

**Procedure Manual
PGY-2 Ambulatory Care Pharmacy Residency
Fayetteville VAMC, 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, 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,

Stephanie Hopkins, Pharm.D., BCACP
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I. Overview of Residency

Purpose of this PGY2 Ambulatory Care Pharmacy Residency:

The purpose of the Fayetteville VAMC PGY2 Ambulatory Care Residency Program is to prepare pharmacists to be highly qualified independent ambulatory care practitioners within the VA or similar patient care setting. These pharmacists will be prepared to take and pass the BCACP. These pharmacists will be integral members of a multidisciplinary primary care team skilled at educating patients and healthcare professionals, and will be prepared for leadership roles within their practice.

Overview of the Principles of this PGY2 Pharmacy Residency:

Principle 1: The resident will be a pharmacist having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.

Principle 2: This pharmacy residency program provides an exemplary environment conducive to resident learning.

Principle 3: The resident will be committed to attaining the program's educational goals and objectives and will support the Fayetteville VAMC missions and values.

Principle 4: The resident's training program is designed, conducted, and evaluated using a systems-based approach.

Principle 5: The residency program director (RPD) and preceptors are professionally and educationally qualified pharmacists who are committed to providing effective training of residents.

Principle 6: The Fayetteville VAMC meets accreditation standards, regulatory requirements, and other nationally applicable standards and strives to attain sufficient resources to achieve the purposes of the residency program.

Principle 7: The pharmacy and pharmacy services related to the advanced practice of ambulatory care pharmacy are organized effectively and deliver comprehensive, safe, and effective services.

Qualifications of the Resident:

- The applicant must be a US Citizen.
- The applicant must be a graduate of an accredited school of pharmacy.
- The applicant must have completed an accredited PGY1 pharmacy residency program.
- The applicant should be a licensed pharmacist and must provide a copy of license by July 15th.

- 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:
 - Assessment of the applicant's academic performance
 - Letters of recommendation from faculty and employers
 - On-site personal interviews, or telephone interviews as follow-up to an initial interview at the ASHP Midyear Meeting (if applicable)
- 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.

Customized Training Plan:

The generalized residency plan will be customized to address the strengths, weaknesses and interests of the resident. The resident will be evaluated periodically (but at least quarterly) by the residency program director (RPD) using personal observations and comments from the other pharmacist preceptors and/or health care professionals. The training plan will be customized based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests. The Customized Training Plan (CTP) will be reviewed quarterly and updated as needed to meet unaccomplished goals, or modified if one or more of the required educational objectives is performed and judged to indicate full achievement. The resulting CTP will maintain consistency with the program's purpose and outcomes. The CTP and any modifications to it, including the resident's schedule, will be shared with the resident and appropriate preceptors.

Assessment Strategies:

Preceptor Evaluation of Resident

The resident will be evaluated by the learning experience preceptor at the completion of each learning experience using personal observations and comments from the other health care professionals. 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 CTP. The resident's performance will then be reevaluated with the resident every 2 weeks and the PIP/CTP will be modified as needed until the resident's performance is back up to expectations.

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).

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 (but not less than quarterly). 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.

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.

Attendance:

Prompt arrival and attendance is required at all clinics, conferences, meetings, 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.

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.

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 by July 15. See PGY2 Resident Dismissal Procedure/Termination of Residency. (Appendix A)

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 PGY2 Resident Voluntary Withdrawal Procedure. (Appendix B).

PharmAcademic – All residents will utilize PharmAcademic:

PharmAcademic will be utilized to complete the Customized Training Plan, Resident Evaluations, Resident Self-Evaluations, Preceptor/Learning Experience Evaluations, and Custom Evaluations as needed. Copies of completed evaluations will be stored in the electronic residency binder.

Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Program:

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

1. Completion of all goals and objectives
2. Completion of 2080 hours of training
3. Development of a new ambulatory pharmacy service or enhancement of an existing service (Outcome R1, Goal R1.2) including presentation of results in a poster or presentation format (preparation of a manuscript suitable for journal submission is encouraged but may take place following successful completion of the residency).
4. Other specific requirements for successful completion of the residency program are outlined in Appendix F

Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The RPD, in conjunction with the preceptors shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the procedures outlined in the Remediation Policy (see associated policies) should be followed.

The residency program director (RPD) will be responsible for assuring that all of the above are complete before awarding the PGY2 Program graduation certificate to the resident. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion.

Continuous Professional (Preceptor) Development:

Preceptors will individually develop a CPD plan. This will include but is not limited to:

1. Participation in at least ONE resident CE program annually
2. Demonstration of at least 10 hours of annual continuing education that is related to their content area. The hours can be from a live or written accredited program, VA learning opportunities or similar programs that are recognized by a national certification/accreditation body.
3. Preceptors will routinely practice in their training area, demonstrate a desire to train residents, and demonstrate an excellence in teaching skills. Preceptors will pursue the four core areas of education: direct instruction, modeling, coaching, and facilitating.
4. Preceptors are evaluated by the resident on completion of a learning experience. Any deficiencies will be discussed and additional training will be provided as deemed necessary in order to meet the goals and objectives of the learning experience

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.

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.

Resident will submit a monthly report of duty hours worked to the residency program director via PharmAcademic evaluation.

Resident 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.

Staffing:

The resident will be responsible for staffing on the afternoon of the 3rd Monday every month. The staffing component will consist of processing, verifying, distributing, and patient counseling of outpatient prescriptions, including controlled substances.

Program Evaluation and Improvement:

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

Tracking of Graduates:

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

Resident Orientation:

The resident will receive orientation to the VA System, Fayetteville VAMC Pharmacy, and the Ambulatory Care Pharmacy 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.

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 is a time to discuss the resident's progress, any questions the resident may have about their Customized Training 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.

Resident development:

On-site training will be conducted in the following areas. The resident will develop:

Communication and Assessment Skills:

- a. Review of the patient's medication profile and validation of current medications and doses.
- b. Review, understanding and assessment of prior laboratory and clinical findings.
- c. The ability to communicate 'a' and 'b' to the patient/provider and document the findings.
- d. A clear understanding of the medical/pharmaceutical system and the ability to utilize the system to better patient care.
- e. The ability to triage based upon history and major medical problems to the appropriate individuals/resources.

Knowledge of Disease States:

- a. The resident will be knowledgeable in various Ambulatory Care disease states including, but not limited to:
 - i. Diabetes
 - ii. Hyperlipidemia
 - iii. Hypertension
 - iv. Anticoagulation
 - v. Hepatology/Infectious Disease
- b. Medication Reconciliation: The resident will be responsible for assisting in providing medication reconciliation for ambulatory care patients.
- c. The resident will evolve abilities to manage change and resolve patient or provider pharmacy issues as it relates to their practice environment(s).
- d. By providing effective medication management, good pharmaceutical practices and administrative skills the resident will demonstrate the ability to prevent medication errors.
- e. The resident will play an integral role in patient care through interface with interdisciplinary teams and multi-disciplinary practices.
- f. The resident will develop patient and staff education on various topics including compliance, new drugs, formulary and therapeutic issues.

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

Operations:

1. The resident will complete an Entering Interests Form (EIF) prior to starting the residency
2. The resident will have a customized training plan (CTP) developed at the beginning of the residency using the EIF as a guide to achieving the resident's goals
3. The CTP 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)*
 - a. This will include outpatient staffing (1:00pm-5:30pm) once monthly starting once outpatient pharmacy orientation is completed.
 - b. Leave will be according to the Pharmacy Service Leave Policy.

II. Core Experiences in Patient Care

For each of the following disease states, the resident should be able to describe the clinical presentation, pharmacotherapeutic treatments, their alternatives, and monitoring parameters for therapeutic effects and adverse reactions or toxicity:

Disease States

1. Anticoagulation
2. Diabetes
3. Hyperlipidemia
4. Hypertension
5. Hepatitis C
6. HIV

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

Orientation – rotation
Outpatient staffing – longitudinal
PACT – longitudinal
Anticoagulation Clinic - longitudinal
Home Based Primary Care – rotation
Diabetes Clinic – rotation
Hepatology/Infectious Disease – rotation

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

1. Women's Health
2. Oncology
3. Urgent Care/Transitions of Care

III. SUGGESTED Residency Year Assignment Timeline

Timeline by Month

July

1. Orientation
2. BLS/ALS class (if BLS is not active or will expire soon)
3. The resident, in conjunction with his/her director, will identify an MUE project by July 15th.
4. The resident will attend the NCAP Residency Conference
5. Identify article for SR-AHEC Significant Papers CE
6. Register in ACES for Mid-year
7. Entering interest form/Quarter 1 Customized Plan

August

1. Begin data collection for MUE
2. Begin researching options for project

September

1. Continue data collection for MUE
2. Prepare abstract for ASHP Mid-year poster presentation – Deadline is October 1 (see www.ashp.org for details)
3. Identify topic/focus for project

October

1. Continue MUE project
2. The resident will attend the NCAP Residency Showcase
3. Participate in Pharmacy Week activities, including Grand Rounds presentation in conjunction with PGY-1 residents
4. Quarter 2 Customized Plan

November

1. The resident will present at the SR-AHEC Significant Papers CE (month subject to change)
2. Finalize MUE – design poster for printing
3. Begin looking at logistics for project/clinic

December

1. Attend ASHP Mid-year meeting/Residency showcase
2. Present MUE poster at ASHP Mid-year meeting

January

1. Begin project/clinic
2. Quarter 3 Customized Plan

February

1. Next residency class interviews (residents are expected to participate and help with recruitment)
2. Abstract submission for SERC due (deadline is March 1)

March/April

1. Quarter 4 Customized Plan
2. Practice session for SERC

May

1. Attend SouthEastern Residency Conference/UNC-REPS
2. Prepare manuscript for peer-reviewed journal

June

1. Prepare for end of year
2. Prepare PGY2 Ambulatory Care Pharmacy Residency Program CQI assignment
3. Final submission of all required materials for PharmAcademic upload

IV. Schedule

Sample Resident Schedule

Resident Name: Stephanie Ring
Residency: PGY2 Ambulatory Care Pharmacy
Program Dates: 7/01/15 – 6/30/16

Learning Experience Name	Learning Experience Type	Start Date	End Date
PACT Preceptor: Stephanie Hopkins, PharmD	Longitudinal	07/27/15	06/30/16
Diabetes Preceptor: Jennifer Nazarchyk, PharmD	Rotation	09/02/15	11/25/15
Home-Based Primary Care Preceptor: Lindsey Cross, PharmD	Rotation	12/02/15	01/28/16
HepC/HIV Preceptor: Lindsey Cross, PharmD	Rotation	02/03/16	04/29/16
Women's Clinic Preceptor: Lindsey Cross, PharmD/Laurie Reeder, PharmD	Rotation	05/03/16	06/30/16
Cardiovascular Risk Reduction Preceptor: Jennifer Nazarchyk, PharmD	Rotation	03/07/16	06/30/16
Elective Preceptor:	Rotation	__/__/__	__/__/__
Elective Preceptor:	Rotation	__/__/__	__/__/__

V. Appendices

A. Appendix A: Resident Dismissal Procedure/Termination of Residency

PGY2 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:

- Failure to maintain pharmacy licensure.
- Unprofessional or unethical behavior
- Insubordination
- Unsatisfactory attendance
- AWOL Absence
- More than one unsatisfactory evaluation documenting continued failure to meet goals and objectives which may include the following:
 - Failure to perform resident responsibilities at an acceptable level (i.e. pt care activities, readings, presentations, and other activities as specified by their preceptor)
 - Failure to complete activities on time and at the level expected of a resident following documentation
 - Theft of government or personal property
 - Mental impairment caused by substance abuse

Responsibilities:

The resident must present a copy of their license to the Chief of Pharmacy by July 15. 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: _____

B. Appendix B: Voluntary Withdrawal Procedure

PGY2 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: _____

C. Appendix C: Accredited CE presentation

You are responsible for one accredited CE presentation during the course of the residency. You will select a topic, research the topic, prepare PowerPoint slides, identify points you wish to make with each slide, and present the topic. You will be responsible for obtaining accreditation for this presentation. Your presentation will be viewed locally by other residents and interested pharmacy staff and via telecommunication to other pharmacists in the Fayetteville VA health care system.

Important Points:

- Slides should be easy for the audience to read (non-cluttered)
- You will not read from your slides (this is where careful preparation of your presentation, particularly the points you wish to make with each slide is important)
- Allow time for questions and answers – if properly prepared, you should be able to anticipate most questions that may be asked

D. Appendix D: Medication Use Evaluation (MUE):

MUE methods have traditionally involved establishing evidence-based criteria for medication use and applying those criteria retrospectively to determine the degree to which a particular medication was used in discordance with established criteria. Interventions could then be used to improve prescribing based on those data. As electronic medical records have become increasingly important and more widely available, MUE activities have matured from simple paper-based medical record reviews to sophisticated analyses drawing on multiple sources of data regarding medication use. The use of quasiexperimental research methods may provide more meaningful information for quality-improvement purposes (e.g., economic, clinical, and humanistic outcomes of greater relevance than arbitrarily set appropriateness criteria).

MUE can be simply informative (collecting data to guide decision-making) or be used to measure the effect of interventions, such as the addition of a new agent to the formulary or the implementation of a new medication-use policy. MUE activities can focus on any dimension of the medication-use process (from medication acquisition to patient monitoring) that presents an opportunity for improvement. While MUE often focuses on problem-prone, high-risk, or high-cost medications, MUE can be used to examine any aspect of medication use that is problematic to the institution conducting the evaluation.

Specific projects to evaluate medication use can either involve assessing how an individual medication is used or evaluate medication management of a given disease state.

For your assignment you will:

1. Identify the type of MUE you wish to perform:
 - a. Assessment of how an individual medication is used
 - b. Evaluation of management of a given disease state
2. Identify your project:
 - a. Select your drug or disease state and review with preceptor for approval
3. Begin data collection
4. Write up your findings to include:
 - a. Background about the drug or disease state being managed
 - b. Methods used to collect data
 - c. Data analysis
 - d. Results
 - e. Conclusions
 - f. References
5. Present findings in poster form at Mid-Year
6. Present findings in poster/oral presentation to clinical pharmacists or other healthcare professionals that the findings would be applicable for.

E. Appendix E: 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 PGY2 residency or directing an existing residency. ASHP does have guidelines to help you design your residency program, but there is also room for individualization. You are currently part of a new PGY2 residency program. 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:

1. Review ASHP Regulations and Standards for PGY2 Ambulatory Care Pharmacy Residency Program
2. Review resources available to the current PGY2 Ambulatory Care Pharmacy Residency Program
3. Review the current PGY2 Ambulatory Care Pharmacy Residency Program based on ASHP standards, with consideration of available resources and identify areas that can use improvement
4. Based on your experiences, how can the orientation be improved and what could be added to improve the orientation process?
5. Prepare a written plan for improving the current PGY2 Ambulatory Care Pharmacy Residency Program:
 - a. Orientation for new residents
 - b. Changes in existing rotations
 - c. Additional rotations
 - d. Teaching responsibilities (students, PGY1 residents)
 - e. Any other features that could use improvement

F. Appendix F – Graduation Requirements

**REQUIREMENTS FOR COMPLETION OF
PGY2 AMBULATORY CARE RESIDENCY
FAYETTEVILLE VAMC**

Residency Requirement	Date Completed	Notes
MANAGEMENT		
Medication Use Evaluation (MUE) as assigned to include poster presentation		
Contribution to Pharmacy Newsletters (2)		
Drug Information Questions (as assigned/requested)		
Create and maintain an electronic copy of a Residency Binder to record progress. All documents to be saved on the pharmacy shared folder.		
Complete all Evaluations for each rotation on PharmAcademic® in a timely manner.		
LEADERSHIP/TEACHING		
Serve as Chief Resident		
Develop and present a Medical Grand Rounds Presentation (Fall/Spring)		
Lead Pharmacy In-Service including developing topics and drafting handouts (q/month)		
Lead Patient Education Classes (as assigned)		
Develop, implement and lead APPE student/PGY1 resident topic discussions (q/week as assigned)		
Participate in Significant Papers CE at SR-AHEC		
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting		
Participate in recruitment activities as assigned (NCAP, Campbell, Wingate, etc)		
Co-precept APPE student on Ambulatory Care rotation		
P&T Committee – prepare agenda, take minutes, distribute agenda/minutes to committee members		
Staffing in Outpatient pharmacy every month as assigned		
Update and maintain the Pharmacy Service intranet site and the Pharmacy Residency Program internet site as assigned		

Participate in Wellness Activity (Pharmacy Week/Health Fair/Community Service)		
Attend and actively participate in National Pharmacy Journal Club conference calls (as assigned)		
RESIDENCY PROJECT		
Submit Residency Project Abstract to SERC		
Design poster and/or podium presentation for Residency Project		
Present Residency Project at Sandhills Area Residency Group (SARG) Research Symposium (SR-AHEC)		
Present Residency Project at Southeastern Residency Conference		
Complete Manuscript for Residency Project in a publication-ready format		
ORIENTATION		
Facility New Employee Orientation (1 week)		
Attend NCAP Residency Conference (1 day)		
Outpatient Pharmacy Orientation Rotation (3-4 weeks)		
Clinical Orientation Rotation (2-3 weeks)		
Complete all required training for VA employees to include BCLS		
REQUIRED LEARNING EXPERIENCES		
successful completion of learning experiences is determined by the goals, objectives, and activities specified by individual preceptors		
PACT - Primary Care (year-long)		
PACT – Women’s Health (1-2 months)		
PACT – Home-Based Primary Care (2 months)		
Anticoagulation Clinic (year-long)		
Diabetes Clinic (2 months)		
HepC/ID Clinic (2 months)		