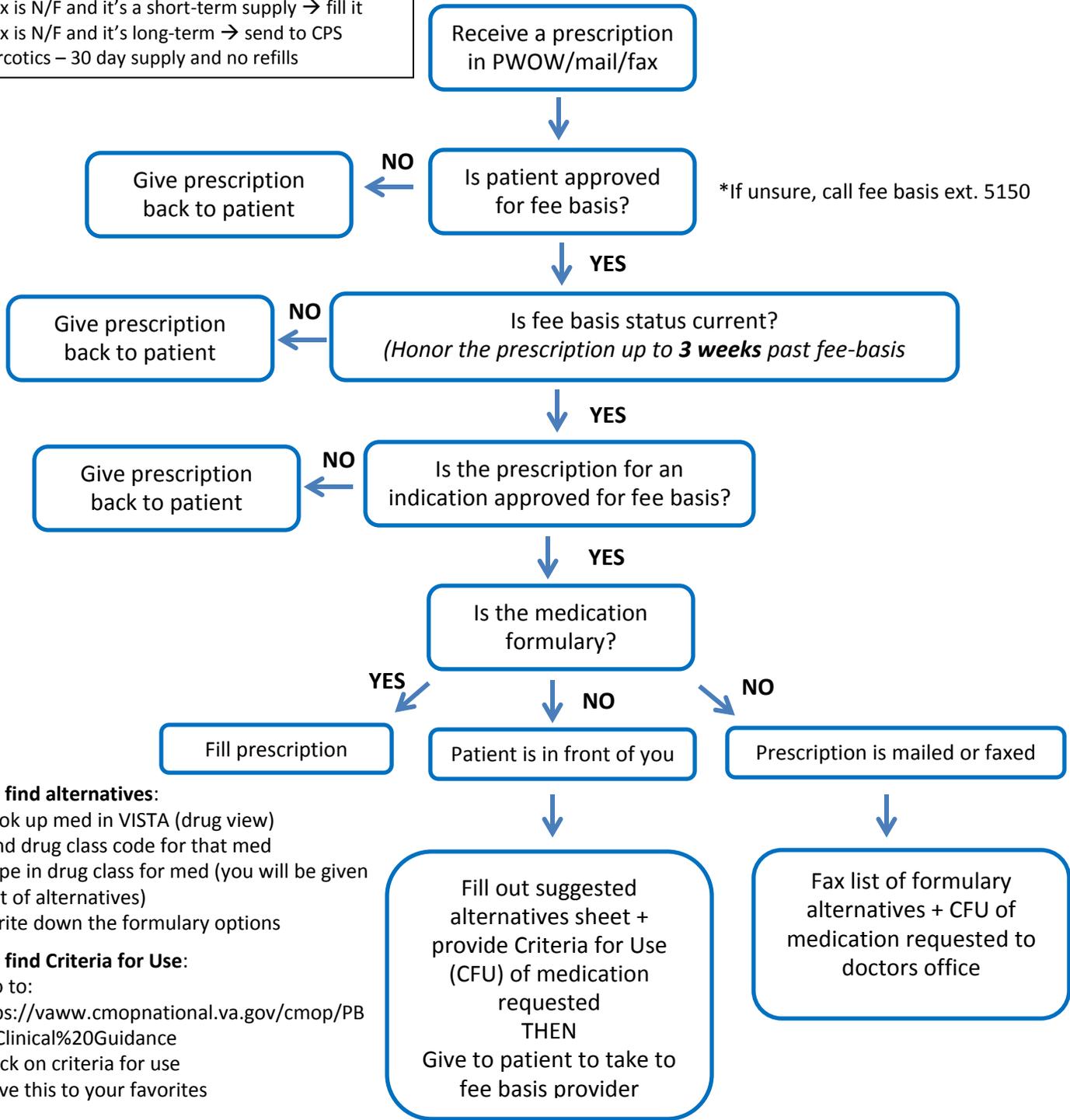
Syringes
3cc/22g/1.5in = Testosterone

0.3 mL/31g/5/16 = Restricted

1 mL/30g/0.5 in = Standard Insulin syringe

Outside ER prescriptions:

1. Look for documentation in computer to see if patient was referred (make a valid effort)
2. Ask why the patient went (is it a valid ER visit?)
3. If Rx is formulary → fill it
If Rx is N/F and it's a short-term supply → fill it
If Rx is N/F and it's long-term → send to CPS
Narcotics – 30 day supply and no refills



***To find alternatives:**

- Look up med in VISTA (drug view)
- Find drug class code for that med
- Type in drug class for med (you will be given a list of alternatives)
- Write down the formulary options

***To find Criteria for Use:**

- Go to:
<https://vaww.cmopnational.va.gov/cmop/PBM/Clinical%20Guidance>
- Click on criteria for use
- Save this to your favorites

- ✚ If prescription is urgent (ex. Antibiotic) try to get it resolved over the phone
- ✚ If fee basis provider does not agree to change to formulary agent, then clinical specialists have 4 days to review N/F requests (if medication is approved, it will be mailed)
- ✚ MUST have a handwritten signature on all CII prescriptions
- ✚ If fee based for:
 - Eye exam – will honor prescriptions for formulary eye meds
 - OBGYN or Oncology – there is some leeway on what can be filled

Date: 2016-2017 PGY-1 Pharmacy Residency

From:

Subject: Orientation

To: Jennifer C Nazarchyk, PharmD, CDE
PGY-1 Pharmacy Residency Program Director

Acknowledgement of Receipt and Review of Residency Manual

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

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

As a representative of the Fayetteville VA Medical Center, I am responsible for the rules and regulations as set forth in this Residency Manual.

Signature

Date