

**PHARMACY RESIDENCY
POST GRADUATE YEAR TWO (PGY-2)
PHARMACY OUTCOMES & HEALTHCARE
ANALYTICS**



VA Heartland Network (VISN 15)
Kansas City, Missouri

Accredited by the
American Society of Health-System Pharmacists

**RESIDENCY PROGRAM GUIDE
2017-2018**

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Residency Program Director

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Welcome Statement

VA Heartland Network (VISN 15)
1201 Walnut
Suite #800
Kansas City, MO 64106

June 28, 2015

Welcome to the PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program at the VA Heartland Network! Residency training is distinctive since only about 10-15% of all pharmacy college graduates pursue this career path. An even smaller number of PGY1 residents go on to do a PGY2 program.

The purpose of the PGY2 residency at the VA Heartland Network is to prepare pharmacists for positions that focus on evidence-based therapeutics and analysis and practice applied to small and large populations of patients. While special emphasis is placed on developing residents for VA careers, the residency will encourage each resident to intellectual and personal development and foster the development of lifelong learners committed to advancing the profession of pharmacy. Your preceptors will assist and guide you in getting the greatest benefit from each experience. Goals and objectives will be set; however, I am confident that you will strive to exceed these expectations.

The Outcomes:





1. Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.
2. Optimize patient outcomes through the provision of evidence-based, patient-centered therapy and fostering effective decision support as an integral part of interdisciplinary healthcare teams. Provide medication and practice-related information, education, and/or training
3. Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.
4. Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.
5. Demonstrate the technical skills essential to the role of a pharmacist specializing in pharmacy outcomes and healthcare analytics.
6. Understand a pharmacy benefits management structure and contribute to the organization's formulary management.
7. Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.

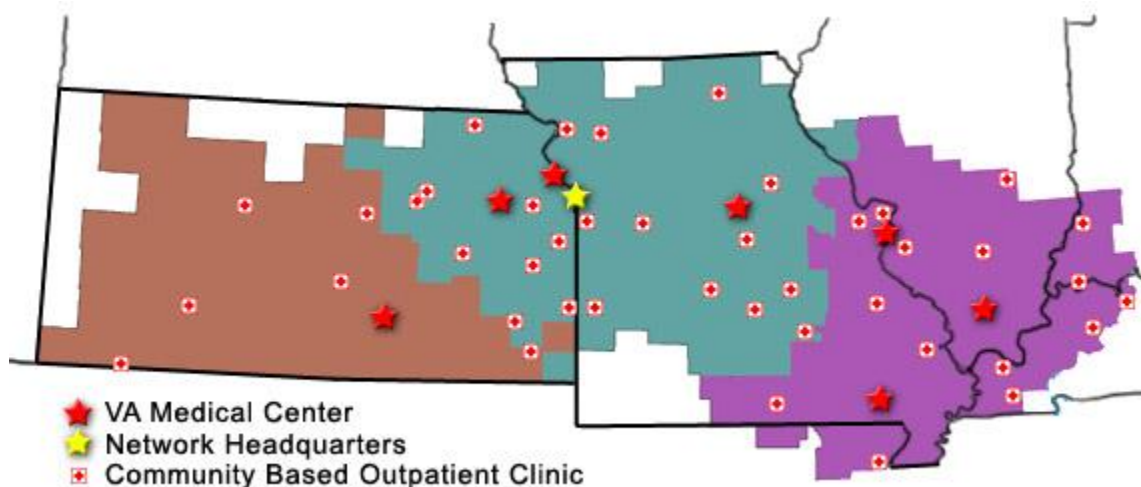
The year as a resident, you should be challenged and busy. I am confident that through teamwork we will all benefit greatly by your residency training. The preceptors are available to assist you in reaching your highest potential. I look forward to working with you, watching your growth, and subsequently seeing your professional career develop as our colleagues.

Sincerely,

Monica G. Schaefer, Pharm.D.
VISN 15 Pharmacoeconomics Program Manager
PGY2 Residency Program Director

Introduction to VISN 15

   
1Petzel_VHA_Vision_ VA Secty Mid Year HPI 3rd Quarter Facts About the
And_Priorities.pptx FY13--draft March 28Report Summary.pptVeterans Health Admi



The VA Heartland Network is the regional unit that directs activities for Veteran Integrated Service Network (VISN) 15. The VA Heartland Network is one of 22 VISNs in the Veterans Health Administration (VHA). It is composed of seven integrated healthcare systems that include 9 medical centers (all provide ambulatory care services), 56 community-based outpatient clinics (CBOCs), 7 long-term care facilities, and numerous specialized services. The VA Heartland Network spans a geographic area of 162,207 square miles across Kansas and Missouri, as well as parts of Illinois, Indiana, Kentucky and Arkansas. VISN 15 provides health care services to over 275,000 Veterans annually and has an annual operating budget of \$2 billion with 11,000 employees. VA Heartland Network is one of the only VA networks in the country to be endorsed by the National Committee for Quality Assurance (NCQA).

The seven VA medical health systems comprising VISN 15 manage a total of seventy-five care sites and links to their internet sites are below. For more information on VISN 15 locations, visit [this site](#).

Saint Louis	VA St. Louis Health Care System
Columbia	Harry S. Truman Memorial
Kansas City	Kansas City VA Medical Center
Eastern Kansas*	VA Eastern Kansas Healthcare System
Leavenworth	Dwight D. Eisenhower Medical Center
Topeka	Colmery-O'Neil VA Medical Center

Wichita	Robert J. Dole VA Medical Center
Marion	Marion VA Medical Center
Poplar Bluff	John J. Pershing VA Medical Center

**The Topeka and Leavenworth VA Medical Centers together form the VA Eastern Kansas Health Care Network*

The major academic affiliations for VISN 15 are the University of Kansas (medical and pharmacy), University of Missouri-Kansas City (pharmacy), University of Missouri – Columbia (medical and pharmacy), and St. Louis College of Pharmacy. A number of students, interns, and residents from ancillary services and other academic affiliations also receive training within VISN 15.

Pharmacy Students:

VISN 15 Pharmacy Services are affiliated with a number of colleges of pharmacy, including University of Kansas, University of Missouri (Kansas City and Columbia campuses), St. Louis College of Pharmacy, Southern Illinois University Edwardsville, Creighton, Drake, University of Nebraska, and Hardin University. All VISN 15 Pharmacy Services and the VISN 15 Network Office host IPPE and APPE students, approximately 75 yearly amongst them. The VISN 15 Network Office and KCVAMC affiliation agreements exist between the VA and University of Kansas and University of Missouri-Kansas City. Approximately 10 advanced practice clerkships (APPE) students rotate at the VISN 15 office site per year.

Pharmacy Residency Programs:

There are nine ASHP Accredited Pharmacy Practice (PGY1) residency positions seated within three VISN 15 healthcare systems (Eastern Kansas, Kansas City, and St. Louis). Five PGY2 programs are also offered at these sites; Internal Medicine (2 positions – St. Louis), Ambulatory Care/Rural Health (1 position – Kansas City), Infectious Diseases (1 position – Kansas City), and Pharmacy Outcomes and Healthcare Analytics (1 position – VISN Office/Kansas City).

The mission of the VA Heartland Network (VISN 15) is to honor America’s Veterans by providing exceptional health care that improves their health and well-being. The vision is to be a patient-centered integrated health care organization for Veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies. Our core values reflect the fundamental characteristics of all the Network activities:

Trust • Excellence • Respect • Compassion • Commitment

VISN 15 employees are permitted to work at any of the nine VISN 15 major medical centers. Total VISN staff includes almost 60 individuals. The VISN Pharmacy Benefits Management (PBM) Group is headquartered at the VA Heartland Network Business Office in Kansas City, Missouri.

The VISN 15 PBM is led and managed by the VISN 15 Pharmacy Executive (VPE) (a professionally competent, legally qualified pharmacist) and is an integral part of the health-care delivery system throughout VISN 15. The VISN 15 Pharmacoeconomics (PE) Program Manager (also a professionally competent, legally qualified pharmacist) works alongside the VPE to implement the activities and programs of the PBM. The resident will work primarily with the VPE and the PE Program Manager. The PBM and all sub-pharmacies are in compliance with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice and provide leadership/participation with other professionals throughout VISN 15. The pharmacists who make up the PBM staff are essential members of a number of interdisciplinary teams and regularly participate in development of treatment protocols, critical pathways, order sets, measures/metrics, and other systems approaches to improve patient care.

Additional Information regarding VHA's Strategic Plan can be found at:

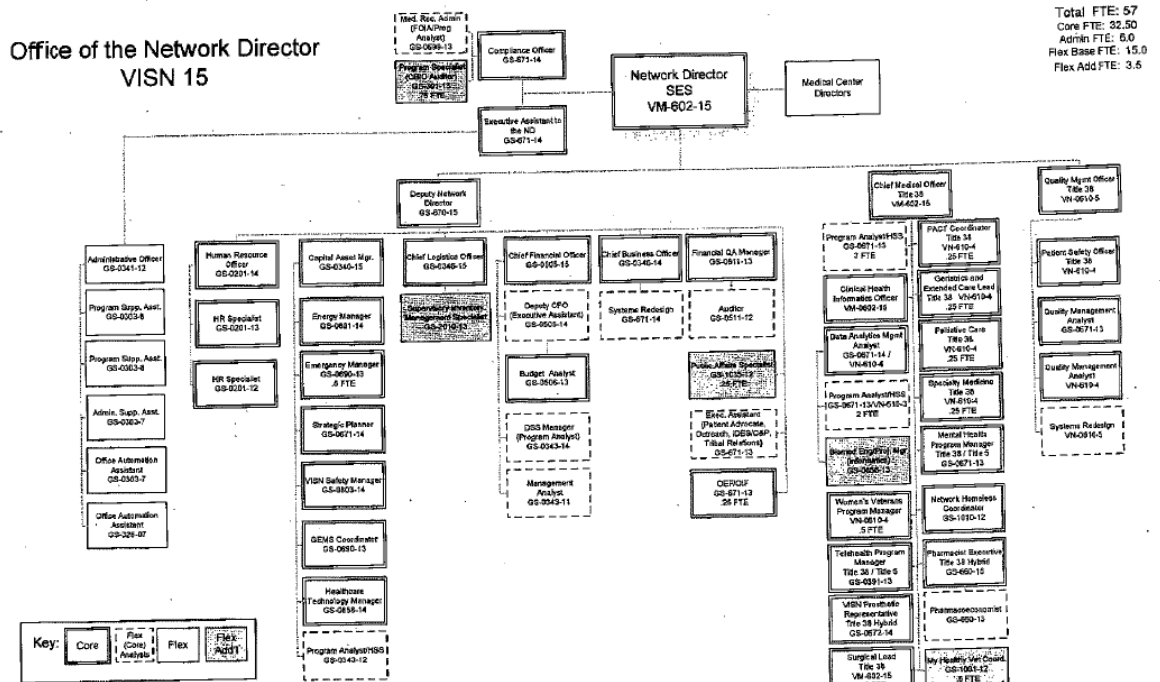
[VA Strategic Plan 2014-2020](#)

[Blueprint for Excellence](#)

VISN 15 Organizational Structure



VISN 15 Org
Chart_2_14_13.pdf



Total FTE: 57
Core FTE: 32.50
Admin FTE: 0.0
Flex Base FTE: 15.0
Flex Add FTE: 3.5

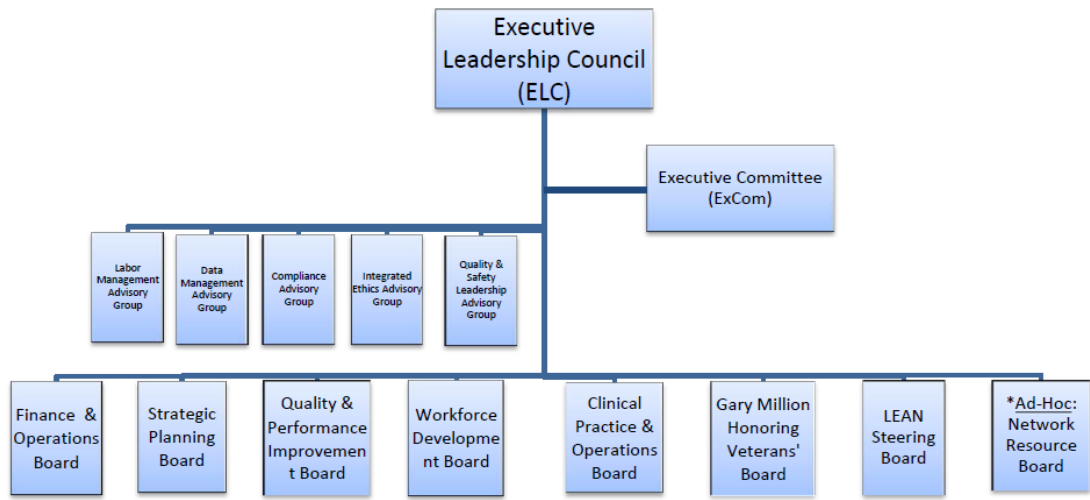
William P. Patterson
William P. Patterson, MD, MSS
Director, VA Heartland Network
VISN 15

William Schoenhard 1-31-13
William Schoenhard, FACHE
Deputy Under Secretary for Health for
Operations and Management

Robert L. Jesse
Robert L. Jesse, PhD., M.D.
Principal Deputy Under Secretary for
Health

Robert A. Petzel 2/14/2013
Robert A. Petzel, M.D.
Under Secretary for Health
Date

VISN 15 Governance and Oversight Structure



VA Heartland Network - Governance Structure Committees and Community of Practices (COP)

Council:

	Executive Leadership Council (ELC)
1	Executive Committee (ExCom)
2	Choice Steering Committee

Boards:

	Finance & Operations Board	Strategic Planning Board	Quality Practice & Improvement Board	Workforce Development Board	Clinical Practice & Operations Board	Gary Million Honoring Veterans' Board	LEAN Steering Board	ADHOC: Network Resource Board
1	Financial Integrity committee	Capital Asset Committee	Patient Safety Committee	Employee Education Committee	Clinical Data Systems Committee	n/a	n/a	
2	Business Development/Revenue Committee		Telephone Care Advisory group	Diversity Committee	Clinical Information Systems/Anesthesia Record Keeping (CIS/ARK) Committee			
3	Non-VA Care Committee			Occupational Health Committee	Geriatrics & Extended Care Committee			
4	Business Contract Committee			Human Resource Committee	Health Promotion Disease Prevention Committee			
5	Veterans Equitable Resource Allocation/Decision Support Service (VERADSS) Committee			Voluntary Service Committee	Laboratory Committee			
6	Emergency Management Committee			Employee Satisfaction Committee	Mental Health Committee			
7	Safety & Health Executive Leadership Committee				Pharmacy & Therapeutics (P&T) Committee			
8	Health Information Management Service (HIMS) Committee				Virtual Health Committee			
9	Real-Time Location System (RTLS) Steering Committee				Women's Health Committee			

Advisory Groups:

	Quality & Safety Leadership Advisory Group	Data Management Advisory Group	Labor Management Advisory Group	Integrated Ethics Advisory Group	Compliance & Business Integrity Advisory Group
1	Water Safety Committee	n/a		n/a	n/a
2	Sterile Processing Service (SPS) Committee				

VISN 15 PBM Staff and Residency Advisory Board (RAB)

Paul Walker, RPh, MS (PBM Staff)

VISN 15 Pharmacist Executive
VA Heartland Network, Kansas City, MO

Monica Schaefer, Pharm.D (PBM Staff)

VISN 15 Pharmacoeconomics Program Manager
VA Heartland Network, Kansas City, MO

Patrick Spoutz, Pharm.D.

Clinical Pharmacy Specialist - Pain Management
Kansas City VA Medical Center, Kansas City, MO

Mark Patterson, Ph.D., M.P.H.

Assistant Professor of Pharmacy Practice and Administration
University of Missouri-Kansas City School of Pharmacy

VA Heartland Network 15 PBM Scope of Services

- Monitor and trend pharmaceutical utilization, costs, and workload at network facilities.
- Review national contracts and determine projected economic and clinical impact within network.
- Provide oversight of the total network drug and CMOP budget.
- Serve on the National Formulary Committee and make decisions on the structure and content of the National Formulary. Provide input on national drug reviews, monographs and criteria for use.
- Serve as advisor to VACO for development of PBM policy.
- Pharmacy lead on all aspects of facility pharmacy operations within the network.
- Standardize processes and policies between network facilities as well as at the VISN office.
- Facilitate the spread of best practices throughout the network.
- Develop, implement and monitor success of formulary utilization management programs (i.e. therapeutic interchange, prior authorization, step therapy, quantity management, formulary exception processes, etc.) for use in the network.
- Develop, implement and monitor strategies that support national and network cost savings initiatives.
- Analyze and trend non-formulary drug utilization in the network.
- Monitor and trend adverse drug events throughout the network.
- Develop, implement and monitor population health management programs for high-risk populations.

- Develop and implement advanced electronic databases and clinical reporting tools.
- Develop and implement of predictive modeling tools that support clinical-decision making.
- Develop, implement and monitor consumer-engagement initiatives that support high quality preventive health and disease management programs.

VISN 15 Residency Advisory Board (RAB) Responsibilities

The Pharmacy Residency Committee, chaired by the RPD and composed of residency preceptors, is established for these goals:

1. To assure that each resident meets the goals and objectives of the pharmacy practice residency over the course of the year.
2. To assess and improve the residency program, including the program manual, required activities and elective offerings, and preceptor development plan.
3. To assure that the residency surpasses the standards as set by the ASHP and the Department of Veterans Affairs.
4. To foster the resident's professional and personal growth.
5. To assure a balance between clinical activities/learning and administrative/staffing is maintained throughout the residency year.

The Board will meet at least quarterly to review quarterly reports, rotation evaluations, project proposals, and evaluate overall resident project progression including making recommendations for the resident's customized plans. Residents are asked to meet with the residency board quarterly to review their evaluations, as well as discuss the residents' progress, areas for improvement, project, career goals and feedback about the residency program. The Board will also approve/disapprove the chosen electives for each resident.

Board members take an active role in the professional development of the residents.

Residents are expected to take an active role in meeting their program goals and assessing their rotations.

PGY-2 Pharmacy Residency General Information

Pharmacy Outcomes and Healthcare Analytics

VISN 15 Pharmacy Benefits Management (PBM)

Mission and Vision Statements

VISN 15 Mission

“Honor America's Veterans by providing exceptional health care that improves their health and well-being.”

VISN 15 Vision:

“The Healthcare System Veterans Trust & Choose”

VA Heartland Network 15 PBM

Mission:

“To improve the quality and provision of healthcare to veterans by leveraging best practice outcomes, health analytics, and optimal use of medications.”

Vision:

- *We will build and enhance relationships and collaborations with all members of the healthcare team.*
- *We will control costs to the best of our ability while maximizing the value of medications for our veterans.*
- *We will utilize the most evidence-based biomedical literature to improve veteran outcomes.*
- *We will promote quality measures and metrics to hold ourselves accountable for the care we provide.*
- *We will advance the use of innovative data technologies to ensure safe and optimal care is being consistently provided to our veterans.*

Program Vision and Purpose

Healthcare evidence integration and data analytics are evolving areas within the healthcare industry. As the prevalence of electronic health records, integration of health systems, and emphasis on business intelligence increases as well as the need to monitor health outcomes, the demand for clinically competent healthcare pharmacy benefits managers and data analysts will become greater. The VA Heartland Network (VISN 15) PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program will help to meet this demand through its innovative approach to training and education. This PGY2 program is designed to develop accountability, practice patterns, habits, and expert knowledge, skills attitudes and abilities to meet the needs of this advanced area of pharmacy practice.

The purpose of the VA Heartland Network (VISN 15) PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program is to develop clinically proficient pharmacy benefits managers who will improve the quality and outcomes of patient care services through the integration of evidence-based medicine, formulary management, outcomes analysis, and process improvement. The resident will gain advanced skills in information technology, informatics,

and data analysis to ensure success in pharmacy benefits management in integrated health systems. While special emphasis is placed on developing residents for VA careers, the residency will encourage each resident's intellectual and personal development and foster the development of lifelong learners committed to advancing the profession of pharmacy.

The PGY2 residency in pharmacy outcomes and healthcare analytics builds upon PGY1 residency graduates' patient-care competence, clinical foundation, and overall knowledge of pharmacy operations to prepare residents to assume high level, multifaceted careers in a variety of healthcare settings. The residency promotes the integration of evidence-based medicine, outcomes measurement, and process improvement with information technology, informatics, and data analysis to inform decisions surrounding pharmaceutical products and services. Throughout the program, residents will develop proficiency in applied pharmacoeconomics, data analytics, and population level health improvement. Residents enjoy frequent collaboration with staff VISN-wide, such as pharmacoeconomic pharmacists, clinical program coordinators, clinical pharmacy specialists, PACT teams, and specialty providers who provide evidence-based care to our veterans. They will assist in establishing multi-facility metrics/monitors and will lead, facilitate, and collaborate with active taskforces, committees, and regional health care teams comprised of interdisciplinary experts.

Graduates of this program will achieve mastery in population health, application of best evidence, and pharmacy informatics, enabling them to apply robust methodologies to optimize quality and outcomes within government or private health care systems and pharmacy benefits management organizations. They will be adept in the language and concepts of information technology and programming (e.g. SQL), software programs (e.g. Microsoft Office Suite, SharePoint, Microsoft SQL Server, Microsoft SQL Server Report Builder, Pyramid Analytics) and applied pharmacoeconomic principles, while also possessing enhanced leadership and managerial skills. The graduate will be fully capable of creating pharmacoeconomic proposals, searching data warehouses to create reports and dashboard tools, managing formularies and developing and applying drug use criteria to populations.

Upon completion of the residency graduates are prepared for a practice position in a multitude of healthcare environments. They are prepared to practice as a pharmacy benefit manager for a single pharmacy department, healthcare network, or national program, assume a role in a sub-specialty of pharmacy informatics, and design and conduct pharmacy outcomes research. Graduates from similar VA programs have entered careers in pharmacy benefits management, informatics, technical decision support design, outcomes research, and health policy legislation within both government and private managed care health systems and PBMs.

Program Outcomes

Educational Outcomes:

1. Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.
2. Optimize patient outcomes through the provision of evidence-based, patient-centered therapy and fostering effective decision support as an integral part of interdisciplinary

- healthcare teams. Provide medication and practice-related information, education, and/or training.
3. Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.
 4. Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.
 5. Demonstrate the technical skills essential to the role of a pharmacist specializing in pharmacy outcomes and healthcare analytics.
 6. Understand a pharmacy benefits management structure and contribute to the organization's formulary management.
 7. Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.

Qualifications of the Resident

Pharmacist Licensure

All pharmacy residents are expected to possess full, current, and unrestricted licensure to practice pharmacy in a State, Territory, or Commonwealth of the United States (i.e. Puerto Rico), or the District of Columbia. Residents must have a pharmacy license in good standing in any state at the time of application to the program or will be disqualified from the application process. Failure to maintain licensure during the residency program will result in immediate dismissal from the residency program. Extenuating circumstances will be considered on a case-by-case basis by the Residency Program Director.

Additional Qualifications and Application

1. Residents must be a graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP). Verification of approved degree programs may be obtained from the American Council on Pharmaceutical Education, 311 West Superior Street, Suite 512, Chicago, Illinois 60610, Phone (312) 664-3575
2. Completion of a first-year pharmacy practice residency or an equivalent experience approved by ASHP, 3 years of clinical experience minimum, is required to be considered for this PGY-2 program. Applicants must either be in the process of completing, or have completed a first-year pharmacy practice residency or an equivalent experience approved by ASHP prior to application to the residency program.
3. Each applicant must enroll in the ASHP Resident Matching Program through the online application process known as ([PhORCAS](#)) or partake in the Early Commitment process ([Appendix I](#)) in order to be considered for a resident position. Residents and the program will participate in and adhere to the rules of the Resident Matching Program (RMP) process.
 - a. Applications are typically due in early January and interviews are conducted late January and throughout February.

- b. Residency applicant qualifications will be evaluated by the residency program director (RPD) through an established, formal procedure that includes an assessment of the applicant's clinical knowledge and critical thinking skills, as well as an assessment of baseline knowledge relevant to the Pharmacy Outcomes and Healthcare Analytics residency. In addition, the ability to achieve the educational goals and objectives for the PGY-2 selected for the program will be evaluated.
 - c. The criteria for assessment and acceptance is provided to all preceptors by the RPD and are assessed during the interview process. On-site interviews are preferred, however, remote interviews may be considered.
 - d. The formal, criteria-based process to evaluate and rank program applicants is in place ([Appendix II](#))
 - e. The RPD will provide residents with a letter outlining their acceptance to the program and terms and conditions of the appointment will be provided by Human Resources staff. ([Attachment F](#)) Documentation of resident acceptance will be on file prior to the beginning of the residency year.
4. More information can be found at the KCVAMC [residency website](#).

Obligations of the Program to the Resident

Program Description

This residency is a 12 month program designed to meet the standards set forth by the ASHP for Post-Graduate Year Two Residencies (PGY-2) and meets the [ASHP Regulations on Accreditation of Pharmacy Residencies](#). Completion of the residency leads to a Certificate of Residency. The role of the pharmacy resident is to develop into clinically competent pharmacists capable of managing small and large populations of patients, primarily through longitudinal experiences in data management, pharmacoconomics, and health outcomes. The PGY2 resident provides specialized support to promote the evidence-based medicine, outcomes measurement, and process improvement with information technology, informatics, and data analysis to inform decisions surrounding pharmaceutical products and services. Residents are under the general supervision of the residency director, and under the preceptorship of the residency director and other assigned personnel. Under such oversight, the resident will develop proficiency in applied pharmacoconomics, data analytics, and population level health improvement. Residents enjoy frequent collaboration with staff VISN-wide, including pharmaco-economic pharmacists, clinical program coordinators, clinical pharmacy specialists, PACT teams, and specialty providers who provide evidence-based care to our veterans. They will assist in establishing multi-facility metrics/monitors and will lead, facilitate, and collaborate with active taskforces, committees, and regional health care teams comprised of interdisciplinary experts, and perform clinical research.

The program is accredited by AHSP. The PGY-2 resident will work with clinicians, interdisciplinary teams, and patients throughout VISN 15. The primary location for the residency is the VISN 15 network business office located in downtown Kansas City, MO. The medical center and pharmacy affiliated with the program (KCVAMC) is accredited by Joint Commission and the affiliated pharmacy schools are accredited by ACPE. The management and professional staff of both the KCVAMC and VISN 15 PBM are committed to seeking excellence in patient care, have demonstrated substantial compliance with professionally developed and nationally applied practice and operational standards, and have sufficient resources to achieve the educational goals and objectives selected for the residency program.

Minimum Qualifications of the Program Director and Preceptors

1. Residency Program Directory (RPD)

- Must be a licensed pharmacist with demonstrated expertise in Pharmacy Outcomes and Healthcare Analytics.
- Must have completed an ASHP-accredited PGY-2 residency in a relevant advanced practice area followed by a minimum of 3 years of practice or experience equivalent in this area. Alternatively, the RPD may have an equivalent experience (5+ years relevant experience) with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY-2 area in this residency.
- Have board certification in a relevant specialty, if applicable
- Maintain active practice in the pharmacy outcomes/healthcare analytics practice area
- Maintain a sustained record of contribution and commitment to pharmacy practice

- Have documented evidence of their own ability and interest to teach effectively (i.e. through resident evaluations)
- Have demonstrated ability to direct and manage a pharmacy residency, through previous involvement in an ASHP-accredited program, management experience, or previous academic experience as a course coordinator.

2. *Preceptors*

- Must be a licensed pharmacist and have completed an ASHP-accredited PGY-2 residency followed by a minimum of one year of pharmacy practice in a relevant area. Alternatively, preceptors without a PGY-2 residency must demonstrate mastery of knowledge, skills, attitudes, and abilities expected of one who completed a PGY-2 in this area.
- Must have training and experience in pharmacy outcomes and analytics (or other relevant area in the case of elective rotations) and maintain a continuity of practice in this area and be practicing within it during resident training
- Must have a record of contribution and commitment to pharmacy practice as per ASHP Preceptor Qualification Guidelines.
- Must demonstrate a desire and aptitude for teaching that includes mastery of the four preceptor roles fulfilled during clinical problem solving (instructing, modeling, coaching, facilitating)
- Must demonstrate an ability to provide criteria-based feedback and evaluation of resident performance and pursue refinement of their teaching skills.
- If non-pharmacist preceptors are utilized, a pharmacist preceptor works closely with the non-pharmacist preceptor to select educational goals and objectives for the learning experience and participates actively in the criteria-based evaluation of the resident's performance.

Continuous Professional (Preceptor) Development

Preceptors will individually develop a CPD plan. Information about the program's preceptor development plan can be found in the [Preceptor Manual](#).

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. 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) ([Appendix III](#)) assessment in the final month of the rotation. The purpose is to identify specific areas of the residency that may be improved and to continuously re-evaluate the educational outcomes, goals, and objectives evaluated throughout the residency to ensure they are up-to-date and consistent with resident experiences. The program aims to utilize the available learning experience to facilitate achievement of the program's educational goals and objectives. The educational outcomes, welfare

of the resident, and the welfare of patients are to be in no way compromised by excessive reliance on residents to fulfill service obligations. The program will also provide sufficient professional and technical staff complement to ensure that appropriate supervision and preceptor guidance is available to all residents. However, the program encourages regular feedback from residents if they feel the program is deficient in any of these areas. Additionally, the PBM Staff/RAB will meet and self-assess on a regular basis to ensure these goals are being met.

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. Periodically, former residents will be requested to complete an [ASHP Preceptor Form](#).

Meeting with the Residency Program Director

Each resident is welcome at any time to discuss issues with Dr. Schaefer. These can be individual or group discussions. It is best to schedule a time via Outlook to arrange these meetings. However, if a need arises to discuss a topic regarding the residency, the resident should not hesitate to come into the RPD office for a discussion. Dr. Schaefer will involve the PGY2 residents in every aspect of her position as VISN 15 Pharmacoeconomics Program Manager by invitation to participate in activities of her daily and weekly meeting and project schedule. As a result, PGY2 residents will have daily contact with the RPD in this program.

Customized Training Plan

The generalized residency plan will be customized to address the strengths, weaknesses and interests of the resident. The training plan will be customized based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests. The Customized Training Plan (CTP) will be reviewed quarterly and updated as needed to meet unaccomplished goals, or modified if one or more of the required educational objectives is performed and judged to indicate full achievement. The resulting CTP will maintain consistency with the program's purpose and outcomes and will not interfere with the achievement of the program's stated educational goals and objectives. The CTP and any modifications to it, including the residents' schedule, will be shared with the resident and appropriate preceptors. The CTP will contain documented, individualized sets of educational outcomes, goals, and objectives that are derived from the program's documented outcomes, goals, and objectives (as well as remedial actions). Additional program outcomes, goals, or objectives will reflect the site's strengths.

Benefits

General: Parking, office space, and office keys are furnished. Computers are available for use by the resident in the pharmacy resident's office at the VISN 15 network business office. Use of online resources is available on the intranet. Preceptors will provide education and any necessary passwords to use these resources. The resident will also have free access to the building's gym during weekday hours.

Pay: Residents are paid at the rate of \$44,522 per year. The resident's stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ACGME guidelines for duty hours must be

observed (see “Duty Hours”). No additional compensation is available, though dual appointment opportunities may be available through the KCVAMC pharmacy as funding and need allow. Funding for travel and related meeting expenses are reimbursed for the one required national meeting, as VHA funding allows.

Attendance: The residency is a full-time temporary appointment of 12 months in duration. The resident is expected to complete 2080 hours (40 hours per week) and to perform activities related to the residency as necessary to meet the goals and objectives of the program. The resident will be scheduled for rotations and staffing assignments and is expected in the location as scheduled. Additional hours are expected to complete assignments and projects in a timely manner. When the resident will not be onsite during normal duty hours, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off-site during regular working hours. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding. For more information see [Appendix IV: Extended Leave of Absence.](#) Residents cannot be on Annual Leave on the last day of their residency. Residents will be paid at the end of the residency for any annual leave that you have not used.

Annual Leave: is earned at the rate of 4 hours every two weeks. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., job interview) and emergency purposes (e.g., auto repair). It may be used only after it has been earned and approved by the supervisor. Annual leave must be requested as far as possible in advance, via the VISTA computer system. An email request should also be sent to the residency program director. Scheduled leave must be approved by the Residency Program Director (RPD) and direct supervisor. Approval of the preceptor (if applicable) should be obtained prior to submitting leave request to the Residency Director. The resident should consider what impact the use of leave has on their educational experience before scheduling.

Authorized Absence: (AA, leave with pay) is granted when you are conducting VA related activities at a location other than the Medical Center. Professional meetings and training seminars are two examples that require authorized absence. Authorized absences must be requested in advance, preferably 2 weeks, by completing a computerized leave request.

Sick Leave: is earned at the rate of 4 hours every two weeks and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. Sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled tour of duty, but in any event, not later than 2 hours thereafter. It is the resident’s responsibility to directly notify the Residency Program Director and immediate preceptor of their rotational area of the absence (voice messages are not acceptable). Upon returning to work, a computerized request must be completed for approval by the VISN Pharmacy Executive. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If your request for sick leave exceeds the amount of earned sick

leave hours, annual leave will be used. “Leave without pay” (LWOP) is only granted at administrative discretion by the VISN Pharmacy Executive. In the event of LWOP status, VACO PBM will be notified and extension will be reviewed on a case by case basis and discussed with Office of Academic Affairs for approval. If approved, funding will be adjusted by OAA to accommodate the extended leave of the absence and extension of residency end date.

Emergencies: Personal emergencies/accidents during tour of duty should be reported to the RPD and current preceptor, if applicable, as soon as possible so that appropriate action can be taken.

Inclement Weather: The office’s inclement weather policy is that **all personnel are required to report to work in the event of inclement weather. There may be a small allowance for travel delays due to severe weather; notify your RPD if this might be the case and enter appropriate leave upon arrival to work.** Telework may also be approved on a case by case basis. If you are entirely unable to report for duty due to weather conditions, you will be charged the appropriate amount of annual leave.

Holidays: Residents are not scheduled to work on the paid federal holidays.

Requirements to Receive Residency Certificate

It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear whether or not objectives are being met. Some individuals may require remedial actions. If remedial actions taken by the resident are insufficient the residency certificate will not be issued. This determination will be made jointly by the resident, Residency Program Director, Residency Advisory Board, and the Chief of Pharmacy (if applicable).

- Satisfactory completion of all rotations and required activities. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director
- Completion of 2080 hours of training (hours include approved time off)
- Compliance with all institutional and departmental policies
- Achieve proficiency in all required critical objectives (see Appendix XIV, page 162) as evidenced by rating of ‘Achieved’ by a preceptor at the end of the residency
- Achieve ‘Satisfactory Progress’ rating by a preceptor on all non-critical required objectives at the end of the residency
- Completion of all assignments and projects as defined by the preceptors and RPD
- Completion of a residency project with a **draft manuscript submitted in the journal format of choice to the Residency Program Director** by the last day of residency.
- Attend at least one national meeting (must be pharmacy-related) as approved by the RPD
- Participate in recruiting activities for the residency

- Contribute to optimal patient care and achieve the mission and goals of VISN15, the VISN 15 PBM and the KCVAMC Pharmacy Service

The residency certificate will indicate the program's ASHP accreditation status, according to the provisions of the [*ASHP Regulations on Accreditation of Pharmacy Residencies*](#), and will be signed by the RPD and CEO of the organization.

Obligations of the Resident to the Program

Obligations

- The residency is a full-time obligation
- The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.
- The resident's primary professional commitment must be to the residency program.
- The resident shall be committed to the values and mission of the training organization.
- The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors.

Dress Code

In brief, the dress code requires that residents dress in an appropriate manner. Typically, this entails professional attire & footwear during normal duty hours Monday-Friday, 8:00 a.m. – 4:30 p.m. (however, on Fridays allowance for business casual attire and jeans is made). During some rotations and residency events, additional professional wear may be necessary. Any specific problems with attire will be discussed with the Residency Advisory Board and/or the Residency Program Director. Lab coats will also be optionally provided during residency training, particularly if the resident has interest in actively participating in patient care activities (during elective rotations, etc.) If borrowed, these coats are to be returned at the completion of training.

Tour of Duty

Tour of duty for all residents is 8:00 a.m. to 4:30 p.m. (or other schedule as agreed upon with RPD), Monday through Friday, primarily at the VISN 15 network business office. Some rotations may require a change in tour and location. This 8.5 hour tour of duty additionally allows for a 30 minute lunch break. The RPD and time keeper must be informed of all changes in tours of duty prior to the change being made.

Duty hours are defined as all clinical, managed care, and academic activities related to the program; i.e., patient care, administrative duties, the provision for transfer of patient care, time spent in-house during call activities, time spent working on analytics/population management or pharmacoeconomic activities, and scheduled events, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty Hours and Outside Employment During Residency Program

The residency program is an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements. A residency is a full-time obligation and the resident's primary professional commitment must be to the residency program. The resident must manage his/her activities external to the residency so as not to interfere with the program. Moonlighting is permitted but it is strongly recommended that those hours be limited to no more than 12 hours per week averaged over a 4-week period. Should the resident elect to gain outside employment, it can only occur during non-residency hours. It cannot occur during other required attendances, such as the Midwest Residents Conference. The resident is responsible for notifying the Residency Program Director if he/she is moonlighting

and to report hours worked on a monthly basis using the customized reporting form in PharmAcademic.

The ASHP Pharmacy Specific Duty Hours,

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx> , are to be followed at all times

- *Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting*
- *Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks)*
- *Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods*
- *Continuous duty periods of residents should not exceed 16 hours.*

If the resident, preceptors, or Residency Program Director finds that the resident's judgment is impaired or they are unable to meet the requirements of the PGY-2 program, individual adjustments to permitted moonlighting hours may be made.

Source: [Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies](#).

Professional Practice and Development

Pharmacy residents are representatives of the VISN 15 PBM at all times. It is important that high standards of professional conduct are upheld at all times, including professional meetings.

Professional development of residents is enhanced through membership and participation in local and national organizations. Membership in the American Society of Health-system Pharmacists (ASHP) is required. Residents are encouraged to become active members of the American Society of Health-system Pharmacists (ASHP), Academy of Managed Care Pharmacists (AMCP), and/or a local Pharmacy Society. Residents are **required** to attend one state or regional pharmacy organization meeting (i.e. Western States Residency Conference) and one national pharmacy organization meeting (i.e. ASHP Midyear Meeting).

Activities of the residents must be coordinated with the preceptors in order that appropriate and adequate pharmaceutical care is provided. Residents are not expected to practice independently from the pharmacists. Utilizing the knowledge, skills, and abilities of the preceptors to become more proficient at pharmacy practice is critical to development. Communication with preceptors, pharmacists, technicians, and other miscellaneous VISN staff is additionally important to resolve various problems that will arise throughout the residency year. If the resident cannot solve a specific problem via routine channels, the relevant preceptor or supervisor should be contacted, including calling a preceptor at home. Residents can assist the Pharmacy Section by inquiring if the way things are done can be improved. Challenging the staff is an important contribution to our constantly ongoing improvement process.

Confidentiality

Development of professional ethics and awareness of a patient's need for confidential and private counseling are important components of clinical education. Residents will receive training on HIPAA guidelines. It is their responsibility to never mention patients by name at inappropriate times or discuss patients with team members in areas where information may be overheard (ex. while in stairwells or on elevators). Paperwork containing patient or employee personal information must be placed in appropriate containers for shredding. Emails containing patient information will be sent using encryption and only to parties permitted to receive this information. It is critical that all employees do not leave a computer terminal open for access by other individuals. If residents find themselves in a position where patient confidentiality may be compromised, they should remove themselves from the situation.

The U.S. Government computer system is for official use only. The files on this system include federal records that contain sensitive information. All activities on this system may be monitored to measure network performance and resource utilization; to detect unauthorized access to or misuse of the system or individual files and utilities on the system including personal use; and to protect the operational integrity of the system. Use of this system constitutes your consent to such monitoring. Misuse of or unauthorized access to this system may result in criminal prosecution and disciplinary, adverse, or other appropriate action.

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 Pharmacy Service Manager will have the authority to make the final decision.

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.

Residency Disciplinary Actions and Dismissal Policy

It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, abuse of annual and/or sick leave, violating VISN 15 or VA policies and procedures, patient abuse, violating ethics or laws of pharmacy practice, and failure to maintain pharmacy licensure. The following sequence of disciplinary actions is outlined:

- 1. For minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the RPD.*

2. *Residents can be given a formal written warning of failure to meet the requirements of the residency along with actions necessary to remedy the situation for repeated/severe incidents.*
3. *If the resident continues to exhibit unacceptable professional behavior or is continuing to have substandard performance the resident may be restricted from certain activities or additional assignments can be given as corrective action. The RPD can alter work or rotation assignments after discussion with the preceptor and Residency Advisory Committee.*
4. *If a resident is late to work the resident may be considered absent without leave and will be charged leave without pay.*
5. *Repetitive or serious breaches of professional conduct will be documented in writing and forwarded to the VPE if the RPD determines dismissal is an appropriate action. The VPE will decide whether dismissal is necessary after reviewing the situation with the resident, Residency Advisory Board, and RPD. If dismissal is necessary the proper VA process will be initiated.*
6. *Written documentation of disciplinary actions will include date discussed, issue and actions required and will be placed in the Resident's file.*

Termination Policy

A PGY2 Pharmacy resident may be terminated at the discretion of the VPE and Residency Program Director for failure to meet the program objectives and requirements as outlined in the PGY2 Residency Manual.

ASHP Accreditation Standards

The ASHP standards for the Pharmacy Practice Residency Program are important for understanding because they are our contract with each resident. The areas and functions in which residents will have involvement are described in the accreditation standards. The supporting guidelines, technical bulletins, and statements for the best practice involving a required aspect of training are available online at www.ASHP.org

To ensure training efficiency and effectiveness, the program will use a systems-based approach to training design, delivery and evaluation. It is important to continuously assess individual practice skills, particularly in relation to these ASHP Accreditation Standards for Postgraduate Year Two (PGY2) Pharmacy Residency Programs and the [ASHP Regulations on Accreditation of Pharmacy Residencies](#). Provided below is a link to the generalized PGY2 residency standards as well as to standards for relevant specialized residencies that have been provided by ASHP. As the VISN 15 Pharmacy Outcomes and Healthcare Analytics program is a unique residency, there is currently not an official guide to the standards, goals, outcomes, and experiences offered through this program on the ASHP website. However, we have created a document ([Appendix V](#)) that provides a comprehensive list of outcomes and instructional objectives specific to the Pharmacy Outcomes and Healthcare Analytics residency. Additionally, the links directly below provide a list of general ASHP Accreditation Standards and PGY2 Goals and Objectives for Advanced Areas of Practice from which our goals/objectives were adapted. These, in combination with our drafted document will assist with the Continuous Quality Improvement (CQI) ([Appendix III](#)) that is completed in the last month of the residency year.

General PGY-2 ASHP Residency Standards (see Accreditation Standards: PGY2 Residency)
http://www.ashp.org/s_ashp/docs/files/RTP_PGY2AccredStandard.pdf

ASHP Accreditation Standards for Specialized PGY2 Residency in an Advanced Area of Practice
http://www.ashp.org/DocLibrary/Accreditation/RTP_ObjPGY2AdvanceGoalObj.doc

Residency Learning System
<http://www.ashp.org/DocLibrary/Accreditation/Residency-Learning-System/RTP-RLSDecisionProcessDiagram.aspx>

Resident's Guide to the RLS
<http://www.ashp.org/DocLibrary/Accreditation/ResidentsGuidetotheRLS.aspx>

Presentations and Activities

In order for the resident to attain competency in the levels of practice as required by the pharmacy practice standards, residents will complete the following:

Assigned Projects/Presentations

A schedule of assigned presentations will be provided during the orientation month of July. Any deviations from this schedule must be approved by the Residency Program Director. The resident will also be expected to present various projects, proposals, etc. as they come up throughout the year.

Examples:



Lecture-Nirali's
Version-Final.ppt



ACA2010Comparativ
eEffectiveness2014.p

Optional Presentations

If the schedule allows and there is sufficient resident interest, the PGY-2 residents may opt into participating in a Journal Club experience. PGY2 Residents may opt to participate in the monthly VA National Journal Clubs, may be invited to participate in presentation of a national journal club or may optionally present at VISN 15 facility meetings.

Examples of Journal Clubs presented nationally by VA PGY2 residents:



2012-2013
Enzalutamide Nat Jou



2011-2012 Nat
JournalClub Risperido

Required Meetings and Activities

A list of required meetings will be provided during the orientation month of July. Any absences from those meetings will need to be pre-arranged by the Residency Program Director. In addition, any Learning Experience specific required meetings/activities will be outlined in the Learning Experience Descriptor. Any absences will need to be pre-arranged by the assigned preceptor.

Example List of Required Meetings and Assignments:

- VISN 15 P&T Meetings (*4th Wednesday/month (approximately 8/year)*)
 - Resident assists in taking minutes for these meetings and contribute to agenda items
- VPE VACO Monthly Call (*4th Monday/Month*)
- Assigned VISN 15 Taskforce Meetings
 - Residents assist in taking minutes for these meetings, as assigned
 - Assist in the agenda creation, running the meetings, and providing EBM/technical support, as assigned
 - Current Taskforces:

- Opioid Safety Academic Detailing
- URI Antimicrobial Stewardship Academic Detailing Workgroup
- Psychopharmacology Initiative
- Formulary Management Workgroup
- Clinical Pharmacy Practice Workgroup
- Weekly VISN 15 Staff Meetings (*Mondays at 9:00am*)
- Monthly VISN 15 Clinical Meetings
- Assigned PharmAcademic evaluations as well as initial and quarterly self-evaluations
- Midwest Residency Conference Practice Presentations, as assigned
- Understanding Designs for Clinical Research Course
<http://blog.methodistcollege.edu/course-description/>
- Healthcare Analytics Certificate Program <http://blog.methodistcollege.edu/course-description/>

Example List of Optional Meetings and Assignments:

Via Conference Call/Live Meeting

- Optional Task Forces
- Weekly PBM Pharmacy Education Programs
- Monthly Pharmacoeconomic National Conferences (HERC etc.)
- VISN 15 SQL Support Group (9:00am *Every Tuesday*)
- National Clinical Pharmacy Call – (*3rd Wednesday/Month*)
- National Pharmacy Chiefs Call (monthly)
- VA ADERs Quarterly Call

Scheduled Events

Each Resident should start an Individual Calendar of Scheduled Events (Usually kept on Outlook). Please see Orientation Checklist, Rotation Schedule, and Rotation Descriptions for required meetings, presentations, and timelines to plot necessary information on the calendar.

Residency Structure and Rotations

Orientation

Orientation will occur throughout the month of July and will include orientation to the KCVAMC medical center, VISN 15 network business office, an introduction to the residency/RLS/PharmAcademic system, computer training, and other miscellaneous mandatory training (organization, etc.). Residents will be oriented to the program including the purpose, applicable accreditation regulations and standards, designated learning experiences, and the evaluation strategy and policy. The RPD will perform this orientation according to a schedule provided to the residents in advance. The staff will also be oriented to the residency program as necessary. Additionally, preceptors will be responsible for orienting their residents to their assigned learning experiences including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies. An orientation checklist of activities and set-up will be completed during the orientation month (see [Appendix XII](#)).

Core Rotation Experiences

The residents are scheduled for experiences throughout the year in order to allow for learning in various areas. Most of the learning experiences during this PGY-2 residency are longitudinal in structure. Any changes to this schedule need to be in agreement with all preceptors involved, the Residency Board, and/or the Residency Program Director.

The core rotations will be in the areas of:

- [Data Management and Analytics](#)
- [Pharmacoeconomics and Formulary Management](#)
- [Pharmacy Practice Foundation, Service, and Policy Development](#)
- [Clinical Research Project](#)
- [Population Management](#)
- Academic Detailing

Elective Experiences

Each resident will have opportunities for one elective experience. Elective experiences are specifically intended to tailor the residency experience to the resident's needs, goals, and interests. It is possible to elect to work in one area for additional time to gain more confidence and skills. Electives may be completed at another hospital or health care facility as long as there is agreement with each facility involved. The experience at another facility must be one that has a commitment to education and the preceptor will evaluate assigned goals and objectives. Despite the nature of this program, if a resident is interested in an alternative area (ex. direct patient care), this can be reasonably arranged. ***The resident is responsible for arranging all electives with the preceptor and the RPD.*** It is recommended that this be accomplished as early as possible in the residency year to facilitate planning of all involved. Electives may be selected from well-established pharmaceutical care areas or developed for unconventional areas. Any of

the core areas may be selected as an advanced elective rotation. Other opportunities include, but are not limited to:

Academics

Applied Pharmacoeconomics

Community Based Outpatient

Specialty Pharmacy

Example Rotation Schedule and Preceptors

The resident's rotation schedule is available to view in PharmAcademic under the Resident Master Schedule Report Option.

Resident	Learning Experience	Start Date	End Date	Preceptors
Resident Name	Orientation	06/29/2016	07/31/2017	Dr. Monica G. Schaefer
Resident Name	Pharmacy Foundation, Service and Policy	06/29/2016	06/24/2017	Paul R. Walker
Resident Name	Population Management	08/03/2016	06/24/2017	Dr. Matt Minnick/Dr. Rachel Walker
Resident Name	Clinical Research Project	08/03/2016	06/24/2017	Dr. Mark Patterson, Dr. Monica G. Schaefer
Resident Name	Data Management and Analytics	08/03/2016	06/24/2017	Dr. Monica G. Schaefer/Dr. Patrick Spoutz
Resident Name	Pharmacoeconomics, Health Outcomes, and Formulary Management	08/03/2016	06/24/2017	Dr. Monica G. Schaefer
Resident Name	Academic Detailing	02/01/2017	04/30/2017	Dr. Rachel Walker Dr. Matt Minnick
Resident Name	Elective – TBD (4-6 weeks)	TBD	TBD	TBD

Outcomes/Goals Linked to Learning Experiences for PGY-2 Pharmacy Residency

ASHP has assisted PGY-2 Advanced Pharmacy Practice Residency programs by developing a generic set of goals and objectives. The goals and objectives are separated into required and elective. All required goals and objectives must be taught and formally evaluated at least once in the residency. The program will identify if any additional elective goals and objectives will be evaluated. These outcomes/goals are listed earlier in the Residency Manual, and the full Outcomes, Goals, and Objectives document can be found in [Appendix V](#). The Goals and Objectives form the basis for feedback and evaluation.

A table with the full mapping of Outcomes, Goals, and Objectives and the rotations where objectives are taught or taught plus evaluated is available in PharmAcademic under the Goals and Objectives Taught/Taught and Evaluated in Learning Experiences report in PharmAcademic. Residency teams assign their choice of educational goals and objectives to the learning experiences in which they will be taught and decide in which of these learning experiences each goal will be evaluated. The goals can be taught and evaluated once or multiple times. T stands for Taught and TE stands for taught and evaluated. [Appendix XVIII](#) provides the same table with the preceptor evaluating the experience included as well as a basic evaluation schedule.

Learning Experience Descriptions

Data Management and Analytics

Updated 8/24/2015

Brief Learning Experience Descriptor:

Overall, the resident will learn and apply a variety of data skills from Excel analytics, database extraction, and on to final product development such as creation and maintenance of electronic dashboards and reports. Knowledge and applied use of query languages will be taught and developed for interacting with relational databases. Resident will become proficient in advanced Excel functions, including, but not limited to writing functions with various commands and creating pivot tables to analyze data. The resident will also learn to work proficiently in business intelligence (BI) platforms (ProClarity and Pyramid Analytics). The resident upon graduation from the program will have an overall understanding of the VA health data repository enterprise architecture data warehouse structure applied to VISN 15. This will include specialized knowledge of use of BI platforms, collaborative development environments, digital report development and maintenance, and formulating, executing, and revising plans and coding procedures for database searches using SQL.

The rotation is divided into 3 blocks that build conceptually and in complexity throughout the rotation:

Block 1: Database Architecture, Training, and Functions (August, September, October)

Block 2: Database Querying and Analysis (November, December, January, February)

Block 3: Technical Development and Deployment (March, April, May, June)

Preceptors:

Name	Title	Email	Phone
Monica Schaefer, Pharm.D.	VISN 15 PBM Data Manager	Monica.Schaefer@va.gov	816-701-3066

Goals and Associated Objectives formally taught and evaluated during this experience:

<i>Outcome R2: Manage and improve the medication-use process</i>		
Goal R2.3: Prioritize development of analytic tools that improve and assist clinicians in patient care.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R2.3.1 (Evaluation) Appropriately prioritize development of analytic tools based on potential for improvement of patient care if given limited time and multiple responsibilities.	<i>Explain factors to consider when determining priority for patient-care improvement projects: Apply to plan for deadlines related to URI campaign development, OSI dashboard tool revisions, performance measure report, psychopharmacology dashboard validation, Hep C dashboard enhancement, etc.</i>	1

	<i>Explain how the complexity or severity of patient problems may mandate urgency of tool development and reordering of current priorities. Balance development of the various dashboard and clinical support technical tools.</i>	<i>1</i>
Goal R2.4: Assure that all patient-specific, medication-specific, and evidence-based pharmacotherapy information required to support effective medication-related decisions is readily available in a useful format to members of interdisciplinary, patient-centered teams.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ 2.4.1 (Synthesis) Effectively present the benefits of functionally integrated evidence-based and other knowledge resources, analysis tools, and medication information systems.	<i>Demonstrate utilization of analysis tools to members of interdisciplinary teams who will be using them in their daily practice. Academic detailing on VISN 15 OSI Dashboard and URI Dashboard to VISN provider. Demonstrate Sharepoint features to P&T, PBM workgroup members.</i>	<i>1</i>
Goal R2.5: Guard the confidentiality and security of health data stored in the health care organization's database.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R2.5.1 (Comprehension) Explain the organization's regulatory policies for maintaining security of patient information.	<i>HIPAA, Privacy, and Security Training</i> <i>Demonstrate knowledge of protections used to protect information within the data warehouse, within dashboards and reports, and research data from those not authorized to access them. Gain access to VINCI research workspace and perform research project development and analysis there, work through DART request and access to VINCI project database, as applicable.</i>	<i>1</i> <i>1</i>
OBJ R2.5.2 (Synthesis) Collaborate with information technology and other professionals to assess analysis tool security and patient protections for conformance with accepted standards including access control, data security, data encryption, HIPAA privacy regulations, and ethical and legal issues.	<i>Explain accepted criteria for system security. Complete training on Sharepoint permissions and demonstrate knowledge of various types of Sharepoint users and the access to sites they have based on user categories. Manage SP site(s) permissions and requests for access for one or more SP sites. Explain securities for dashboards and reports containing PHI.</i>	<i>1</i>
Outcome R3: Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.		
Goal R3.1: Establish oneself as an expert for data retrieval, medication information, and outcomes-related resources within the organization.		
Objective	Related Activity/Instructional Objectives	Block Evaluated

<p>OBJ R3.1.1 (Synthesis) Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.</p>	<p><i>Identify opportunities for the pharmacy outcomes and healthcare analytic specialist to earn credibility with members of the various interdisciplinary taskforces. Provide technical and analytic support to OSI, URI, Formulary Management, Psychopharmacology, and other workgroups as needed.</i></p> <p><i>Identify opportunities for the specialist to earn credibility within the PBM and various providers within the organization. Provide technical and analytic support to VISN 15 P&T, Strategic Planning, and Formulary Management workgroups as needed.</i></p>	<p>2</p> <p>2</p>
<p>OBJ R3.1.2 (Synthesis) Fulfill requests for provider-requested data, reports, usage/cost information, or outcomes in an accurate and efficient manner.</p>	<p><i>Perform data extracts and provide aesthetically pleasing, user-friendly reports using VISN data warehouse, PBM data cubes, VSSC, and other databases to support the data needs of individual providers, committees, and workgroups.</i></p>	<p>1</p>
<p>OBJ R3.1.3 (Comprehension) Answer questions and troubleshoot issues from users of the organization's analysis tools, criteria, cost, or policies and procedures.</p>	<p><i>Respond to end user questions regarding data validity, data definitions, data integrity, and assist in troubleshooting access for individuals or groups.</i></p> <p><i>Serve as point of contact for VISN 15 Pharmacy Academic Detailing dashboard users</i></p>	<p>2</p> <p>2</p>
<p>Goal R3.2: Contribute pharmacist perspective and expertise regarding the development, implementation, utilization, and revision of outcomes measures and metrics, and analysis tools in interactions with information technology staff, PBM staff, clinicians and end users.</p>		
<p>Objective</p>	<p>Related Activity/Instructional Objectives</p>	<p>Block Evaluated</p>
<p>OBJ R3.2.1 (Application) Participate in the development of project timelines, financial projections, and outcomes measurement</p>	<p><i>Participate in strategic planning timelines development to meet specified goals, with each action or step outlined within the timeline. Identify metrics to measure baseline and progress toward defined goals during strategic planning phase. Provide reports on progress to strategic planning workgroups and committees at specified time points and as needed during implementation phase.</i></p>	<p>2</p>
<p>OBJ R3.2.2 (Synthesis) When presented with a non-standard problem, apply lateral (out-of-box) thinking to its solution</p>	<p><i>Troubleshoot dashboards/reports with error in the code</i></p>	<p>2</p>
<p>Outcome R5: Demonstrate the technical skills essential to the role of a pharmacist specializing in pharmacy outcomes and healthcare analytics.</p>		
<p>Goal R5.1: Demonstrate a working knowledge of available technology for prescribing, order processing, distribution/dispensing, monitoring, safe and efficient administration, administration documentation</p>		
<p>Objective</p>	<p>Related Activity/Instructional Objectives</p>	
<p>OBJ R5.1.1 (Comprehension) Demonstrate a working knowledge of available technology for prescribing, order</p>	<p><i>Explain the VA's medication order, verification, and dispensing process from beginning to end and the data pieces captured along the way. Explain the types of medication safety alerts and prompts and where</i></p>	<p>1</p>

processing, distribution/dispensing, monitoring, safe and efficient administration, administration documentation.	<i>technical edits can be made to promote safer use of medications. Complete VISTA/CPRS pharmacy training on Moodle, if non-VA PGY1 experience.</i>	
Goal R5.2: Demonstrate and apply understanding of basic analytics principles, standards, and best practices.		
Objective	Related Activity/Instructional Objectives	
OBJ R5.2.1 (Application) Utilize best practice strategies to maximize code performance.	<p><i>Explain the need for efficient programming. Apply "best practices" when writing queries. Complete series 104 and 204 SQL training by Richard Pham to gain this knowledge for application.</i></p> <p><i>Review CDW folder about writing efficient queries here- https://vaww.dwh.cdw.portal.va.gov/Support/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fSupport%2fShared%20Documents%2fBest%20Practices&FolderCTID=0x01200024C7F6A54FE9A544A8EA73A3E31C68B3 and apply those skills to queries consistently.</i></p> <p><i>Explain the function of indexes in SQL programming and the proper utilization of clustered indexes. Use index fields to improve code efficiency</i></p> <p><i>Demonstrate the ability to reorganizing queries to improve performance.</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>2</p>
OBJ R5.2.2 (Comprehension) Express understanding of the functions and purposes of SQL Server, Reporting Services, Visual Studio, ProClarity, MS Office Programs, SharePoint, and Performance Point from the perspective of a pharmacist working in outcomes and healthcare analytics	<p><i>Explain the advantages of dashboards and reports. Explain advantages of performing analysis in one program vs. another. Explain benefits and limits of using Microsoft Office products and Sharepoint for group project work.</i></p> <p><i>Describe best practices to effectively design dashboards and report tools</i></p>	<p>1</p> <p>3</p>
OBJ R5.2.3 (Evaluation) Exercise proficiency in the use of databases and data analysis software to successfully construct reports and dashboards	<p><i>Explain the concept of dimensional modeling.</i></p> <p><i>Explain how the design of the data warehouse facilitates decision making.</i></p> <p><i>Complete Transact-SQL basic training (VA Richard Pham videos)</i></p> <p><i>Explain the difference between transactional and analytic database design.</i></p> <p><i>Explain how to develop analysis tools that are sufficiently detailed to support desired user goals.</i></p> <p><i>Evaluate the effectiveness, utilization, and quality of the tools requested by providers within the organization.</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>2</p> <p>2</p> <p>1</p> <p>2</p>

	<p><i>Explain the principles and uses of databases in the management of large volumes of data.</i></p> <p><i>Draw upon appropriate databases to answer posed questions</i></p> <p><i>Perform statistical analyses for the purpose of evaluating the data.</i></p> <p><i>Draw accurate conclusions regarding significance of information</i></p>	<p>3</p> <p>3</p>
<p>OBJ R5.2.4 (Comprehension) Explain the concept of data warehousing and its uses in clinical and operational decision-making.</p>	<p><i>While completing SQL basic training, discuss and demonstrate understanding of how built reports and queries will help decision makers such as P&T Committees, workgroups, leadership, and providers and patents make patient centered decisions or facilitate shared decision making.</i></p> <p><i>Complete Transact-SQL basic training.</i></p>	<p>1</p> <p>1</p>
<p>OBJ R5.2.5 (Synthesis) Apply an understanding of evidence-based medication therapy management to contribute to the establishment of process and outcomes measurements that would be used to manage and evaluate the implementation and success of a disease management and/or medication therapy management program.</p>	<p><i>Explain the concept of process measurements. Gain understanding through completion of White and Yellow Belt Training.</i></p> <p><i>Explain the concept of outcomes measurements. Gain understanding through completion of White and Yellow Belt Training.</i></p> <p><i>Apply understanding of process measurements through the design of a new program/project, outlining the process measures for the project ahead of implementation.</i></p> <p><i>Apply understanding of process measurements through the design of a new program/project, outlining the outcomes measures for the project ahead of implementation.</i></p>	<p>2</p> <p>2</p> <p>2</p> <p>2</p>

Communication:

- Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
- E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication, including formative evaluation of work. This is appropriate for routine, non-urgent questions and problems.
- Lync: Available for questions, comments as needed throughout the workday
- Office extension: Available for questions, comments as needed throughout the workday

Preceptor interaction: The preceptor(s) for this rotation will use modalities including: direct instruction, modeling or practical skills, coaching, and facilitating based on the needs of the resident. He/she will be responsible for providing continuous feedback to the resident regarding their performance and completing a final summative evaluation.

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident

Block 1: Resident to complete training on various software applications, including Excel pivot tables, Sharepoint, SQL (basic and advanced), Pyramid Analytics, and become familiar with processes for data access, including VINCI. The resident will understand and be able to explain various database concepts including relational databases, efficient programming, data warehouse architecture and permissions, indexing, data security methods and purpose, and clinical decision support through technology. Resident will be able to write basic efficient queries of the level of those demonstrated in SQL 104, build prescription utilization dashboards in Pyramid, and manipulate existing reports for analyses, and manage a Sharepoint site. Preceptor to assign online training courses and work one-on-one with resident while building first several queries and analyses, modeling/demonstrating application of the programs. The resident will progress over the first half to being able to independently perform data queries and analyses, with preceptor reviewing and providing input on modifications or additional analytic concepts for incorporation as the resident gains more skill and independence.

Block 2: The resident becomes more independent and assumes active role as data management expert in the organization, providing data extraction and analytics services to network customers (pharmaco-economists, formulary managers, clinical teams, service line chiefs, and network leadership). Preceptor attends meetings or discussions when data or analysis requested, coaching the resident on how to inquire and customize product to the customer's needs. Preceptor coaches resident to take on more responsibilities as point of contact for new analytics projects, offering troubleshooting assistance on more complex queries.

Block 3: The resident will work on existing and new projects, using his/her best practices and becoming fully independent from the preceptor. Throughout the projects, the resident will evaluate data and implement appropriate interventions. Preceptor will facilitate when necessary.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the

objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Evaluation process:

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	Quarterly
Summative Self-evaluation	Resident	Quarterly
Preceptor, Learning Experience Evaluations	Resident	Quarterly

Schedule:

Extended Learning Experience divided into three sections:

Block 1: Database Architecture, Training, and Functions

Block 2: Database Querying and Analysis

Block 3: Technical Development and Deployment

- Assignments made on a daily/weekly basis by preceptor

Designated Meetings/Responsibilities:

VISN 15 PBM Staff Meeting (*Mondays at 9:00am*)

SQL Support Group (*Tuesdays 9:00am, please attend at least 2 meetings per month*)

SQL Training (*Dates TBD*)

Taskforce Meetings (*As assigned*)

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- SQL Training Series:
<http://vaww.infoshare.va.gov/sites/vapharmacyinformatics/WIKI/SQL/Home.aspx>

- Excel Pivot Tables training
- [SQL Training Exercises](#)
- Queries involving basic SQL coding
- Conduct data queries using Pyramid Analytics BI Tool
- Use analysis tools and interpret results effectively
- Perform validation of data using SQL, Pyramid Analytics, CPRS and Dashboard tools
- Prepare data for presentation using Microsoft Excel, Power Point, or similar programs
- Create and/or modify VISN15 SharePoint sites
- Develop data elements in dashboard tool or other end-user products
- Actively participate in new product development and design

Assigned Readings/Discussion topics:

[Insights From Advanced Analytics At The Veterans Health Administration](#)

[Jason Brimhall et al. SQL Server 2012 T-SQL Recipes. Apress.](#)

[Kathi Kellenberger. Beginning T-SQL 2012, Apress Publications](#)

[Jan Harrington. SQL Clearly Explained. Morgan Kaufmann](#)

[Fundamentals of CDW](#)

[Metadata Table Spreadsheet \(Samantha Wright\)](#)

[CDW Best Practices](#)

[Writing Efficient Queries \(Power Point\)](#)

[CDW Guide: Query Best Practices](#)

[TOAD Development Suite for SQL](#) (optional)

[TOAD Tips & Tricks](#)

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Pharmacoeconomics and Health Outcomes

Updated 08/2017

Brief Learning Experience Descriptor:

This is a required longitudinal learning experience that begins after orientation and continues throughout the year. The VISN 15 Pharmacoeconomics Program Manager will serve as the preceptor for this learning experience. The resident will develop skills, values and abilities in the practical application of pharmacoeconomic principles to the VA healthcare environment and in research design and methodologies to assess pharmaceutical-related economic, clinical, and humanistic health outcomes. The resident will also develop the knowledge, skills, values and abilities necessary to assist in creating and maintaining Drug Use Criteria/Criteria for Use, improving procurement, contract compliance, and inventory control activities to achieve maximum savings and data accuracy. Several standing committees and many practitioners are involved with the work of developing, modifying, and maintaining the VA National Formulary. In addition, the VISNs are responsible for adherence to Drug Use Criteria and Criteria for Use developed nationally and locally. The VISN PBM supports many aspects of the programs designed to support this system. The resident will be exposed to the concepts of managed care systems through their involvement in all aspects of VISN formulary management. Overall, the resident will better understand the complete cycle of drug procurement from national formulary decisions, to pharmaceutical contract negotiations, to ordering pharmaceuticals at various distribution points. In addition, the resident will gain the necessary knowledge and experience in revenue generation to better understand the legislation, regulation and policies concerning the prescription benefit within the Veterans Health Care Administration. The resident will focus on developing initiatives to address population health management gaps in care and solutions to fill gaps with interventions by clinical pharmacy specialists. The resident will be assigned tasks and will work with a variety of VISN employees in diverse areas to accomplish tasks for this learning experience. Outcome projects will be developed and assigned by the preceptor at the direction of committees, task forces, informal groups and will involve independent and group learning experiences.

The rotation is divided into 3 blocks that build conceptually and in complexity throughout the rotation:

Block 1: Interpreting Literature, Managed Care Concepts, Public Speaking (August, September, October)

Block 2: Workgroup Facilitation/Leadership, Scientific writing, Design Outcome Measures, (November, December, January, February)

Block 3: Interpret Outcomes, Transforming Practice through EBM (March, April, May, June)

Preceptors:

Name	Title	Email
Monica Schaefer, Pharm.D.	VISN 15 Pharmacoeconomics	Monica.Schaefer@va.gov

	Program Manager	
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Goals and Associated Objectives formally taught and evaluated during this experience:

Goal R3.3: Critically evaluate and employ advanced analysis skills to relevant biomedical literature in preparing analysis tools, drug information responses, pharmacoeconomic proposals, and drug use criteria.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R3.3.1 (Evaluation) Determine if the study design and methodology are appropriate to accomplish the objectives of a piece of biomedical literature.	<i>Critically evaluate a piece of literature and its application to a particular drug utilization issue, such as when evaluating strategies for cost savings initiatives and developing drug use criteria</i>	1
OBJ R3.3.2 (Evaluation) Accurately interpret statistical information presented in a piece of biomedical literature.	<i>Interpret and explain advanced statistical methods used in a piece of literature used to address a particular drug utilization issue such as when evaluating strategies for cost savings initiatives, developing drug use criteria, etc.</i>	1
	<i>Determine instances in which a study conclusion is erroneously supported by data display.</i>	1
OBJ R3.3.3 (Analysis) Identify potential sources of bias in a piece of biomedical literature.	<i>Identify potential sources of bias in a piece of biomedical literature used to address a particular drug utilization issue such as when evaluating strategies for cost savings initiatives, developing drug use criteria, developing key messages for academic detailing, etc.</i>	1
OBJ R3.3.4 (Evaluation) Determine the internal and external validity of a piece of biomedical literature and if a study's results have applicability for hypothesizing future research or for directing patient care decisions.	<i>Determine the internal and external validity of a piece of biomedical literature used to address a particular clinical gap in care. Determine if a study's results have applicability for hypothesizing future research or for directing patient care decisions.</i>	2
OBJ R3.3.5 (Evaluation) When presented with conflicting biomedical literature, determine the validity and applicability for organizational need.	<i>Compare and contrast the reputations and peer-review procedures of biomedical journals.</i>	2
OBJ R3.3.6 (Evaluation) When presented with limited evidence-based biomedical literature, synthesize a reasonable proposal for the specific information need in collaboration with members of relevant taskforces or workgroups.	<i>Evaluate a gap in literature for a medication management issue where a decision must be made regarding place in therapy. Outline a summary of the critical information gaps and what information is needed to fill those gaps. Write request to the pharmaceutical manufacturer for additional information, as applicable.</i>	2
OBJ R3.3.8 (Synthesis) Design tools and measures that perform patient-centered, evidenced-based monitoring for a therapeutic regimen or disease state that effectively evaluates achievement of the specified therapeutic	<i>Identify monitoring tools utilized and discuss monitoring parameters for the analyzed diseases and conditions.</i>	2
	<i>Identify customary monitoring parameters for medications commonly prescribed for diseases and</i>	2

goals.	<i>conditions being analyzed.</i>	
OBJ R3.3.9 (Analysis) Conduct a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (decision analysis, CEA, CBA, CMA, CUA).	<i>Explain the principles and methodology of pharmacoeconomic analysis.</i> <i>Explain reliable sources of data.</i>	2 2
<i>Outcome R4: Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.</i>		
Goal R4.1: Provide effective education and training on pharmacoeconomic proposals, analysis tools/software utilization, academic detailing goals, or general drug therapy topics to health care professionals and health care professionals in training.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R4.1.1 (Application) Use effective educational techniques in the design of all educational activities.	<i>UMKC managed care course guest lecture to 3rd year pharmacy students</i> <i>Identify changes in medication-use or newly developed analysis tools that require training of staff within the organization. Provide Academic Detailing education sessions and dashboard training to various audiences</i> <i>Design instruction that meets the individual learner's needs. Identify, assign, model for and coach APPE rotation students from both UMKC and KU Schools of Pharmacy on various projects.</i> <i>Explain the differences in effective educational strategies when teaching colleagues versus residents versus students versus health professionals in other disciplines. Demonstrate through adjusting teaching styles for students at various levels, teaching colleagues in network office about new PBM programs, and other health professionals on workgroups. Compare and contrast the styles, and adjustments one makes to effectively provide education to these various audiences.</i> <i>Explain how different instructional delivery systems (e.g., demonstration, written materials, web-based) foster different types of learning.</i> <i>Identify changes in medication-use or newly developed analysis tools that require training of staff within the organization.</i> <i>Design instruction that employs strategies, methods, and techniques congruent with the objectives for an education or training program. Demonstrate through</i>	1 3 2 2 1 3 1, 2

	<i>managed care course guest lecture to UMKC students and in Pharmacoeconomics presentation(s) to UMKC AMCP Chapter.</i>	
OBJ R4.1.2 (Application) Use advanced public speaking skills to communicate effectively in large and small group situations.	<p><i>Explain techniques that can be used to enhance audience interest. Demonstrate through managed care course guest lecture to UMKC students and in presentation to AMCP Chapter on Pharmacoeconomics.</i></p> <p><i>Explain speaker habits that distract the audience. Demonstrate through formal lectures to UMKC students in managed care class and in dashboard trainings.</i></p> <p><i>Explain the importance of developing excellence in public speaking for fulfillment of the role as a pharmacoeconomic pharmacist or data manager/analyst.</i></p> <p><i>Explain a systematic method for ongoing improvement in one's own public speaking skills. Provide self-assessment after completion of UMKC managed care course guest lecture and workgroup facilitation.</i></p>	1, 3 1, 3 1 1,2
Goal R4.2: Design and deliver education programs to the public that center on health improvement, wellness, and disease prevention.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R4.2.1 (Synthesis) Use appropriate educational techniques to deliver an educational program to the public that centers on health improvement, wellness, or disease prevention.	<i>Participate in Pharmacy Week at the KCVAMC Medical Center. Alternative: Create patient education materials for various academic detailing campaigns and design social media campaigns to promote health and wellness to achieve program goals. (flu, URI antibiotics, hep C, opioid safety, etc.)</i>	2
Outcome R6: Understand a pharmacy benefits management structure and contribute to the organization's formulary management.		
Goal R6.1: Understand the interrelationship of the pharmacy benefit management function, and the network health care systems.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R6.1.1 (Comprehension) Explain the elements of managed care, including benefit design and management, co-pay, formulary, utilization management, prior authorization, consults, access, and contract negotiations (medication acquisition and/or network pharmacies).	<p><i>Compare VA PBM function against private sector PBMs. Demonstrate through teaching UMKC Pharmacy students managed care lecture.</i></p> <p><i>Explain patient eligibility requirements. Teach as part of UMKC Pharmacy managed care lecture.</i></p> <p><i>Describe the methods for pharmaceutical procurement. Teach as part of UMKC Pharmacy managed care lecture.</i></p>	1 1 1
Goal R6.2:		

Provide pharmacy expertise to the organization in the area of managed care by contributing to the ongoing development of the organization's formulary through review of existing, development of new, and implementation of pharmacoeconomic proposals, drug use criteria, and organizational policies and procedures affecting the care of patients.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R6.2.2 (Comprehension) When appropriate, present the recommendations contained in a formulary proposal to members of the P&T Committee.	<i>Explain the composition and responsibilities of the organization's P&T committee.</i> <i>Explain an appropriate style of presentation for P&T committee meetings.</i>	1 1
OBJ R6.2.3 (Synthesis) Participate in the communication of information regarding formulary design and/or changes.	<i>Explain the process of developing a formulary. Demonstrate through participation in providing updates on national PBM formulary decisions, VISN drug use proposals, and facilitating implementation through VISN P&T.</i> <i>Explain factors in the managed care environment, including cost and quality objectives that affect the development of the formulary. Demonstrate through participation in providing updates on national PBM formulary decisions, VISN drug use proposals, and facilitating implementation through VISN P&T.</i>	2 2
Goal R6.3: Understand the organization's process for contracting with pharmaceutical manufacturers.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R6.3.1 (Knowledge) State the types of contracts possible with pharmaceutical companies.	<i>Describe the purchasing hierarchy. Demonstrate through updates on national drug manufacturing contracts and contracting strategies to VISN P&T.</i>	2
OBJ R6.3.2 (Comprehension) Explain what affects drug pricing in the marketplace.	<i>Teach factors that affect drug pricing in the marketplace as part of UMKC Pharmacy managed care lecture.</i>	1
OBJ R6.3.3 (Comprehension) Explain the organization's process for negotiating the price of medications with a manufacturer.	<i>Explain the process of negotiating contracts with pharmaceutical manufacturers.</i> <i>Explain the purpose of contracting.</i> <i>State the types of contracts possible with pharmaceutical companies.</i> <i>Identify the implications for the company and customer of a particular contract. Demonstrate through analysis of contract's impact on cost savings initiatives, identifying pros and cons of contract conditions to manufacturer and healthcare system.</i> <i>Explain strategies to ensure contract performance. Apply to development of strategies and action plans o address national PBM cost initiatives and VISN therapeutic interchange action plans.</i>	2 1 2 2
Outcome E2: Utilize added knowledge and skills to enable the application of contemporary quality methodology to the management of pharmacy services.		

Goal E2.1: Participate in clinical and economic outcomes analysis.		
Objective	Related Activity/Instructional Objectives	
OBJ E2.1.1 (Comprehension) Explain the principles and methodology of prospective clinical, humanistic, and economic outcomes analysis.	<i>Explain the principles and methodology of basic pharmacoeconomic analyses. Teach in AMCP Chapter lecture on Pharmacoeconomics.</i>	1
		1,3
	<i>Explain the purpose of a prospective clinical, humanistic or economic outcomes analysis. Teach in AMCP Chapter lecture on Pharmacoeconomics, if opportunity available.</i>	1,3
	<i>Explain study designs appropriate for a prospective clinical, humanistic and economic outcomes analysis. Teach in AMCP Chapter lecture on Pharmacoeconomics, if opportunity available.</i>	1,2
	<i>Explain the technique and application of modeling. Participate in ongoing refinement of Archimedes PE Model.</i>	1
	<i>Explain the types of data that must be collected in a prospective clinical, humanistic and economic outcomes analysis. Provide overview of PE studies to APPE students.</i>	1 3
	<i>Explain possible reliable sources of data for a clinical, humanistic and economic outcomes analysis. Provide overview of PE studies to APPE students.</i>	3
	<i>Explain methods for analyzing data in a prospective clinical, humanistic and economic outcomes analysis. Demonstrate through participation in PharmD/Archimedes project.</i>	
OBJ E2.1.2 (Comprehension) Explain the principles and methodology of retrospective clinical, humanistic, and economic outcomes analysis.	<i>Explain the purpose of a retrospective clinical, humanistic or economic outcomes analysis.</i>	1
	<i>Explain study designs appropriate for a retrospective clinical, humanistic and economic outcomes analysis.</i>	1
		1
	<i>Explain the types of data that must be collected in a retrospective clinical, humanistic and economic outcomes analysis.</i>	1

	<i>Explain the content and utilization of reports and audits produced by the pharmacy department.</i>	1
	<i>Explain possible reliable sources of data for a retrospective clinical, humanistic and economic outcomes analysis.</i>	1
	<i>Explain methods for analyzing data in a retrospective clinical, humanistic and economic outcomes analysis.</i>	1
	<i>Explain the impact of limitations of retrospective data on the interpretation of results.</i>	1
	<i>Explain how results of a retrospective clinical, humanistic and economic outcomes analysis can be applied to internal business decisions and modifications to a customer's formulary or benefit design. Demonstrate through participation in a VISN level cost savings initiative, therapeutic exchange, CFU development, or other project where retrospective data is used to inform a decision.</i>	
OBJ E2.1.3: (Evaluation) Contribute to a retrospective clinical or economic outcomes analysis.	<i>Contribute to a retrospective clinical or economic outcomes analysis designed to help the organization's decision makers address a drug utilization issue. Demonstrate through participation in VISN level education use evaluation.</i>	3

Communication:

- Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
- E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication, including formative evaluation of work. This is appropriate for routine, non-urgent questions and problems.
- Lync: Available for questions, comments as needed throughout the workday
- Office extension: Available for questions, comments as needed throughout the workday

Preceptor interaction: The preceptor(s) for this rotation will use modalities including: direct instruction, modeling or practical skills, coaching, and facilitating based on the needs of the resident. He/she will be responsible for providing continuous feedback to the resident regarding their performance and completing a final summative evaluation.

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident

Block 1: The resident will research and interpret literature to understand pharmacoeconomics and managed care concepts such as drug pricing, outcomes analyses. The resident will then employ different instructional delivery systems and public speaking skills to design effective educational programs about these topics for AMCP chapters, KU and UMKC Schools of Pharmacy, APPE students. Teaching modalities will include lectures, presentations, small group topic discussions, coaching and mentoring students as well as other methods when opportunities arise. The resident will also apply knowledge gained from literature to assist the network in budget planning, cost saving initiatives and other projects that involve primarily retrospective results. Additionally, the resident will participate in Academic Detailing meetings and assist academic detailers. The preceptor will guide the resident in the beginning of the rotation and the resident will become more independent with less assistance required from the preceptor.

Block 2: The resident will further enhance public speaking and teaching abilities, adjusting his/her styles to present effectively to different groups (students, colleagues, residents, professional in other disciplines). Within workgroups, the resident will take more leadership roles, applying pharmacoeconomics to formulary management, developing strategies and action plans for contract performance, national PBM cost initiatives and VISN therapeutic interchange action plans among others. The resident will sharpen scientific and technical writing to propose new drug use policy, create patient education materials for various academic detailing campaigns or social media campaigns. Preceptor will coach resident to communicate effectively in different settings and a varieties of audiences.

Block 3: The resident will assume the role of primary pharmacoeconomic specialist to develop drug policies independently and help the organization's decision makers addressing complex drug utilization issues. The resident will apply concepts from both prospective and/or retrospective outcomes analyses to various functions of the PBM and the network. The resident will also assist in increasing productivity for the network and train staff with new changes in analysis tools using the Academic Detailing principles.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

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Evaluation process:

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	Quarterly
Summative Self-evaluation	Resident	Quarterly
Preceptor, Learning Experience Evaluations	Resident	Quarterly

Schedule:

Extended Learning Experience divided into three sections:

Block 1: Interpreting Literature, Public Speaking, Managed Care Concepts

Block 2: Workgroup Facilitation/Leadership, Scientific writing, Applied Pharmacoeconomics

Block 3: Complex Formulary Decisions, Transforming Practice through EBM, Independent Drug Policy Development

- Assignments made on a daily/weekly basis by preceptor

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN 15 P&T Committee (TBD)
- VISN PBM Formulary Workgroup (*TBD*)
- Clinical Practice Council (*2nd Thursday every other month, as needed*)
- PBM VPE Meetings (*2nd Monday/month*)
- Task Force Meetings (*As assigned*)

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- Provide a Formulary Management/Managed Care lecture to UMKC Pharmacy Students
- Provide a Pharmacoeconomics lecture to UMKC AMCP Chapter Students
- Drug Use Criteria [Development](#)
- P'Econ VISN Analysis
- Monograph or abbreviated drug review
- 3 VISN 15 P&T Committee Agendas
- 3 VISN 15 Workgroup Agendas
- [Website/SharePoint](#) Maintenance
- Monthly [PBM Workgroup minutes](#)
- Response to email discussions and questions
- Evidence to support P&T decisions
- Participation in Pharmaceutical Representative presentations
- Quarterly Cost Savings Metric analysis and reporting to P&T
- Understand contract design and pricing structures
- Committee and Task Force Meetings and data support
- Conduct a contract cost analysis comparing two or more drugs
- Performance Measure and Monitors Grid Update
- Participate in Pharmacy Education Programs
- Participate in Performance Metric Design and Implementation
- As needed, DUEs, P&T presentations (local and VISN), tablet optimization/contract initiatives, consult development, education to appropriate staff, etc.

Assigned Readings/Discussion topics:

1. [National Monographs](#) on [new FDA drug approvals](#)
2. [National](#) and [VISN](#) Drug Criteria for Use
3. [VA Health Economics Resource Center](#)
 - [Training](#)
 - [Health Economics Cyber-Seminars Series](#)
 - [Cost-Effectiveness Analysis \(CEA\) Course](#)
 - [Econometrics Course](#)
 - [Economics Cyber Seminars in the QUERI Program](#)
 - [Methods](#)
 - [Cost-Effectiveness Analysis](#)
 - [Methods for Cost Determination](#)
 - [Opportunity Costs](#)

- [Bibliography of VA Cost Studies](#)
- 4. [ASHP Statement on Pharmacist's Responsibility for Distribution and Control of Drug Products](#)
- 5. [ASHP Guidelines for Selecting Pharmaceutical Manufacturers and Suppliers](#)
- 6. [ASHP Guidelines on Managing Drug Product Shortages](#)
- 7. [ASHP Guidelines on Medication Cost Management Strategies for Hospitals and Health Systems](#)
- 8. [ASHP Policy Position 0207: Product Reimbursement and Pharmacist Compensation](#)
- 9. [ASHP Technical Assistance Bulletin on Hospital Drug Distribution and Control](#)
- 10. [Veterans Millennium Health Care Act Copayments and Exemptions End User Training Manual](#)
- 11. [VHA Formulary Management Process VHA Handbook 1108.08](#)
- 12. [VHA Inventory Management VHA Handbook 1761.2](#)
- 13. All agenda items and background materials
- 14. Email and attachments
- 15. Literature searches to support program development
- 16. VISN Policy on PBM Workgroup
- 17. Others as selected by preceptor-resident agreement

Pharmacy Practice Leadership, Foundation, Service, and Policy Development

Updated 09/08/2015

Brief Learning Experience Descriptor:

The resident will gain exposure and contribute to the development and achievement of PBM and pharmacy service goals on the local, VISN, and National levels and become familiar with the key principles utilized in health systems for leadership and overall practice improvement. This is an extended learning experience that begins after orientation and continues throughout the residency. The VISN 15 Pharmacy Executive will serve as the primary preceptor and evaluator for this experience; though the resident will be precepted by other management/leaders within the organization as well. This experience is designed to expose the resident to leadership nomenclature, key principles, tools, and available resources that will assist them in growing as clinicians, practitioners, and leaders. During the residency, practice foundation skills and values will be taught and observed by preceptors and the experience will be individualized based on the resident’s baseline knowledge and growth throughout the year. The resident will participate in a number of activities designed to improve their working knowledge and experience with leadership concepts. Topics may include mission/vision statements, strategic plans, effective communication, networking, mentoring, clinical leadership, leadership strategies, available resources/opportunities, regulatory bodies, finances, medication safety, organizations, the importance of publishing, and various programs/activities designed to develop the resident’s pharmacy practice/leadership foundation.

During this experience, residents will learn policy development abilities through the concepts of process management, resource provision, and product management. Communication and leadership skills will also be emphasized in order to facilitate effective policy and service development. Residents will be asked to identify needs within the VA (whether clinical, departmental, or organizational), perform data collection and an issue analysis, and draft a policy, procedure, or other solution that assists in rectifying these. Residents will work on updating current policies and procedures; assist in taking minutes or creating agendas for various taskforces and committees, and assist in working to maintain compliance with various regulatory bodies. Additionally, residents will assist in creating, maintaining, and prioritizing new services that will assist clinicians, administrators, and management in improving their service capabilities. The overarching goal of this longitudinal experience is to enable the resident to apply the knowledge gained to any pharmacy practice setting to improve their individual practice and confidently utilize leadership skills.

Preceptors:

Name	Title	Email	Phone
Paul Walker, R.Ph, MS	VISN 15 Pharmacy Executive	Paul.Walker@va.gov	913-758-6470 (LV C) 816-701-3011 (Walnut Office)

Mark E. Patterson, PhD, MS			
Other preceptors, as assigned			

Goals and Associated Objectives formally taught and evaluated during this experience:

<i>Outcome R1: Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.</i>		
Goal R1.1: Exhibit ongoing development of the essential personal skills of a practice leader.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R1.1.1 (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and change.	<i>State criteria for judging one's performance of tasks that is critical in one's own practice. Will discuss during PBM leadership events.</i>	2
	<i>Explain the role of participation in pharmacy professional organization meetings in the ongoing development of expertise in pharmacy outcomes and healthcare analytics. Will discuss during PBM leadership events.</i>	2
	<i>Explain the importance of continuing to remain current and grow in both clinical and management skills. Apply when working on various formulary management activities such as hepatitis C, TSOACs, etc.</i>	2
	<i>Explain the role of board certification in the development and maintenance of expertise in drug information practice. Patrick will be taking BCPS examination in September. Will discuss after completion.</i>	2
	<i>Explain the importance of staying current with pertinent biomedical literature. Will apply with drug monograph/criteria for use preparation and submission to VISN P&T Committee.</i>	2
	<i>Explain the importance of staying current with health news in popular media and within the organization. Will discuss during PBM leadership meetings and activities.</i>	2
	<i>Explain the leadership role of a data manager, pharmacoeconomic pharmacist, and healthcare analyst within the organization. Will apply when technical and analytic project support is provided to P&T Committee, Formulary Management Subcommittee, Network Senior Leadership, etc.</i>	2
OBJ R1.1.2 (Characterization) Demonstrate commitment to the professional practice of pharmacy through active participation in the activities of local, state, and/or national pharmacy professional.	<i>Explain the importance of contributing to the work of pharmacy professional organizations in advancing the visibility of the pharmacist's role in the overall care of patients.</i>	2

<p>OBJ R1.1.3 (Application) Devise an effective plan for balancing professional and personal life and use time management skills effectively to fulfill practice responsibilities.</p>	<p><i>Explain the importance of balancing professional and personal life.</i></p>	2
	<p><i>Explain an effective system for the management of one's time in professional practice.</i></p>	2
	<p><i>Explain the importance of prioritizing according to the level of importance and rapidly adapting to change.</i></p>	1
	<p><i>Explain how to develop a reasonable timeline for a project.</i></p>	1
	<p><i>Explain strategies for satisfactorily making progress on several projects simultaneously.</i></p>	1
<p>OBJ R1.1.4 (Synthesis) Initiate and maintain a systematic approach to documenting professional activities and accomplishments.</p>	<p><i>Create a project list and maintain it throughout the year.</i></p>	1
	<p><i>Maintenance of curriculum vitae and ASHP resident activity document.</i></p>	1
<p>OBJ R1.1.5 (Characterization) Display integrity in professional relationships and actions and use sound ethical reasoning to guide practice decisions.</p>	<p><i>Explain ethical dilemmas that may confront a clinician working as a data manager, pharmacoeconomic pharmacist, or other related profession under the pharmacy outcomes and healthcare analytics umbrella.</i></p>	1
	<p><i>Explain ethical principles embodied in the American Pharmacists Association Code of Ethics for Pharmacists.</i></p>	1
	<p><i>Explain the implications of the Belmont Report for ethical decision-making in pharmacy.</i></p>	1
<p>OBJ R1.1.6 (Analysis) Identify potential conflict-of-interest situations in the fields of pharmacoeconomics, healthcare analytics, and pharmacy outcomes.</p>	<p><i>Explain the concept of perceived conflict-of-interest versus actual conflict-of-interest. Review P&T policy - cover in the ask for conflicts of interest at meetings</i></p>	1
	<p><i>Explain the types of conflict-of-interest that may arise in research, purchasing, formulary decision-making, publishing, and professional practice. Review P&T policy - cover in the ask for conflicts of interest at meetings, GCP training</i></p>	1
<p>OBJ R1.1.7 (Application) Adhere to the requirements of the organization's policy in all interactions with pharmaceutical industry representatives.</p>	<p><i>Explain the potential conflicts inherent in the objectives of one's health care organization and the objectives of a pharmaceutical industry representative.</i></p>	3
	<p><i>Appraise current policies governing relations between the organization and the pharmaceutical industry to ensure that ethical practices are observed. Review VA policy on business relationships with industry representatives</i></p>	3
	<p><i>Explain why pharmaceutical industry representatives regard PBM staff members and pharmacy outcomes specialists as influential individuals in their organization. Participate in industry representative meetings to demonstrate.</i></p>	3
	<p><i>Explain the appropriate relationship between the drug information specialist and a pharmaceutical industry representative. Participate in industry representative meetings to demonstrate.</i></p>	3

Goal R1.2: Contribute to the leadership and management activities within the pharmacy outcomes and healthcare analytics field by exercising superior communication and political skills.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R1.2.1 (Analysis) When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.	<i>Explain the organization's structure including the function of each of its departments and key individuals. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
	<i>Explain the importance of effective networking in removing barriers. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
	<i>Explain how to identify key stakeholders of a given project. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
	<i>Explain the importance of persuasion as a skill of effective leaders. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
	<i>Compare and contrast the types of persuasive arguments that are potentially effective. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
	<i>Identify formal and informal medical staff leaders and how they can help achieve the desired goal. Will apply during planning and implementation of VISN HepC treatment and funding initiative for FY-2016.</i>	2
OBJ R1.2.2 (Synthesis) Create an effective professional network.	<i>Explain formal and informal techniques for networking.</i>	2
Goal R1.3: Exercise practice leadership.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R1.3.1 (Characterization) Demonstrate enthusiasm and passion for the profession of pharmacy.	<i>Attendance of pharmacy-related meetings.</i>	3
	<i>Participation in community service and/or organization activities.</i>	3
OBJ R1.3.2 (Comprehension) Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of being willing to serve as a	<i>Precepting of pharmacy students or PGY1 residents.</i>	3

mentor to appropriate individuals.		
OBJ R1.3.3 (Comprehension) Explain the general processes of establishing and maintaining an ASHP-accredited PGY-2 residency program.	<i>CQI Survey (See Appendix III)</i> <i>Participate in the preparation and site visit for residency accreditation.</i>	3 2
Outcome R2: Manage and improve the medication-use process		
Goal R2.1: Develop collaborative professional relationships with members of the PBM staff, various health care teams, taskforces, and workgroups.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R2.1.1 (Synthesis) Use group participation skills when leading or working as a member of a formal or informal work group or taskforce to establish openly communicative and collaborative working relationships.	<i>Explain the value of good peer relationships in the achievement of projects.</i>	2
	<i>Explain methods for achieving consensus.</i>	2
	<i>Explain how to create an agenda for a meeting.</i>	2
	<i>Explain methods for assuring participation by all members of a group.</i>	2
	<i>Explain methods for effective group leadership.</i>	2
	<i>Explain the roles and responsibilities of the facilitator of a meeting.</i>	2
	<i>Explain effective strategies for facilitating meetings.</i>	2
	<i>Participate in VISN Formulary Leader calls and agenda</i>	3
OBJ R2.1.2 (Analysis) Determine the appropriate type of communication, and the medium and organization for it, using an understanding of the target audience, the characteristics of the information to be communicated, effectiveness, efficiency, customary practice and the recipient's preferences.	<i>Will apply all of the following concepts during HepC treatment and funding planning project for FY-2016.</i>	2
	<i>Accurately identify the primary theme or purpose of one's written, oral, or virtual communication.</i>	2
	<i>Accurately determine what information will provide credible background to support or justify the primary theme of one's communication.</i>	2
	<i>Logically sequence ideas in written and oral communication.</i>	2
	<i>Accurately determine the depth of communication appropriate to one's audience.</i>	2
	<i>Accurately determine words and terms that are appropriate to one's audience.</i>	2
	<i>Accurately determine one's audience's needs.</i>	2
<i>Accurately identify the length of communication that is appropriate to the situation.</i>	2	

	<i>Explain the importance of assessing the receiver's understanding of the message conveyed.</i>	2
	<i>Explain techniques for persuasive communication.</i>	2
	<i>Explain the value of consulting with administrators and key decision-makers when choosing route(s) for communication of information.</i>	2
	<i>Explain issues, including confidentiality, surrounding the choice of media to communicate information.</i>	2
	<i>Explain the differences in language (e.g., jargon, acronyms) used to communicate among the various disciplines involved in pharmacy outcomes and healthcare analytics.</i>	2
	<i>Explain the importance of adjusting one's communications for the specific category of health professional (e.g., nurses, physicians, etc.).</i>	2
Goal R2.2:		
Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's criteria for medication use, monitoring, and outcomes measurement.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R2.2.1 (Synthesis) Collaborate with an interdisciplinary team to write or revise an existing guideline, measure/metric, policy, or protocol.	<i>Appraise current policies and procedures for congruence with the organization's mission, goals, and needs. Will apply when evaluating new organizational handbooks/directives/guidance issued and impact on current standard operating procedures/practices.</i>	3
	<i>Minutes and agenda development for PBM Workgroup, MUM Team, Task Forces.</i>	3
Outcome R3: Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.		
Goal R3.3:		
Critically evaluate and employ advanced analysis skills to relevant biomedical literature in preparing analysis tools, drug information responses, pharmaco-economic proposals, and drug use criteria.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R3.3.7 (Evaluation) Appraise information provided by a pharmaceutical manufacturer.	<i>Participate in meetings with pharmaceutical representatives. Appraise the information provided by a pharmaceutical manufacturer through discussion of knowledge, accuracy of information, information bias, and whether information would be appropriate for VA providers or patients.</i>	3
Goal R3.5:		
Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., Joint Commission requirements; ASHP standards, statements, and guidelines; state and federal laws regulating pharmacy practice; OSHA regulations).		
OBJ R3.5.1 (Evaluation) Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory,	<i>Explain the influence of accreditation, legal, regulatory, and safety requirements on clinical practice. Will participate in the planning of annual facility site visits. Will participate in at least one facility site visit.</i>	3

and safety requirements for pharmacy.		
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Communication:

- Scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting.
- E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
- Lync IM: Available for questions, comments as needed throughout the workday.
- Office extension: Appropriate for urgent questions pertaining to patient care projects.
- Blackberry: Residents to call preceptor for urgent/emergency situations pertaining to patient care projects.

Preceptor interaction: The preceptor(s) for this rotation will use modalities including: direct instruction, modeling or practical skills, coaching, and facilitating based on the needs of the resident. He/she will be responsible for providing continuous feedback to the resident regarding their performance and completing a final summative evaluation.

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident.

Block 1: The resident will evaluate and assess their practice leadership skills. Concepts from the VA Leadership Competency Model will be utilized in this self-assessment activity. The resident will also reflect on and better understand potential ethical issues and dilemmas that can arise when working as a clinician in the roles of data management and healthcare analytics, and strategies to handle or address them when they arise. The resident will assist the network in budget planning and treatment prioritization initiatives related to our hepatitis C patient population. The resident will also participate in the network’s ongoing implementation of their Academic Detailing program. The preceptor will guide the resident in the beginning of the rotation and the resident will become more independent with less assistance required from the preceptor.

Block 2: The resident will further develop and apply their practice leadership skills by participating in collaborative activities and workgroups in the network. Within these activities and workgroups, the resident will take a greater leadership role in planning and implementation of formulary management and program management initiatives that involves collaboration with multiple pharmacy departments, health care disciplines, and senior clinical leadership at facilities within our network. The resident will play a key role in the development

of the FY-2016 Hepatitis C Treatment Plan and the ongoing implementation of the Network’s Academic Detailing Program. The preceptor will coach the resident during their participation in these more complex activities.

Block 3: The resident will assume the role of a pharmacy program manager and assist the organization in planning and implementation medication management services throughout the network, which will include an A3 improvement project. The resident will play a lead role in the activities of the VISN Pharmacy & Therapeutics Committee. The resident will assist in the annual evaluation of facility pharmacy operations using various clinical, workload, and financial databases. The resident will participate as the co-leader in at least one facility site visit.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation’s ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Evaluation process:

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	End of each rotation block
Summative Self-evaluation	Resident	End of learning experience

Preceptor, Learning Experience Evaluations	Resident	End of learning experience
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Schedule:

Longitudinal Learning Experience

- Assignments made on a weekly basis by preceptor and by appointment
- This learning experience begins after orientation and continues all year

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN PBM Workgroup (*Mondays*)
- VISN Pharmacy & Therapeutics Committee Meeting (*4th Wednesday/month*)
- VISN Clinical Practice and Operations Board (*4th Monday/month*)
- VISN Clinical Team Meeting (*3rd Monday/month*)
- VISN CMO Leadership Meeting (*4th Monday/month*)
- VISN Pharmacy Operations Call (*3rd Tuesday/month*)
- VISN Clinical Pharmacy Practice Group (*4th Tuesday/month*)
- NTL VISN Formulary Leader Meeting (*2nd Monday/month*)
- Community Service Activity
- Taskforce/Workgroup Meetings (*As assigned*)
- Regulatory Preparation meetings (e.g. Joint Commission, ASHP, etc.) – (*As assigned*)
- VPE VACO Monthly Call (*4th Monday/Month*)
- One national professional meeting and optional state/local professional meeting
 - Attend ASHP Midyear Meeting and residency booth recruitment (December)
 - Attend MSHP, KCHP, GKCSHP, or other state Pharmacy Organization conference

The resident may be excused from some of these programs with permission from the residency director if they conflict with scheduled patient care activities or other projects.

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- As assigned by the VISN 15 Pharmacy Executive
- Consult, Guideline, Clinical reminder development
- Resident Evaluation Material
- Policy and Criteria Development and Review
- Update VISN documents
- Participate in a medication safety trending and analysis, root cause analysis (RCA), or failure mode effects analysis (FMEA) or other related medication safety functions (e.g. adverse drug reaction (ADR) reporting, medication error or safety event reporting and analysis)

Evaluation process:

The resident will be evaluated on the objectives noted above. Formative evaluations will be completed as needed with verbal feedback given continually throughout the experience. The

resident will complete scheduled self-evaluations and the preceptor will complete a scheduled summative evaluation of the resident.

Assigned Readings/Discussion topics:

1. Leadership Discussion topics include:
 - a. Optimizing Qualitative Resident Self-Assessment (Dr. Patterson)
 - b. Professionalism
 - c. Career planning
 - d. [Whitney Award Winners](#)
 - e. Strength Finders (Gallup Training)
 - f. HBDI (whole brain thinking)
 - g. Interviewing Skills
 - h. Axiom “Leadership Lessons” for a Lifetime
 - Vision and Strategy
 - Teamwork and Communication
 - Activity and Assessment
 - Personal Integrity
 - Hiring for talent
 - i. LEAN Management
 - j. Blueprint for Excellence (Paul Walker)
 - k. Accountable Care Organizations (Mark Patterson)
 - l. Healthcare Reform (Mark Patterson)
 - m. Harvard Business Review (Paul Walker)
 - n. How to follow-up on jobs (TBD)
2. Immortal Life of Henrietta Lacks

Additional Potential Assigned Readings/Discussion topics:

During the course of the rotation/longitudinal experience, the residents may be required to participate in some of the following activities, readings, or projects as assigned by the preceptor.

1. Watch at least one of the following videos and discuss your impression:
 - a. [ASHP Foundation Leadership videos](#)
 - b. [Whitney Award Winner Interview Videos](#)
2. Complete a leadership self-assessment on the [ASHP Foundation Leadership Website](#)
3. Review examples of leadership resources:
 - a. [ASHP Center for Health-System Pharmacy Leadership, Leadership Resource Center](#)
 - b. [ASHP Practice Manager](#)
 - c. [Center for Creative Leadership](#)
 - d. [Harvard Business Review](#) (**Recommend signing up for daily tips)
 - e. [Emotional Intelligence](#)
 - f. [ASHP Leadership Toolkit](#)
4. Write a personal mission statement, reflecting on the philosophy of leadership
5. Review and assess departmental organizational chart
6. Discuss the roles of pharmacy leaders related to:
 - a. Local, state, national organizations
 - b. State boards of Pharmacy

- c. Legislative actions
 - d. Role in the Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), Center for Medicare and Medicaid Services (CMS)
7. Manager vs. Leader
- a. [Zaleznik A. "Managers and Leaders: Are they different?" Harvard Business Review January 2004](#)
 - b. [Nahata MC. "Balancing leadership and management." Am J Pharm Educ 2001; 65:295-6](#)
8. General Leadership
- a. [ASHP statement on professionalism. Am J Health-Syst Pharm 2008; 65:172-4.](#)
 - b. [ASHP statement on the roles and responsibilities of the pharmacy executive. Am J Health-Syst Pharm 2009; 66:499-502.](#)
 - c. [Holdford DA. "Leadership theories and their lessons for pharmacists." Am J Health-Syst Pharm 2003; 60: 1780-6.](#)
 - d. [White SJ. "Will there be a pharmacy leadership crisis?" An ASHP Foundation Scholar-in-Residence report. Am J Health-Syst Pharm 2005; 62:845-55.](#)
 - e. [Covey, SR. The 7 Habits of Highly Effective People. New York: Free Press; 1989.](#)
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 - j. [George W, et al. "Discovering your authentic leadership" Harvard Business Review February 2007.](#)
 - k. [Schaffer R R. "Four Mistakes Leaders Keep Making." Harvard Business Review September 2010.](#)
 - l. [Goleman D. "What makes a leader?" Harvard Business Review January 2004.](#)
 - m. [Derescewicz W. Solitude and leadership, American Scholar, Spring 2010.](#)
9. Clinical Leadership/Non Traditional Leadership
- a. [The American Society of Health-System Pharmacists Research and Education Foundation Center for Health-System Pharmacy Leadership Student and New Practitioner Leadership Task Force. Final Report: Leadership is a Professional Obligation \(2009\).](#)
 - b. [Johnson PE, Austin J, Murphy-Enright S. Managing the outlander syndrome. Am J Health Syst Pharm 2012;69:612-614.](#)
10. Leading People (Coaching/Counseling/Evaluations)
- a. [Goffee R and Jones G. "Why Should Anyone Be Led by You?" Harvard Business Review 9 \(2000\): 1-7.](#)
 - c. [White SJ and Scott BE. Progressive Discipline, Am J Health-Syst Pharm 1984; 41:1824-1828.](#)
11. Leading Implementation and Driving Results

- a. Longenecker CO and Simonetti JL. Getting Results. San Francisco, CA. Jossey Bass, 2001.
- 12. Mission/Vision
 - a. [Review organization and department mission/vision statements](#)
 - b. [Gottlieb Hildy. Three Statements that can change the world: mission, vision values. ReSolve, Inc. 2007. Accessed 8/29/13](#)
 - c. Longman, Phillip. Best Care Anywhere – Why VA Healthcare is Better Than Yours.
- 13. Strategic Planning
 - a. [Kaissi AA, et al. Strategic Planning Processes and Hospital Financial Performance. Journal of Healthcare Management May/June 2008: 53:3.](#)
- 14. Communication
 - a. [McDonough, RP and Bennett MS. Improving Communication Skills of Pharmacy Students through Effective Precepting. American Journal of Pharmaceutical Education 2006; 70 \(3\) Article 58.](#)
- 15. Time Management
 - a. Covey S. First Things First. Simon & Schuster. 1994.
 - b. [Organizing for Leadership, Time Management Self Assessment. Accessed 8/29/13.](#)
- 16. Work Life Balance
 - a. [White S. “Integrating your personal life and career.” Am J Health-Syst. Pharm 2007;64: 358:360.](#)
- 17. Networking
 - a. [Ibarra H and Hunter M. “How Leaders Create and Use Networks.” Harvard Business Review January 2007.](#)
- 18. Social/Emotional Intelligence
 - a. [Goleman D and Boyatzis R “Social Intelligence and the Biology of Leadership.” Harvard Business Review September 2008.](#)
- 19. Stressful situations
 - a. [Zilz DA, Woodward BW, Thielke TS, Shane RR, Scott B. “Leadership skills for a high-performance pharmacy practice” Am J Health Syst Pharm 2004 61: 2562-2574.](#)
 - b. [Heifetz R, Grashow A, Linsky M. Leadership in a permanent crisis. Harvard Business Review July 2009.](#)
- 20. Recruitment
 - a. [Martin J and Schmidt C. “How to Keep your Top Talent” Harvard Business Review May 2010.](#)
- 21. Mentoring
 - a. [White, SJ, Tryon JE. “How to find and succeed as a mentor.” Am J Health-Syst Pharm 2007, 64: 1258-1259.](#)
 - b. [Wensel TM. “Mentor or preceptor: What is the difference?” Am J Health-Syst Pharm 2006: 63: 1597.](#)
 - c. [Webb JW, Harvey A.K. Whitney lecture. “The art of growing professionally.” Am J Health-Syst Pharm 1986: 43: 1923-1926.](#)
 - d. [Emmons BF. “Standing in the shadow of greatness.” Am J Health-Syst Pharm: 2008: 65: 360.](#)
 - e. [Kleinmann K, Harvey A. K. Whitney Lecture. “We really do care.” Am J Health-Syst Pharm 1994: 51:2011-2015.](#)
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22. Generational Differences
 - a. Stanton Smith W. Decoding Generation Differences: Fact, fiction or should we just get back to work. Deloitte LLP, 2008.
 - b. Meister JC, Willyerd K. "Mentoring Millennials" Harvard Business Review May 2010
23. Trust
 - a. Covey S. The Speed of Trust: The One Thing that Changes Everything. Pages 1-40.
24. Customer Service
 - a. Lee F. If Disney Ran your Hospital: 9 ½ Things You Would Do Differently.
25. Change Management
 - a. [Kotter JP. "Leading Change: Why Transformation Efforts Fail" Harvard Business Review January 2007.](#)
 - b. [Strebel P. "Why do Employees Resist Change" Harvard Business Review May-June 1996](#)
 - c. [Kotter JP. "Choosing Strategies for Change" Harvard Business Review July-August 2008.](#)
26. Performance Improvement
 - a. Six Sigma and Lean topics
 - b. Project management skills topics
 - c. [Kaplan, R and D. Norton. "Using the Balanced Scorecard as a Strategic Management System" Harvard Business Review July-August 2007](#)
 - d. Studer Q. Hardwiring Excellence, Chapter 2 and 9.
27. Personal Change
 - a. [White SJ. "Managing yourself so others want to work with you." Am J Health-Syst Pharm 2008 65: 922-925.](#)
 - b. Rath T. Strengths Finder 2.0. Gallup Press 2007.
28. Decision Making
 - a. [Martin R. "How Successful Leaders Think" Harvard Business Review June 2007.](#)
 - b. [Snowden D and Boone M. A Leader's Framework to Decision Making. Harvard Business Review November 2007.](#)
 - c. [ASHP Code of Ethics for Pharmacists](#)

Leadership Discussion Schedule 2015-2016

3rd Wednesday 3:00 pm to 4:00 pm

Preceptors: Paul Walker, Monica Schaefer

September 16, 2015 Harvey A.K. Whitney Lecture Awards – Review and discuss one lecture award winner from the ASHP website <http://www.harveywhitney.org/>

October 21, 2015 Strengths Finder review and discussion

November 18, 2015 VA Career Opportunities Video and Interviewing Pearls - Performance Based interviewing <http://www.va.gov/PBI/index.asp>

December 16, 2015 Axiom – Powerful Leadership Proverbs

January 20, 2016 Hermann Brain Dominance Instrument (HBDI) review

February 17, 2016 The Little Big Things: 163 Ways to Pursue Excellence by Tom Peters

March 16, 2016 The Immortal Life of Henrietta Lacks by Rebecca Skloot

April 20, 2016 ASHP Pharmacy Practice Model Initiative <http://www.ashpmedia.org/ppmi/>

May 18, 2016 Lean Management – review and discuss articles

June 15, 2016 Sara White, ASHP Connect:
<http://connect.ashp.org/Blogs/FeaturedBloggers/SaraWhite>

Clinical Research Project

Brief Learning Experience Descriptor:

This learning experience is designed to develop, execute, and report results of investigations of pharmacy practice-related issues. The resident will be responsible for obtaining experience in all areas of a research or quality improvement project including development of a hypothesis, submission of a project proposal, application to IRB (for research approval or classification as a QI), data collection, data analysis, drawing conclusions, and manuscript presentation. The resident will work with the RPD and one or more preceptors throughout the project life cycle who will assist in coordinating project deadlines and IRB approval. Residents will be encouraged to conduct outcomes-based research or quality improvement projects, preferably incorporating the skills learned from other rotations and building a new analysis tool that will assist in the data mining component of the project. In addition to the manuscript, residents are required to present a project poster at the annual [Midwest Pharmacy Residents Conference](#) or other conference approved by preceptors.

This rotation will begin the first day of residency, overlapping with Orientation and continuing throughout the year.

Name	Title	Email
Monica Schaefer, Pharm.D.	VISN 15 Pharmacoeconomics Program Manager/RPD	Monica.Schaefer@va.gov
Mark Patterson, Ph.D., M.P.H.	Assistant Professor of Pharmacy Practice and Administration University of Missouri-Kansas City School of Pharmacy	pattersonmar@umkc.edu

Goals and Associated Objectives formally taught and evaluated during this experience:

<i>Outcome R7: Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.</i>		
Goal R7.1: Conduct a pharmacy outcomes and/or health analytics-related research or QI project using effective research and project management skills.		
Objective	Related Activity/Instructional Objectives	Quarter Evaluated
OBJ R7.1.1 (Synthesis) Identify a topic of significance for a pharmacy-related research project that requires institutional review board (IRB) review or approval through a quality improvement (QI) process.	<i>Determine if a potential project topic is of significance in one's particular practice setting.</i>	1
	<i>Conduct an efficient and effective literature search for the background analysis.</i>	1
	<i>Generate a research question(s) to be answered by an investigation.</i>	1

<p>OBJ R7.1.2 (Synthesis) Formulate a feasible design for a pharmacy-related research project.</p>	<p><i>Explain the elements of a project proposal.</i></p> <p><i>Identify health care personnel who will be affected by the conduct of the project and strategies for gaining their cooperation.</i></p> <p><i>Determine a timeline with suitable milestones that will result in project completion by an agreed-upon date.</i></p> <p><i>Construct data collection tool(s).</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>2</p>
<p>OBJ R7.1.3 (Synthesis) Secure any necessary approvals, including IRB, for a pharmacy-related research project.</p>	<p><i>Identify stakeholders who must approve a particular project.</i></p> <p><i>Explain the components that make up a budget for a project. Develop project budget, if applicable.</i></p> <p><i>Explain strategies for seeking funding for a research project.</i></p> <p><i>Explain the role of the IRB in the approval process. Prepare documents required for IRB submission for new research project.</i></p>	<p>1</p> <p>2</p> <p>2</p> <p>1</p>
<p>OBJ R7.1.4 (Synthesis) Implement a pharmacy-related research project as specified in its design.</p>	<p><i>Organize and maintain project materials and documentation of the project's ongoing implementation according to all applicable rules, regulations, and best research practices.</i></p> <p><i>Write data extract and validate final data set for accuracy. Explain methods of data analysis. Analyze data for project and organize into coherent results tables and graphs.</i></p> <p><i>Explain issues surrounding confidentiality of patient information accessed for a research study. Obtain access to project database and VINCI workspace.</i></p>	<p>2</p> <p>2,3</p> <p>2</p>
<p>Goal R7.2: Engage in the publication process.</p>		
<p>Objective</p>	<p>Related Activity/Instructional Objectives</p>	
<p>OBJ R7.2.1 (Comprehension) Explain the benefits, to the practitioner and the profession, of contributing to the pharmacy literature.</p>	<p><i>Write conclusion and discussion in manuscript highlighting implications for practice.</i></p>	<p>3</p>
<p>OBJ R7.2.2 (Synthesis) Write a research article, review, or case report that is suitable for publication.</p>	<p><i>Use a standard style for biomedical journals in the preparation of research articles, reviews, or case reports submitted for publication.</i></p> <p><i>Given a specific article, identify appropriate journals to which that article might be submitted for publication.</i></p>	<p>3</p> <p>3</p> <p>1</p>

	<i>Given an identified topic related to pharmacy practice, appraise the potential to publish an article on that topic.</i>	4
	<i>Explain the rules governing who may declare authorship of a given work.</i>	
OBJ R7.2.3 (Synthesis) Use correct grammar, punctuation, spelling, style, and formatting conventions to prepare a written summary of a pharmacy-related research project.	<i>Write manuscript in appropriate style for peer reviewed journal for submission and edit to ensure appropriate grammar, punctuation, and spelling.</i>	4
OBJ R7.2.4 (Application) Follow the submission requirements of an appropriate peer-reviewed publication to submit a manuscript for publication.	<i>Write manuscript according to instructions for a selected peer reviewed journal, including adherence to word limits, section headings, graphs, charts, and referencing, etc.</i>	4
OBJ R7.2.5 (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a pharmacy-related research project.	<i>Apply appropriate manuscript style to the project and criteria to be met when using that style. Select appropriate peer review journal for manuscript submission.</i>	4
OBJ R7.2.6 (Evaluation) Participate in the peer review of a pharmacy professional's article submitted for publication or presentation.	<i>Participate in review of KCVA PGYI Pharmacy Practice manuscript.</i>	4
	<i>Explain sources of information on the components of a peer review.</i>	4
	<i>Explain the characteristics of an effective peer review.</i>	4
Goal R7.3: Prepare and deliver an effective poster presentation.		
Objective	Related Activity/Instructional Objectives	
OBJ R7.3.1 (Synthesis) Design an effective podium and poster (optional) for the presentation of a topic.	<i>Explain the types of content that should be included in a podium and poster presentation. Apply to design of podium and/or poster presentation of project.</i>	4
	<i>Explain the rules for visual presentation of podium and poster material.</i>	4
	<i>Explain resources that can be used to generate poster materials.</i>	4
OBJ R7.3.2 (Synthesis) Exercise skill in responding to questions occurring during the podium or poster (optional) presentation.	<i>Podium presentation at Midwest Pharmacy Residents Conference or other applicable conference</i>	4
OBJ R7.3.3 (Synthesis) Effectively present the results of a pharmacy-related research project.	<i>Podium presentation at Midwest Pharmacy Residents Conference or other applicable conference</i>	4

Communication:

- Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.

- E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication, including formative evaluation of work. This is appropriate for routine, non-urgent questions and problems.
- Lync: Available for questions, comments as needed throughout the workday
- Office extension: Available for questions, comments as needed throughout the workday

Preceptor interaction: The preceptor(s) for this rotation will use modalities including: direct instruction, modeling or practical skills, coaching, and facilitating based on the needs of the resident. He/she will be responsible for providing continuous feedback to the resident regarding their performance and completing a final summative evaluation.

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident

Quarter 1: The resident is expected to come into the program with a basic understanding of research and project management. During Quarter 1, the resident will select a project that is feasible to complete within the residency year, develop a sound research question as well as feasible project timeline (see proposed timeline below). The preceptor will model formation of research design and coach the resident through selecting and forming the research question and project framework. The resident will be expected to self-learn operations of VINCI through online trainings (listed below), requesting clarification or further detail from preceptors as needed.

Quarter 2: The resident is expected to apply coaching from the prior quarter to write a full project protocol, complete and submit IRB paperwork as necessary, and demonstrate ability to gain approval and access a VINCI workspace for the project, as well as coordinate other project personnel's access to the VINCI workspace (direct this using program management skills). Preceptors will collaborate with the resident on the project protocol development, and coach through the methodology, design (including design of data extract), and data collection tool development. The resident is expected to independently manage the project and move it along to next steps according to timeline throughout the life of the project.

Quarter 3: Resident will execute the project according to protocol and identify journal or other medium to submit publication and arrange written information into the appropriate framework. Resident is expected to apply SQL and other data analysis skills toward coding data extraction and analysis. Preceptors will coach resident on use of statistics software, with expectation that the resident will also practice navigation of software independently to enhance self-learning of operational details. The resident is expected to independently manage the project and move it along to next steps according to timeline throughout the life of the project.

Quarter 4: The resident will assimilate data results and derive meaning, clinical implication, and application of the results to practice. This will be demonstrated through the formation of both a podium (and/or poster) presentation as well as manuscript written in style of selected journal suitable for publication. Resident will be expected to independently write sections on background, design, methods, and results using coaching and skills gained from prior quarters of rotation. Preceptors will be available to coach the resident through considerations for manuscript discussion section and application of work. The resident is expected to independently manage the project and move it along to next steps according to timeline throughout the life of the project.

The resident is required to adhere to the timeline referenced below in this rotation description and progress to meet the requirements of the phases of the project to stay on schedule. If a resident is not progressing as expected during a block on specific objectives or meeting deadlines according to the project timeline, those deficiencies will be identified during the rotation’s ongoing formative evaluations and/or customized plans. The resident will be required to revise the project timeline and come up with a plan to catch the project back up to speed for full completion by the end of the residency year. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Evaluation process:

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience

Summative	Preceptor	Quarterly
Summative Self-evaluation	Resident	Quarterly
Preceptor, Learning Experience Evaluations	Resident	Quarterly

Designated Meetings/Specific Responsibilities:

Meetings

Written Assignments

1. [Residency Project Proposal](#)
2. Regulatory Application(s) for project
 - a. [Quality Improvement \(QI\) \(non-research\) Form](#)
 - OR-
 - b. [Research and Development Committee Application and Forms \(Research\)](#)
3. [Midwest Pharmacy Residents Conference Project Abstract](#)
4. Regulatory Closure of Project (for research projects only, does not apply to QI projects)
 - a. [Research and Development Committee application \(Research\)](#)
5. Project Manuscript (see format below and [examples](#))

Presentations:

1. [Midwest Pharmacy Residents Conference](#): Podium Presentation of Project (or other suitable conference approved by RPD)

Security Clearance for Projects:

1. Read access to VistA/CPRS – All Stations
2. Read access to V15 Server (r02litdwh56) – see orientation instructions to request access
3. [Remote Desktop Connection Installation](#)
4. VINCI Central - <http://vaww.vinci.med.va.gov/vincicentral/default.aspx>
5. VHA Data Portal - <http://vaww.vhadatportal.med.va.gov/Home.aspx>
6. CDW Portal - <https://vaww.dwh.cdw.portal.va.gov/Pages/welcome.aspx>

Trainings:

1. [A Practical Guide to Using the Corporate Data Warehouse LabChem Data: VA Informatics and Computing](#) by Gowtham Rao, MD, PhD, MPH VIREC Corporate Data Warehouse Cyberseminar 06/20/2013.
2. The VA Informatics and Computing Infrastructure (**Vinci**) ([intranet](#) only)
3. **Vinci** Data and Data Services ([intranet](#) only) by Hamid Saoudian, ME: VA Informatics and Computing Infrastructure Cyberseminar 02/05/2015
4. Conducting a Research Study Using Vinci ([intranet](#) only) by Tim Trautman, BSD: VA Informatics and Computing Infrastructure Cyberseminar 03/05/2015
5. DART – The Data Access Request Tracker Application ([intranet](#) only) by Tim Trautman, BSD: VA Informatics and Computing Infrastructure Cyberseminar 11/06/2014
6. [Planning for Data: Early, Often and Ongoing](#) by Sarah Krein
7. [Planning for Analysis](#) by Denise Hynes

Project/Proposal/Manuscript Process and Schedule

Implementation/Data Collection:

The resident must receive approval from the Residency Director prior to initiating the project. The project advisor and program director must be apprised of the progress and all problems encountered in a timely manner. The resident must meet with the project advisor at least monthly to discuss the progress and report on progress to the program director. Useful examples of IRB forms, QA/QI form, and protocols are available on the [PGY2 Outcomes Analytics Sharepoint](#).

Presentation:

For both the proposal and the presentation of the results, the resident must demonstrate to the rotation preceptors a thorough understanding of the topic, the methods, any shortcomings of the study and the results and conclusions supported by the project. The prepared presentation should be 15 minutes with the remainder of the time left for questions and answers (5 minutes). Audiovisuals should be used to enhance the presentation as appropriate and per Western States guidelines with handouts of the presentation provided to facilitate feedback from preceptors.

Quality:

The resident must meet scientific standards for quality in all aspects of the project. The resident may be required to repeat any or all aspects of the project if the standards are not met. The resident will not receive a residency certificate if the project is not completed or if a final paper suitable for publication is not submitted by the approved deadline. Suitability will be determined by the residency advisor and program director with the advice of the Residency Board.

Format for Proposal/Manuscript (Also follow IRB requirements)

Introduction

- Clear statement of the question/problem to be addressed
- Rationale and background information (including literature review) to justify the project
- Significance of the problem
- Possible solutions
- Study objectives/purpose
- Hypothesis

Methodology

- Study Design
 - Selection and/or inclusion/exclusion criteria, randomization, blinding, sample size and population
 - Control and treatment groups
 - End points—definition and method of measure
 - Timetable for completion

- Data collection
 - What data will be collected, when, how often and by whom
 - Patient consent form if required
- Analysis
 - Objective
 - Subjective
 - Statistical analysis

Resources

- Resources available/needed
- Budget

Investigators

- Resident's role and role of others

*Results**

- Data Presentation
 - Outcome
 - Subjects completing the study—number included, etc.
 - Drop outs, reasons for dropouts
 - Demographics
- Response rates/other means of reporting results
- Statistical analysis and significance
- Subjective results and trends

*Discussion**

- Interpretation of results
- Comparison with other studies
- Implications

*Conclusions**

References/Bibliography

*Only required for final paper (not for proposal)

Residency Project Timeline

The resident is given appropriate time during orientation to complete research training. During the first several months the resident is encouraged to select a project and begin study development. IRB R&D or QI approval should be secured as appropriate to the study design. Data collection and study conduct should be given significant time in December and January. The following timeline should provide a rough idea of how the project should proceed throughout the residency year.

Month	Due Date	Description
July	On scheduled meeting date	Meet research preceptor(s) UMKC School of Pharmacy: Dr. Mark Patterson, Ph.D., M.P.H.
	On scheduled meeting date	Receive information on available projects Research preceptor and Residency director will meet with resident as a to describe available research projects and ideas
	By last day of month	Complete CITI Training – Web based training Complete TMS training – titled “Ethics Most Wanted” Print 2 completion certificates, place one copy in your residency binder and give the other to the research pharmacist [research pharmacist will fax a copy to the research department for their records]
		Choose project for residency year
August	Fourth Monday of the month	Complete draft of research proposal and present to staff at VISN 15 PBM Staff meeting Be prepared to talk about your project idea and proposed methods for about 5 minutes, and take notes on questions and suggestions for your final draft
	Last Friday of the Month	Final draft of research proposal, with prior approval from preceptor, due to KCVA research pharmacist Email document to research pharmacist, and cc project preceptor(s), noting that this has been approved as a final draft
September	Third Friday of the Month	Arrange and execute a meeting with project preceptor(s), research pharmacist, and residency director to discuss project status as “Quality Improvement” or “Research” Different regulatory requirements must be met based on the intent and structure of the project. This meeting will determine which forms and approvals must be completed for the resident to proceed.
October	Second Thursday of the Month	Regulatory submissions complete – Either IRB or QI documents submitted to KCVA Research Department
November		
	Final weekday of the month	All IRB and R&D approvals or final authorized QI form (for non-research) should have been obtained at this point, copies of all approval letters are due to the research preceptor.
January	Third Monday of January	Draft of Midwest Residency Conference Abstract due to research preceptor(s) for comment and review See http://www.westernstates-rx.org/ for information and regulations regarding abstract format and submission
February	Mid February	Register for Midwest Pharmacy Residents Conference (check Midwest Pharmacy Residents Conference for absolute deadline)
	End of Month	Finish data collection for project
March	By assigned date (see outlook	Finish draft of Midwest Pharmacy Residents Conference presentation and complete first presentation to preceptors and pharmacy staff

	calendar appointment)	-Follow the required format as outlined on http://www.westernstates-rx.org/ -Bring 10 copies of your PowerPoint presentation to the meeting so that the attendees can write notes and give feedback
	By Third Thursday of the Month	Email draft of Midwest Pharmacy Residents Conference handout to research pharmacist and preceptor(s) for review and comments
April	As needed	Continue data analysis and refinement of project presentation
	Second Friday in April	Submit journal choice and author guidelines for manuscript to preceptor(s) and research pharmacist via email Start/continue work on draft of manuscript
May	Dates vary, check website	Attend Midwest Pharmacy Residents Conference and present project (or other suitable conference approved by RPD)
	Last Friday in May Last Friday in May Early June – Date to be decided (watch for outlook email)	Submit 2 research project ideas for next year’s residents (usually you will see some project presentations at the Midwest Pharmacy Residents Conference that might be beneficial if performed here) Submit projects via V15PBMSHare for new residents. Use the project proposal form and save to the submitted project ideas folder.
		Submit project closure documents to research department Note: this is only for research projects, no closure documentation is needed for non-research/QI projects
June	Second Monday in June	Project manuscript due to preceptor(s), residency director and research pharmacist

Formulary and Utilization Management (Facility Experience)

Updated August 2017

This is an extended learning experience ½ day/week throughout the year. The resident will be working with the VISN 15 Formulary Management Workgroup, VISN Pharmacy & Therapeutics Committee, and Kansas City VA (KCVA) Pharmacy Service to improve quality and value of medication therapies through appropriate formulary and utilization management techniques. The resident will develop the knowledge, skills, values and abilities necessary to render prior authorization decisions, improve procurement, contract compliance, and inventory control activities to achieve maximum savings and data accuracy. Several standing committees and many practitioners are involved with the work of developing, modifying, and maintaining the VA National Formulary. In addition, both *VISNs* and *medical facilities* are responsible for adherence to VHA Drug Use Criteria and clinical guidelines. Pharmacy services at the VISN and facility levels implement national formulary and utilization management decisions. Medical facilities review their unique services and processes to render decisions through local Pharmacy & Therapeutics Committees to promote high reliability organizations centered on patient safety. The purpose of the rotation is to prepare the resident to take on the role of a formulary manager at both the local and VISN levels. The resident will apply knowledge of the VHA drug benefit and market trends to design analyses to track cost savings, cost avoidance, and to forecast pharmacy budgets.

This rotation is key to developing the resident’s experience and skills to be able to work at a facility or VISN level position after residency.

The rotation is divided into 3 blocks that build conceptually and in complexity throughout the rotation:

Block 1: P&T Committee Orientation, prior authorization (August, September, October)

Block 2: Therapeutic Interchanges, PE Proposals, P&T Committee Participant, budgeting (November, December, January, February)

Block 3: Applied Pharmacoeconomic Specialist (March, April, May, June)

Name	Title	Email
Kimberly Schaffer, Pharm.D.	KCVA Pharmacoeconomics, Pharmacy Outcomes/ Health Care Analytics	Kimberly.Schaffer@va.gov

Goals and Associated Objectives to be taught and evaluated during this experience:

<i>Outcome R3: Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.</i>	
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Goal R3.1: Establish oneself as an expert for data retrieval, medication information, and outcomes-related resources within the organization.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R3.1.1 Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.	<i>Review and complete non-formulary/prior authorization consults for a facility consult service.</i>	1
OBJ R3.1.2 (Synthesis) Fulfill requests for provider-requested data, reports, criteria, usage/cost information, or outcomes in an accurate and efficient manner.	<i>Develop and present Drug Use Criteria</i> <i>Develop and present P'Econ Evaluations or Therapeutic Interchange</i>	2 or 3 2
Goal R3.4: Identify opportunities for improving the safety of aspects of the organization's medication-use system through analysis tools, measures, metrics, guidelines and policies.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R3.4.1 (Application) Assist in the organization's reporting and preventing medication errors and adverse drug reactions (ADEs) through development/maintenance of analysis tools, updating DUC, reporting alerts at meetings, or other means as necessary.	<i>Assist in the organization's reporting and preventing medication errors and adverse drug reactions (ADEs) through development/maintenance of analysis tools, updating DUC, reporting patient safety alerts at meetings, or other means as necessary.</i>	2
Outcome R6: Understand a pharmacy benefits management structure and contribute to the organization's formulary management.		
Goal R6.1: Understand the interrelationship of the pharmacy benefit management function, and the network health care systems.		
OBJ R6.1.2 (Comprehension) Explain the principles of the financial management of the organizational unit.	<i>Describe elements of the organization's financial plan. Describe elements of the organization's financial plan. Assist in developing network pharmacy budgets and costs savings initiatives for FY. Attend local budget meetings as requested and participate in the new drug budget project.</i> <i>Describe the data elements of productivity measures (e.g. operational activities, budgets, FTE, etc.). Assist in developing productivity dashboard for network pharmacy services.</i>	2 3
OBJ R6.1.3 (Analysis) Research literature, business publications, websites and other relevant resources to assemble a list of factors that will influence sites' budget projections for	<i>Assist in developing network pharmacy budgets and costs savings initiatives for FY.</i>	2

the upcoming fiscal year.		
OBJ R6.1.4 (Synthesis) Provide analytic tool(s) to assist pharmacy executives in projecting the monetary result of influencing factors.	<i>Design and create cost savings initiatives and therapeutic interchange monitoring tools.</i>	2
Goal R6.2: Provide pharmacy expertise to the organization in the area of managed care by contributing to the ongoing development of the organization's formulary through review of existing, development of new, and implementation of pharmacoeconomic proposals, drug use criteria, and organizational policies and procedures affecting the care of patients.		
Objective	Related Activity/Instructional Objectives	Block Evaluated
OBJ R6.2.1 (Analysis) Create a written DUC or pharmacoeconomic proposal for a medication, class, or disease state that is to be considered by the organization's P&T committee for approval.	<i>Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, of the disease(s) to be treated by the drug under consideration. Include in writing of full or abbreviated monograph or drug use criteria proposal.</i>	3
	<i>Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of the drug under consideration. Include in writing of full or abbreviated monograph or drug use criteria proposal.</i>	3
	<i>Explain the structure and types of information supplied by pharmaceutical manufacturers using the organization's template format. Include in writing of full or abbreviated monograph or drug use criteria proposal.</i>	3
	<i>Explain likely sources of relevant information not contained in the materials supplied by the pharmaceutical manufacturer. Include relevant information outside the manufacturer packet in writing of full or abbreviated monograph or drug use criteria.</i>	3
	<i>Explain the characteristics of scientific writing. Apply scientific writing style to full or abbreviated monograph or drug use criteria.</i>	3
	<i>Explain factors to consider when judging the safety, the efficacy, or the pharmacoeconomics of a specific medication. Include in writing of full or abbreviated monograph or drug use criteria proposal.</i>	3

OBJ R6.2.2 (Synthesis) When appropriate, present the recommendations contained in a PE proposal to members of the P&T Committee.	<i>Explain the composition and responsibilities of the organization's P&T committee.</i>	2
	<i>Explain an appropriate style of presentation for P&T committee meetings.</i>	2
OBJ R6.2.3 (Synthesis) Participate in the communication of information regarding formulary design and/or changes.	<i>Explain the process of developing a formulary. Demonstrate through participation in providing updates on national PBM formulary decisions, VISN drug use proposals, and facilitating implementation through VISN P&T.</i>	2
	<i>Explain factors in the managed care environment, including cost and quality objectives that affect the development of the formulary. Demonstrate through participation in providing updates on national PBM formulary decisions, VISN drug use proposals, and facilitating implementation through VISN P&T.</i>	2

Communication:

- Scheduled meeting times as requested through rotation : Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
- E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication, including formative evaluation of work. This is appropriate for routine, non-urgent questions and problems.
- Skype: Available for questions, comments as needed throughout the workday
- Office extension: Available for questions, comments as needed throughout the workday

Preceptor interaction: The preceptor(s) for this rotation will use modalities including: direct instruction, modeling or practical skills, coaching, and facilitating based on the needs of the resident. He/she will be responsible for providing continuous feedback to the resident regarding their performance and completing a final summative evaluation.

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident

Block 1: The resident will become acquainted with local P&T policies and procedures and the roles of the various disciplines serving on a P&T Committee, as well as present topics as applicable. The resident will become acquainted with the VA formulary, National Pharmacy Benefits Management, VISN 15 and local (Kansas City) resources , to aid in local formulary management decisions and evaluation of non-formulary/prior approval consults. The preceptor will coach the resident in the non-formulary process and model appropriate response style. The resident will become more independent with the non-formulary process over the 6 week experience.

Block 2: The resident will create therapeutic interchanges and other PE proposals through their independent thinking and problem-solving. In presentations, the resident will become more confident and able to provide justifications for proposals, including fielding questions from P&T members. Justifications will be back by sound interpretation of the literature used to develop the proposal(s). The resident will become more independent in being a member of the P&T Committee and in presenting information to stakeholders at the facility with less assistance required from the preceptor throughout the progression of the second block.

Block 3: The resident will assume the role of a facility level applied pharmacoeconomic specialist to develop drug criteria for use independently and help the organization's decision makers addressing complex drug utilization issues. The resident will apply concepts from both prospective and/or retrospective outcomes analyses to various functions of the PE workgroup and P&T Committee. The resident will also participate in academic detailing activities that support the acceptance of PE proposals or drug use criteria.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Evaluation process:

PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	Quarterly
Summative Self-evaluation	Resident	Quarterly
Preceptor, Learning Experience Evaluations	Resident	Quarterly

Schedule:

Extended Learning Experience

- Assignments made on a weekly basis by preceptor and by appointment

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- Daily/weekly meetings with preceptor as assigned
- Daily/weekly demonstrations/lectures with preceptor as assigned
- Projects/assignments as assigned by preceptor

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- To be determined by preceptor at the beginning of the learning experience and adjusted throughout

Assigned Readings/Discussion topics:

1. [Database Theory Documents](#)
2. [SQL Server Analysis Services Documents](#)
3. [SQL Server Integration Services Documents](#)

VISN 15 Academic Detailing

(concentrated experience)

Preceptor(s):

Dr. Veronica Fassio (Preceptor-in-training)

Monica Schaefer

Updated December 2016

Description

The purpose of the Academic Detailing experience is to introduce the pharmacy resident to the skills and techniques of Academic Detailing and to allow them to practice the skill.

Setting

Kansas City VAMC in both primary care and mental health arenas.

Role of the Academic Detailer

The Academic Detailer is responsible for providing Academic Detailing to staff based on national and VISN initiatives. Academic Detailing involves reviewing and learning evidence-based medicine, developing and/or promoting educational pieces that include key messages, providing Academic Detailing outreach visits to VA staff, identifying and resolving barriers, and socializing new Academic Detailing campaigns.

Resident Responsibilities

The pharmacy resident will be expected to contact and request (via email, phone call, or other form of communication as necessary) academic detailing outreach visits with VA staff, prepare for each outreach visit, and lead an outreach visit after practicing and shadowing preceptor. Preparation for an outreach visit may take up to 75% of a detailer's time while the actual outreach visit may take only about 25% of the detailer's time. Each Academic Detailing outreach visit should last between 10-30 minutes on average and include 6 core components: 1.Introduction, 2.Needs assessment, 3.Key messages/features/benefits, 4.Handling Objections (barriers and enablers), 5.Summary, and 6.Close. The resident will also be expected to follow-up with the staff member(s) after the outreach visit and to address or resolve (if possible) any barriers discovered/uncovered during the visit. The resident will also be expected to socialize Academic Detailing campaigns at team meetings, staff meetings and meetings with leadership as well as develop and/or edit provider and patient level educational materials as needed.

Requirements for Successful Completion of Experience

Goal	Objective	Activity required for successful completion
R3.1	OBJ R3.1.1 (Synthesis) Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.	Manage and maintain one major dashboard, responding to provider requests for changes and clarification of definitions.
	OBJ R3.1.1 (Synthesis) Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.	Integrate yourself into staff meetings and socialize at least one Academic Detailing Campaign. Perform at least 3 one-on-one academic detailing outreach visits.
	OBJ R3.1.2 (Synthesis) Fulfill requests for provider-requested data, reports, criteria, usage/cost information, or outcomes in an accurate and efficient manner.	In response to a provider request, design and implement one academic detailing specific dashboard or data tool. Additionally, educate others on its appropriate use.
	OBJ R3.1.3 (Comprehension) Answer questions and troubleshoot issues from users of the organization's analysis tools, criteria, use, cost, or policies and procedures.	Serve as point of contact for VISN 15 Pharmacy Academic Detailing dashboard users.
R4.1	OBJ R4.1.1 (Application) Use effective educational techniques in the design of all educational activities.	Perform 3 Academic Detailing outreach visits in small group settings (2-4 staff attendees) to promote optimal care for our Veterans
	OBJ R4.1.1 (Application) Use effective educational techniques in the design of all educational activities.	Identify changes in medication-use or newly developed analysis tools that require training of staff within the organization. Provide academic Detailing education sessions and dashboard training to various audiences
	OBJ R4.1.1 (Application) Use effective educational techniques in the design of all educational activities.	Explain the differences in effective educational strategies when teaching colleagues versus residents versus students versus health professionals in other disciplines. Experience in teaching students on APPE rotations, P3 students in class, colleagues in network office on new programs, and other health professionals on workgroups. Compare and contrast the styles, and adjustments one makes to effectively provide education to these various

		audiences
	OBJ R4.1.2 (Application) Use advanced public speaking skills to communicate effectively in large and small group situations.	Perform 3 Academic Detailing outreach visits in small group settings (2-4 staff attendees) to promote optimal care for our Veterans
	OBJ R4.1.2 (Application) Use advanced public speaking skills to communicate effectively in large and small group situations.	Prepare and deliver slides to socialize an Academic Detailing campaign at 1 staff meeting and 1 team meeting.
R4.3	OBJ R4.3.1 (Synthesis) Contribute to the design of evidence-based, non-commercial educational programs for outreach to healthcare providers and patients that centers on health improvement, wellness, or disease prevention.	Develop or edit one Academic Detailing educational piece (provider or patient).
	OBJ R4.3.2 (Synthesis) Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.	Explain how to use analysis tools via virtual training sessions.
	OBJ R4.3.2 (Synthesis) Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.	Explain how available analysis tools can assist academic detailers.
	OBJ R4.3.2 (Synthesis) Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.	Participate in Academic Detailing meetings and initiatives.

***Bold indicates that the goal/objectives will be evaluated on this rotation**

Preceptor interaction

Resident will communicate regularly with the Academic Detailing preceptors and complete work on site at the KCVA as needed in order to efficiently conduct Academic Detailing visits while maintaining other concurrent responsibilities. Verbal and written feedback will be provided to resident after completion of all Academic Detailing outreach visits, socializations of new Academic Detailing campaigns, and development of educational materials.

Communication

- Scheduled meeting times
- Scheduled Academic Detailing visits and socialization activities
- Dr. Veronica Fassio
- Veronica.Fassio@va.gov

Expected progression of resident responsibility on this learning experience

1. The resident will read the Academic Detailing Basic Skills Training Manual (attached) and discuss with preceptor during the first week of the experience.

2. The resident will observe at least 3 “cold-calls” where the preceptor is requesting an appointment for an academic detailing outreach visit with a provider during the first month of the experience.
3. The resident will shadow the Academic Detailing Preceptor for 3 or more one-on-one Academic Detailing outreach visits to observe the interaction and be introduced to the communications skills involved in Academic Detailing during the first month of the experience.
4. The resident will provide at least 2 informal evaluations of the preceptor (using the attached form as a guide) to note whether each of the 6 core components were present during the observed detailing sessions during the first month of the experience.
5. The resident will shadow the Academic Detailing preceptor during 1 or more socializations of an Academic Detailing campaign and 1 or more small group (2-4 attendees) academic detailing outreach visits during the first month of the experience.
6. The resident will socialize an Academic Detailing campaign at 1 or more staff meetings and 1 or more team meetings during months two or three of the experience.
7. The resident will request one-on-one Academic Detailing appointments with at least 3 providers during months two and three of the experience.
8. The resident will lead 3 or more one-on-one Academic Detailing outreach visits with providers during months two and three of the experience and include the 6 core components of an Academic Detailing outreach visit.
9. The resident will lead 3 or more Academic Detailing outreach visits in a small group setting (2-4 attendees)
10. Resident will edit or develop at least one educational piece for providers or patients by the end of the experience

Accountability

Evaluation of Performance

The resident will be evaluated on the goals, objectives, and expectations outlined for this learning experience. Informal verbal feedback will be provided throughout the rotation and formal feedback will be delivered on completion both verbally and in PharmAcademic. The resident should request additional feedback if the amount being received is insufficient.

Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.

Formative evaluation:

The preceptor will formally evaluate 3 or more one-on-one academic detailing educational sessions using the attached assessment form. If the detailer is unable to score at 75 points or higher on a minimum of 2 Academic Detailing outreach visit assessments, he or she will be unable to perform a detailing session without the preceptor present. If the resident is able to

achieve 75 points or higher on 2 or more evaluations, the resident will be allowed conduct an Academic Detailing outreach visit without the preceptor present. For these visits, the preceptor will seek informal feedback from providers being detailed and ask for information on strengths and weaknesses, areas for improvement and overall satisfaction with the resident Detailer.

Academic Detailing Outreach Visit Assessment Form



Academic Detailing
Outreach Visit Assess

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	End of experience
Summative Self-evaluation	Resident	End of experience
Preceptor, Learning Experience Evaluations	Resident	End of experience

Schedule:

Schedule

8 hours per week over a 90 day period, or 0.20 FTEE during three month experience

- Assignments made on a weekly basis by preceptor and by appointment

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- Daily/weekly meetings with preceptor as assigned
- Daily/weekly demonstrations/lectures with preceptor as assigned
- Projects/assignments as assigned by preceptor

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- To be determined by preceptor at the beginning of the learning experience and adjusted throughout

Assigned Readings/Discussion topics:

1. AD Basic Skills Training Manual



Basic Skills Workshop
Training Manual.docx

Sample Elective Rotation Description

Applied Pharmacoeconomics and Formulary Management

Updated 10/05/15

Brief Learning Experience Descriptor:

The Pharmacoeconomics pharmacy experience is a 4 week rotation where the resident will gain a basic understanding of pharmacoeconomic principles and will develop skills in the practical application of these principles in the VA healthcare environment. Throughout the rotation, the resident will be involved in activities related to drug and pharmacy cost containment while ensuring quality patient care and patient safety. The resident will work collaboratively with pharmacists, the pharmacy ADPAC (Automated Data Processing Application Coordinator), pharmacy buyers, technicians, and other medical center staff. The resident’s responsibilities may include cost analysis, cost monitoring and reporting, budget preparation, tracking and reporting, formulary selection and implementation, non-formulary request evaluation, medication conversions, drug utilization evaluations, medication therapy assessments, updates to drug file entries, providing evidenced-based drug treatment information, patient communications, purchasing assessments, drug shortage adjustments, product recall activities, and other pharmacy support functions.

Preceptors:

Name	Title	Email
Leon K. Jensen, Pharm.D., MBA, BCPS	Pharmacoeconomics Program Manager	Leon.Jensen@va.gov

Goals and Associated Objectives formally taught and evaluated during this experience:

Outcome R2: <i>Manage and improve the medication-use process</i>	
Goal R2.2: Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization’s criteria for medication use, monitoring, and outcomes measurement.	
Objective	Related Activity/Instructional Objectives
OBJ R2.2.1 (Synthesis) Collaborate with an interdisciplinary team to write or revise an existing guideline, measure/metric, policy, or protocol.	The resident will achieve Objectives R2.2.1, 3.3.4, 6.2.1 and 6.2.3 through application and/or hands-on experience with of one or more of the following activities. <ul style="list-style-type: none"> • Formulary maintenance.

	<ul style="list-style-type: none"> • Non-formulary approval/denial process. • Local medication policy development. • Drug and supply purchasing. • Performance measurement. • Therapeutic conversions. • Pharmacoeconomic analyses. • Drug Supply/Recall. • Provider order entry through CPRS and VistA. • Pharmacy processing of orders from receipt through dispensing. • Knowing and maintaining the local formulary. • Making non-formulary approval/denial decisions. • Developing local medication policy. • Determining appropriate drug/supply purchases. • Tracking, measuring, and reporting budget performance. • Performing therapeutic conversions. • Carry out pharmacoeconomic analyses. • Research and analyze drug information literature. • Interacting with pharmacy leaders on a VISN and local level. • Working with the Pharmacy and Therapeutics Committee. • Managing drug shortages and recalls. • Identifying and analyzing the causes for mismatched entries in the local drug file. • Other similar process analysis. • Drug file updates. • Formulary decision making. • Pharmacoeconomic analysis. • Therapeutic conversions.
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	<ul style="list-style-type: none"> • Managing drug shortages/recalls. • Cost savings/avoidance. • Budgeting. • Data extraction and compilation for medication use monitoring. • Updating/correcting VistA drug file entries. • Standardizing the drug file. • Researching drug cost avoidance opportunities. • Updating supply drug file costs.
<p>Goal R3.3: Critically evaluate and employ advanced analysis skills to relevant biomedical literature in preparing analysis tools, drug information responses, pharmaco-economic proposals, and drug use criteria.</p>	
Objective	Related Activity/Instructional Objectives
<p>OBJ R3.3.4 (Evaluation) Determine the internal and external validity of a piece of biomedical literature and if a study's results have applicability for hypothesizing future research or for directing patient care decisions.</p>	<p><i>See above</i></p>
<p>Outcome R6: <i>Understand a pharmacy benefits management structure and contribute to the organization's formulary management.</i></p>	
<p>Goal R6.2: Provide pharmacy expertise to the organization in the area of managed care by contributing to the ongoing development of the organization's formulary through review of existing,</p>	
Objective	Related Activity/Instructional Objectives
<p>OBJ R6.2.1 (Analysis) Create a written DUC or pharmaco-economic proposal for a medication, class, or disease state that is to be considered by the organization's P&T committee for approval.</p>	<p><i>See above</i></p>
<p>OBJ R6.2.3 (Synthesis) Participate in the communication of information regarding formulary design and/or</p>	

changes.	
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Communication:

- Daily: Resident is expected to work independently, think critically, and problem solve. Resident should ask questions on an ad hoc basis as needed throughout the day and the block rotation.
- E-mail: Residents are expected to read e-mails periodically throughout the day for ongoing communication, including formative evaluation of work. This is appropriate for routine, non-urgent questions and problems.
- Lync: Available for questions, comments as needed throughout the workday.
- Office extension: Available for questions, comments as needed throughout the workday

Preceptor interaction:

The preceptors for this experience will provide opportunities for hands-on learning and will be available to provide explanation, demonstration, experiential-learning coaching, evaluation, and feedback throughout this rotation.

Expected progression of resident responsibility on this learning experience:

(Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training block.)

Week 1:

- The resident is orientated to clinical and administrative requirements and expectations of rotation.
- The resident & preceptor will identify areas of interest/deficiencies to be addressed as much as possible during the rotation period.
- The resident will be oriented to projects and goals for the four week experience as they arise.

Week 2-3:

- The resident will become integrated into the pharmacoeconomic workflow at the institution and develop the operational knowledge needed to help with daily operational issues as needed.
- Participate in pertinent meetings.
- Independently complete bulk of project work, submit project results for feedback and refinement.
- The resident will perform a midpoint self-assessment of performance and progression towards attainment of requirements and expectations to discuss with the preceptor.

Week 4:

- The resident will serve as a point of contact for drug recall / formulary / therapeutic interchange issues and be able to address questions or issues with a significant degree of independence.

- The resident will present the completed results of his pharmacoeconomic projects to relevant VA staff.
- The resident and preceptor will perform a final assessment of the resident’s performance and progression towards attainment of requirements and expectations to be discussed prior to the end of the rotation period.

All objectives are also included in core longitudinal rotations. Objectives requiring improvement during this rotation will be identified and continue to be addressed and included in the customized plan for the remainder of the core rotations.

Evaluation process:

The resident will be evaluated on the goals, objectives, and expectations outlined for this learning experience. Informal verbal feedback will be provided throughout the rotation and formal feedback will be delivered on completion both verbally and in PharmAcademic. The resident should request additional feedback if the amount being received is insufficient.

- Summative evaluations: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.
- Formative evaluations: Regular, ongoing, in the moment assessment about resident performance. Information can be provided orally or in writing during the learning experience.

What type of evaluation	Who	When
Formative	Preceptor	Throughout experience
Summative	Preceptor	End of experience

Schedule: To be determined based on day-to-day needs of the Medical Center.

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN 20 P&T Committee (TBD)
- Boise VA P&T Committee meeting (TBD)
- Ad hoc meetings (TBD)

Assigned Readings/Discussion topics:

- Types of Economic and Humanistic Outcomes Assessments

Evaluations

PGY-2 Pharmacy Outcomes and Healthcare Analytics Residency Evaluation Process

Beginning in 2015 ASHP made available an on-line evaluation system called PharmAcademic which is used fully by this program. **Before the program begins**, each resident completes an **initial self-evaluation** ([Appendix VI](#)). This allows the RPD and Residency Board to tailor the residency experience to the individual resident's desires, needs, and experiences. Each resident's **individualized residency** training program and evaluation process is entered into a security protected on-line computerized program. The residency director has entered all documents and determined time frames for scheduled rotations, appropriate preceptors and evaluation documents. Descriptions of each rotation experience are available which include: a brief descriptor, goals and associated objective to be formally taught and evaluated during this experience, learning activities to facilitate achievement of the goals and objectives, schedule, designated meetings/responsibilities, checklist of assignments/projects/requirements and assigned readings.

Residents are assigned to preceptors for training and guidance. Preceptors will meet with the resident on a regular basis and review the resident's accomplishments. **Midway through a rotation** the preceptor will determine if the resident is likely to meet all goals and objectives of the rotation. If the resident has not met the goals and objectives necessary to pass the rotation, the preceptor will discuss this with the resident so corrective actions can be taken. If the resident does not meet these goals and objectives by the end of the rotation, the board will discuss and plan the course of action at that time. **During the rotation** formative evaluation will be given by the preceptor as projects are completed. **Formative evaluations** occur as daily feedback: verbal or written. Examples of written evaluation can be signing progress notes and addendums, journal club or presentation evaluations, corrected minutes and agendas, edits to written documents, etc.

Summative evaluations occur at the **end of each Learning Experience** (4 week rotation) and at least quarterly throughout a longitudinal rotation. Likewise, a summative self-evaluation, evaluation of preceptor, and evaluation of learning experience are required quarterly throughout a longitudinal rotation as well as **at the conclusion of each rotation**. The evaluations for rotations are performed online, on the PharmAcademic website (<https://www.pharmacademic.com/>). After the preceptor enters and signs a summative evaluation, an alert will be sent to the resident via Outlook e-mail. The resident will then need to sign off on the evaluation. Also, the resident will enter a summative self-evaluation and a preceptor evaluation. After completion, these will be sent back to the preceptor to sign. If the preceptor has questions or comments about the evaluations, they may send it back to the resident for review or edits, or they may sign it if it is complete.

Each resident is asked to give an honest appraisal of the preceptor and the rotation. Once the preceptor and the resident have completed evaluations they will be discussed. After discussion the preceptor and resident will sign the evaluation which will then be sent to the Residency Board and the Program Director (via PharmAcademic). Evaluations will be reviewed

and deficiencies and/or disciplinary actions that are needed will be addressed by the Residency Board. These are then signed by the Residency Director.

In addition, **at the end of each quarter** the resident's entire program evaluation is done by the RPD with input from the Residency Board, taking into consideration preceptor rotation evaluations, resident rotation self-evaluations, and informal verbal and written feedback. The evaluation involves identifying any objective evaluated that has been rated as "Needs Improvement". Specific suggestions for improvement are made for those objectives and a plan for improvement and evaluation outlined. The individualized plan will also include a summary of the resident's quarterly self-assessment based on rotation self-evaluations and additional self-assessment of strengths, weaknesses, progress, and maturity by the resident, to be discussed at quarterly meetings with the RPD. The quarterly self-assessment should be introspective of where the resident feels he/she is progressing and should be related to the initial plan. Strengths and areas of improvement are identified and the **residency experience is tailored to the resident's needs**. A review and discussion between the resident and RPD is documented and an individualized plan is developed to accommodate changes in the resident's learning experience based on their or the preceptors requests. Once goals for the program are achieved they need not be evaluated again. If satisfactory progress is made the goals continue to be evaluated.

These evaluations will be reviewed by the Residency Board members. Changes in experiences may be recommended by the Residency Board to help residents attain the goals. In addition, the residents will self-evaluate the same goals and objectives that the preceptor is evaluating at the end of the Learning Experience. The preceptors will also self-evaluate their teaching skills.

At the end of the residency year, residents will be asked to complete a final self-evaluation as well as an evaluation of the program and overall residency experience. This will take place through the completion of two forms – a final quarterly self-evaluation and an outgoing resident survey ([Appendix VIII](#)). The resident will also receive a final evaluation by the Residency Board that will be presented to the resident in a format similar to the above quarterly evaluations.

Meaning of Objective Ratings

Achieved

The resident has fully accomplished the educational goal for this particular learning experience. No further instruction or evaluation is required.

Achieved for Residency

This is reserved for the RPD to decide and is generally left until the end of residency as it allows the Goal/Objective optional for future evaluations in other learning experiences, as necessary.

Satisfactory Progress

This applies to an educational goal whose achievement requires skill development in more than one learning experience. The learning experience being evaluated is not the last one in which this goal will be taught. In this current experience you have progressed at the required rate to attain full achievement by the end of the program.

Needs Improvement

Your level of skill on the educational goal does not meet the preceptor's standards of either "Achieved" or Satisfactory Progress," whichever applies.

Snapshot Scale

NA (Not Adequate)

Performance has been identified as not adequate on areas identified in the summative/formative evaluations. Snapshots have been chosen to highlight these areas of concern and after action plans and strategies for improvement have been implemented, performance remains poor. At this point the preceptor and RPD need to meet to further the action/performance improvement plan with a goal of resident success (suggested meeting together with the resident). If performance continues to not improve or worsen, modifications may be needed including extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

A (Adequate)

Performance on identified areas has improved as expected and is considered satisfactory at this time with expected success by residency end. It does NOT mean that resident has fully achieved this area for residency, but that satisfactory progress is being made as expected

NA/NO (Not Applicable/Not Observed)

No basis to evaluate

Objectives Rated as “Needs Improvement” and Remediation

Needs Improvement on Snapshot or Formative Evaluation

Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting “satisfactory progress” for a specific goal or objective, the preceptor should document a snapshot evaluation as soon as possible and discuss with the resident. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. Snapshot or formative (mid-point) evaluations that include a “needs improvement” must include a documented action plan in PharmAcademic that will target “satisfactory progress” by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

Needs Improvement on Less than Two Summative Evaluations

If a preceptor determines that a resident still needs improvement for selected goals and objectives by the end of the rotation, the preceptor will meet with the RPD PRIOR to the end of the rotation and PRIOR to meeting with the resident. The preceptor and RPD will determine how the objective will be addressed on future rotations and will decide if a warm-hand off is needed between the current and upcoming preceptor. The RPD will determine if any modifications are

necessary to future rotations to ensure satisfactory progress. The current preceptor will meet with the resident to provide the summative evaluation.

Needs Improvement for Same Objective on More than Two Summative Evaluations

If a resident receives “needs improvement” for the same objective on more than one summative evaluation, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

Needs Improvement on More than 3% of Required Objectives

If at each quarterly meeting, a resident has received “needs improvement” for more than 3% of required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives “needs improvement” for more than 3% of required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend termination from the program.

PharmAcademic Evaluation Forms:

See also <https://www.pharmacademic.com/>.

APPENDICES

- I. [Early Commitment Policy](#)
- II. [Application and Evaluation Procedure](#)
- III. [Continuous Quality Improvement \(CQI\)](#)
- IV. [Extended Leave of Absence Policy](#)
- V. [Outcomes, Goals, & Objectives](#)
- VI. [Initial Self-Evaluation](#)
- VII. [Quarterly Self-Evaluation](#)
- VIII. [Outgoing Resident Survey](#)
- IX. [Functional Statement](#)
- X. [National Formulary FAQ](#)
- XI. [Important Web Sites Used By Past Residents](#)
- XII. [OAA Mandatory Training Orientation and Orientation Checklist](#)
- XIII. [Goals and Objectives Taught and Evaluated in Learning Experiences](#)

APPENDIX I: Early Commitment Process

VA Heartland Network (VISN 15)/Kansas City VA Post Graduate Year Two (PGY2) Early Commitment Policy

1) Process Description:

- a) VISN 15/Kansas City VA incorporates an Early Commitment Process, whereby the PGY2 Pharmacy Outcomes and Healthcare Analytics position can be committed to a current Post Graduate Year One (PGY1) resident at a VA Heartland Network facility in advance of the matching process.
- b) Both the PGY1 and PGY2 residencies will be continuous years of employment within the VA.
- c) Once the residency program offers the appointment to the resident and the resident agrees to accept the appointment, the residency program and the resident acknowledge that this appointment will be contingent on the resident satisfying all PGY1 residency program requirements.

2) Procedure:

- a) The Residency Program Director (RPD) will provide to interested candidates residency and program information related to eligibility requirements for the PGY2 program as well as general information pertaining to clinical training.
- b) Resident Applicant Requirements
 - A) Must have satisfactory PGY1 evaluations
 - B) Must be making progress sufficient to successfully complete PGY1 goals and objectives by June 30th of next year
 - C) Demonstrate interest and motivation to do a Specialty Residency
 - D) Prepare and deliver a formal letter of interest to be considered for a PGY2 resident position.
 - E) Adherence to all applicable deadlines.
 - F) The PGY1 resident does not have to be registered for the Match (<https://natmatch.com/ashprmp/aboutecp.html>) if accepting an Early commitment to the PGY2 program.
 - G) Submit the following to the RPD no later than December 1st:
 - a. Letter of intent describing what the PGY1 resident would like to accomplish through the PGY2 residency
 - b. Current curriculum vitae
- c) All interested PGY1 residents will be interviewed by the RPD, PGY2 preceptors, and PGY2 resident.
- d) If there is more than one PGY1 resident applying for the PGY2 position, the offering of the PGY2 position will be based on performance in the PGY1 position, formative evaluations, summative evaluations, and interview evaluations.
- e) RPD, preceptors and the current PGY2 resident (if applicable) will meet to discuss the candidates to determine which candidate is the best fit for the program. The chosen candidate will then be formally offered the position.
- f) Once the position of the PGY2 residency is offered and accepted, the American Society of Health-System Pharmacists RESIDENT MATCHING PROGRAM Letter of

Agreement form will be signed by the resident and RPD and returned to the National Matching Program by the third Friday in December. By signing this agreement it is understood that:

- i) The resident will not make any commitments to or contracts with any other program for PGY2 training beginning the following year. If the resident has already registered for the Match, the resident agrees to be withdrawn from the Match.
- ii) The residency program agrees to have the position withdrawn from the Match.
- iii) The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.

References:

- National Matching Service Rules. Available at: <http://www.natmatch.com/ashprmp/aboutecp.html>
- American Society of Health Systems Pharmacists. Available at www.ashp.org

APPENDIX II: Application and Evaluation Procedure

PGY2 Residency Program

The Veterans Affairs Heartland Network and KCVAMC Pharmacy Service are committed to providing a high quality experience for PGY2 Pharmacy Residents. In order for the Network, Service, providers, patients and staff to benefit from the residency programs, it is important to identify qualified pharmacists committed to attaining professional competence beyond entry-level practice. The following outlines the procedure involved with evaluating applications, inviting applicants for interviews, post-interview assessment and ranking for match, as well as post-match procedures for unmatched positions.

Application Process:

- (1) Application Development:
 - (a) Application materials are developed by the Residency Program Director (RPD) and are reviewed and approved by the Residency Board. These materials include: Eligibility Requirements, Recruitment brochure/flyer, Recruitment Letter, Applications.
- (2) Applicant Deadline:
 - (a) The deadline is determined annually by the RPD (generally mid-January).
- (3) Handling of Application Materials:
 - (a) Candidates wishing to apply to the program are required to submit the following via PhorCAS:
 - 1 A “letter of intent” stating why they are pursuing a residency position in our program.
 - 2 Current curriculum vitae.
 - 3 A US Government form OF-612 “Optional Application for Federal Appointment” **AND** form OF-306 “Declaration for Federal Employment”. These forms are available at <http://www.opm.gov/forms/html/of.htm>.
 - 4 A current official University/College Pharmacy School transcript.
 - 5 Three letters of recommendation. These should be from individuals capable of commenting on the applicant’s professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing their ability to flourish and succeed in our program. All comments and information will be held in strictest confidence.
 - (b) All application materials will be managed through PhorCAS. Application materials received after the deadline will NOT be accepted.
- (4) Evaluating Applications:
 - (a) Application Review Sheet:
 - 1 The RPD will track applications and status in PhorCAS. Completed applications will be scored and ranked by members of the Residency Board and a determination will be made whether or not to offer an interview. A “completed” application is defined as containing all required materials.
 - (b) Minimum requirements for an interview
 - 1 Only completed applications will be considered for an interview.

Interview Process

- (1) Invitation for Interviews
 - (a) The RPD and available Residency Board members will complete the scoring section of the Application Review Sheet ([Attachment A](#)) for all completed applications. Applications will be ranked in order of Application Review Sheet score and interviews will be offered generally to the top 5 candidates; however, the Residency Board may choose to interview more as deemed necessary. Invitation letters for interviews will be sent in order of highest to lowest score. Once all interview appointments are filled or if the Board determines that a candidate has scored too low for being offered an interview, they will be alerted to this effect by a letter prior to the interview notification date.
- (2) Structure of Interview
 - (a) The interview includes a meeting with the RPD, Residency Board, current PGY2 resident, and additional Preceptors/Clinical Pharmacy Specialists.

- (b) Program Review
 - i. The RPD meets with the scheduled applicants to discuss the setting, VISN PBM services, Residency Program, benefits offered to residents and background/qualifications of the RPD. This is also the component of the interview process that allows the applicant the opportunity to have their questions about the residency program answered by the RPD.
 - (c) Panel Interview
 - i. The residency program utilizes a panel interview format to optimize the number of preceptors exposed to applicants, and allow for the broadest input into the selection process of the residency.
 - ii. Because residents spend a majority of their time interacting with the VISN PBM, KCVAMC Pharmacoeconomics Specialist, and Research, these areas are represented on the interview panels. Other pharmacist preceptors that the resident may work with on individual projects are solicited and scheduled by the RPD.
 - (d) Development of Interview Questions
 - i. The Residency Committee utilizes the VA's Performance-Based Interviewing technique (see: http://vaww.palo-alto.med.va.gov/education/HPDM/intv_intro.html). After determining key knowledge, skills, abilities, attitudes and experiences, reviewing recent resident exit interviews, and reflecting on recent and current resident classes, the Residency Board develops a set of interview questions that asks applicants about specific examples in their past work or life experiences that relate to the key knowledge, skills, abilities, attitudes and experiences needed for success in the residency. ([Attachment B](#))
 - (e) Evaluation of Interview Answers
 - i. Immediately after the applicant interview, interview panel members individually complete the Pharmacy Residency Program Interview Evaluation Form ([Attachment C](#)). Completed forms are turned into the RPD, who collates all the data into a spreadsheet for candidate comparison.
 - ii. If there are wide differences in opinion between Committee members regarding an applicants' rank or if Committee members request more information regarding applicants, a reference check will be used to gain more insight into an applicant's previous performance. Applicant's references or past preceptors as identified by the applicant's curriculum vitae may be contacted by telephone by either a committee member or the RPD, and interviewed using the Reference Check form ([Attachment D](#)).
 - (f) Tour
 - i. Applicants are given a tour of the VA Heartland Network and KCVAMC facilities to give them an introduction to the physical setting of the residency.
 - ii. Current PGY2 residents serve as tour guides. This allows applicants the opportunity to ask questions to a current resident regarding their impressions of the program, away from the RPD and preceptors. It also allows the resident to evaluate the applicant away from the structured interview panel setting.
- (3) Ranking Process
- (a) The PGY2 Residency Program complies with all ASHP Resident Matching Program rules and policies, as set forth by ASHP and National Matching Services, Inc. (NMS).
 - (b) All data is collected, charted, and graphed for comparison reasons. Individual assessment scores, section scores, and total interview scores are listed in applicant tables with interviewer comments noted at the bottom. Additionally, total interview scores are graphed against other applicants for comparison reasons. This information is utilized by the interview panel members to make a final rank list.
 - (c) The PGY2 Residency Program Rank Order List is submitted to NMS by the RPD via prescribed methods, before the deadline set by NMS.
- (4) Post-Rank Process
- (1) **Matched Positions**
 - (2) Once match results are available, the RPD will notify the Chief of Pharmacy or VISN 15 Leaders of the results, and contact matched residents by telephone.
 - (3) **Commitment Letter**
 - (a) A Resident Appointment letter ([Attachment E](#)) is sent to each matched resident, postmarked no later than 30 days following receipt of the Match results. The matched resident is asked to

acknowledge receipt of the Resident Appointment letter by sending back a signed copy of the letter to the RPD within two weeks of the date of the letter.

(3) Unmatched Positions

(a) In the event that the Match does not fill the PGY2 position, the RPD will notify the VPE or VISN 15 Leaders. Applicants interviewed with VA Heartland Network, on the Rank Order List, and identified as unmatched applicants by the unmatched applicant listing from ASHP and NMS will be called by the RPD and offered a position in order of the Rank Order List.

(b) If no applicants listed on the Rank Order List are available, a formal search will be opened by the RPD. Applicants will be identified via the unmatched applicant listing from ASHP and NMS, emails to non-VA managed care PGY1 residency programs, and national VA listservs (e.g., VHA Clinical Pharmacy, Pharmacy Chiefs, Clinical Coordinators), or other means.

(c) Interview Process

(a) The interview process will utilize the same materials and processes as outlined above.

(d) Ranking Process

(a) The Residency Committee will utilize the same materials and processes as outlined above. Once applicants are ranked by the Residency Committee and approved by the RPD and Chief of Pharmacy or VISN 15 Leaders, the applicant will be contacted by telephone. Ranked candidates will be given 48 hours to decide if they want to accept the position. If they decline the position or if the offer expires (e.g., no contact with the RPD in 48 hours), the next ranked candidate will be called. This will continue through all ranked candidates until a candidate verbally accepts the position, or all ranked candidates have been contacted and no candidate accepts the position.

(b) Applicants not ranked will be sent a letter notifying them that they will not be offered the residency position.

(c) Appointment Letter

a. A Resident Appointment letter ([Attachment E](#)) is sent to applicants that have verbally accepted the offer for a residency position. The resident is asked to acknowledge receipt of the Resident Appointment letter by sending back a signed copy of the letter to the RPD within two weeks of the date of the letter.

(4) Unfilled Positions

(a) The VPE or VISN 15 Leaders will be notified by the RPD if any resident positions are not filled. VA Central Office (VACO) will be notified and the unfilled position will be returned to VACO for redistribution per VA policy.

(5) Applicants' Record Retention:

(a) The RPD maintains applicant records including full applications, interview ratings, communications and acceptance letters for a minimum of 3 years in accordance with VA policy regarding Civilian Personnel records ([Department of Veterans Affairs Records Control Schedule 10-1](#), update published January 2016.) The RPD maintains these records in an electronic file on personal drive and, upon departing VA, if applicable, will transfer files to supervisor.

ATTACHMENTS:

- a. [Attachment A](#) – Application Review Sheet
- b. [Attachment B](#) – Interview Questions
- c. [Attachment C](#) – Resident Applicant Assessment Form
- d. [Attachment D](#) – Reference Check Form
- e. [Attachment E](#) – Resident Acceptance Letter

ATTACHMENT A

APPLICATION REVIEW SHEET FOR PHORCAS COMPLETED APPLICATIONS

Name: _____

PGY1 Residency Program: _____

50 points possible Total points: _____

(5) Letter of Intent:

- (1) Presentation (spelling/grammar/professionalism):
- (2) Content (Did they look into our program? Creative? Professional?):
- (2) Main Interests:

(20) CV:

- (4) Presentation (spelling/grammar/look):
- (16) Content:
 - Professional experience (work, volunteerism, rotations) (6)
 - Teaching experience (4)
 - Leadership/Scholarship/Awards (2)
 - Publications/Research (4)

(10) Transcript:

- (8) GPA:
 - GPA [] 2.0-2.9 (0-8 pts)
 - [] 3.0-3.9 (9-15 pts)
 - [] 4.0 (16 pts)

(2) Clerkship grades:

(15) Letters of Recommendation (5 pts each):

Author	Pros	Cons	Points

ATTACHMENT B INTERVIEW QUESTIONS

Not included in the handbook and vary from year-to-year. Typically consist of clinical questions, critical thinking questions, and questions that pertain to pharmacoeconomics and formulary management/managed care.

ATTACHMENT C RESIDENT APPLICANT ASSESSMENT FORM

Applicant Name: _____ Date: _____

INTERVIEW	Poor	Average			Excellent
1. Does our Program Match their Interests?	1	2	3	4	5
2. Clinical ability/experience	1	2	3	4	5
3. Drug distribution abilities/Experience	1	2	3	4	5
4. Ability to integrate workload	1	2	3	4	5
5. Interpersonal skills					
a. Team building skills	1	2	3	4	5
b. Positive attitude	1	2	3	4	5
c. Assertiveness/confidence	1	2	3	4	5
d. Verbal Communication	1	2	3	4	5
6. Ability to think "on one's feet" answer questions.	1	2	3	4	5
7. View of Pharmacy Practice	1	2	3	4	5
8. Clinical Question					
a. Ability to field clinical question	1	2	3	4	5
b. Strong database	1	2	3	4	5

Total Interview Points = _____ (possible 60 pts)

1. Interview Avg. Points = _____ (total divided by 12)

APPLICATION MATERIALS

1. Letter of Intent	1	2	3	4	5
2. Written Communication	1	2	3	4	5

Total Application Points = _____ (possible 10 pts)

2. Application Avg. Points = _____ (total divided by 2)

3. Interview Questions (separate page) Avg. Pts= _____ (Add all possible points (24) divided by 11)

Total Average Points = _____ (Add 1 + 2 + 3)

Comments: _____

ATTACHMENT D REFERENCE CHECK FORM

Reference: _____ **Phone:** _____ **Date:** _____

In what capacity did you know the applicant?

Overall database & clinical skills?

Ability to interact with the medical team?

Independence?

Greatest strength?

Greatest weakness?

Would you hire them?

ATTACHMENT E RESIDENT ACCEPTANCE LETTER

Date: [Insert Date]

Dear [Insert Resident Name]

We are delighted to formally offer you the position of **PGY2 Pharmacy Outcomes and Healthcare Analytics Pharmacy Resident at the VISN 15/Kansas City Veterans Affairs Medical Center.**

Included in this acceptance letter is the “VISN 15/Kansas City Veterans Affairs Medical Center Pharmacy Residency Terms and Conditions of Appointment.” This document outlines some general information regarding qualifications, benefits, staffing responsibilities, probation/dismissal/withdrawal policy, and requirements for successful completion of the residency program. Specific responsibilities will be covered in detail as we go through the residency training manual during your orientation. Policies and procedures, benefits, time off, and other pertinent information will also be covered during this period.

Please indicate your acceptance of this position, receipt and review of the residency information provided and agreement to the terms and conditions as described by signing and dating one copy of this letter and returning it to my office by [enter date]. Print and keep another copy for your records.

In order to assure that we remain in communication between now and the start of the residency, please notify us of any changes in your mailing address, phone number and preferred email address. If you have any questions, please feel free to contact me. We look forward to a great year!

Sincerely,

Monica Schaefer, Pharm.D.
Director, PGY2 Pharmacy Outcomes and Healthcare Analytics Residency
816-701-3011 or 3005
Monica.Schaefer@va.gov

1. Description:

The VISN 15/Kansas City Veterans Affairs Medical Center PGY2 Pharmacy Outcomes and Healthcare Analytics Residency is a full-time, temporary appointment with an anticipated duration of 1 year. Your onsite date will be June 28, 2015. Appointment is within the Federal government and residents are therefore subject to all regulations and requirements of the Federal system.

2. VISN 15/Kansas City Veterans Affairs Medical Center PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Purpose Statement:

The purpose of the VA Heartland Network (VISN 15) PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program is to develop clinically proficient pharmacy benefits managers who will improve the quality and outcomes of patient care services through the integration of evidence-based medicine, formulary management, outcomes analysis, and process improvement. The resident will gain advanced skills in information technology, informatics, and data analysis to ensure success in pharmacy benefits management in integrated health systems. While special emphasis is placed on developing residents for VA careers, the residency will encourage each resident's intellectual and personal development and foster the development of lifelong learners committed to advancing the profession of pharmacy.

PGY2 Pharmacy Outcomes and Healthcare Analytics Residents must possess:

- a. U.S. citizenship.
- b. Doctor of Pharmacy degree from an ACPE-accredited program.
- c. Completion of a PGY1 Pharmacy Residency (copy of certificate will need to be provided to RPD)
- d. Demonstrated academic achievement and extracurricular activities that reflect the resident's leadership potential and dedication to the practice of pharmacy.

3. Human Resource (HR) Requirements:

HR will contact you with the details of the following pre-employment requirements due before the start of your residency.

- a. Employee Health clearance: this process includes a lab draw, paperwork, and physical
- b. Background Investigation: this will start with fingerprinting then an online questionnaire with your background information.
- c. Final set of transcripts documenting award of Doctor of Pharmacy degree
- d. Employment forms found at the website <http://www.va.gov/OAA/app-forms.asp>.
 - i. VA application form 10-2850d, Application for Health Professions Trainees
 - ii. VA form OF-306, Declaration for Federal Employment
 - iii. Appointment Affidavits form SF61
 - iv. Request for Personal Identity Verification Card
 - v. Questionnaire for Non-Sensitive positions (HR will contact you with instructions)
 - vi. VA Mandatory Training for Trainees

4. Benefits:

- a. Stipend: \$44,522.00
- b. Annual Leave (AL): 4 hours per pay period (13 days per year)

- c. Sick Leave (SL): 4 hours per pay period (13 days per year)
- d. Federal Holidays: 10 paid Federal Holidays
- e. Leave Without Pay (LWOP) and Family Medical Leave Act (FMLA): Residents are entitled to pre-approved, unpaid leave for FMLA per national policy
- f. Administrative leave: Authorized absence may be approved for VA authorized travel, including interviews for PGY2 residencies or employment provided request meets VA requirements.
- g. Health/Life Insurance: Pharmacy residents are eligible to participate in the Federal Employees Health Benefit (FEHB) and the Federal Employees Group Life Insurance (FEGLI) Programs. You are responsible for paying a portion of the insurance. More information available at: http://www.opm.gov/insure/federal_employ/index.asp?ProgramId=1
- h. Liability Insurance: You are covered by the “Public Officers Law” and will not need any practice liability insurance during your residency. While performing within your scope of practice and in conformance with VA rules and regulations, the VA, will cover all liability issues. Your only risk would be if you exceed your scope of practice or violate VA policies.
- i. Employee Assistance Program: Getting appropriate support early can prevent difficult situations which may severely interfere with a resident completing the requirements of the program and getting a residency certificate. See: <http://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>
- j. Other: Free parking, free gym access, copying services, work area with access to appropriate technology.

5. Licensure:

Residents must have a pharmacy license in good standing in any state.

6. Duty Hours:

Residents are expected to spend sufficient time at the practice site. The resident is expected to be onsite for 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Work hours are dependent upon the requirements of the assigned area but are typically 0800-1630. While the minimum work day is considered to be 8 hours, additional time may be necessary based upon responsibilities. While not required to sign in, each resident is expected to be at work as per expectations. Additional time is expected to complete assignments and projects in a timely manner. Residents may also be expected to attend other residency-related conferences or experiences off site during regular working hours.

The VISN 15/Kansas City Veterans Affairs Medical Center PGY2 Pharmacy Outcomes and Healthcare Analytics Residency will adhere to the ASHP Duty-Hour Requirements for Pharmacy Residencies: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Moonlighting hours will be counted towards the 80 hours.

- b. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call
 - c. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods
 - d. Residents will report any additional hours worked outside of the residency to the Residency Program Director for review and determination of compliance with the ASHP duty hour guidelines
- 7. Pharmacy Practice (Staffing) Responsibilities:**
- a. Optional weekend staffing is available, to be worked out with the Associate Chief of Pharmacy Operations, Kansas City VA Medical Center.
- 8. Leave:**
- a. The pharmacy department must be notified for any planned leave.
 - b. Leave should be approved by the Residency Program Director (RPD) and the primary preceptor.
 - c. For unplanned leave (sick leave, emergency annual leave) resident must notify RPD and preceptor by call or text prior to start of work day.
 - d. If extended absences beyond annual leave, leave for national meetings, compensatory leave or reasonable sick leave (including leave without pay and FMLA) occur, an extension of the residency program may be necessary.
 - e. Opportunity to extend the program with pay will depend on the decision of the VA Central Office regarding extending the funding.
 - f. If a resident is unable to complete the residency due to extended leave, this may result in dismissal from the program.
- 9. Dual Appointment/Non-VA Employment:**
- a. While the residency is a full time commitment, it is possible to be compensated for staffing outside of residency hours under a Dual Appointment as an intermittent pharmacist.
 - b. Dual Appointment availability is dependent upon approval from the Kansas City VA Medical Center and available funds.
 - c. Pay for staffing is based on the GS 12, step 1 salary of \$49.27 per hour.
 - d. Residents may also work outside the Kansas City Veterans Affairs Medical Center if it does not conflict with residency responsibilities, performance, and time commitment.
 - e. Additional work hours will be reported to the RPD. All VA and/or Non-VA staffing hours will be in compliance with the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.
 - f. The RPRD will monitor the resident's progress during the residency program and evaluate the impact additional staffing and/or outside employment has on resident performance.
- 10. Requirements for Certificate of Completion for the PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program:**

- a. Satisfactory completion of all rotations and required activities. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director
- b. Completion of 2080 hours of training (hours include approved time off)
- c. Compliance with all institutional and departmental policies
- d. Rating of 'Achieved' on all required critical objectives (see Residency Handbook, Appendix XIV, page 162) at the end of the residency
- e. Rating of 'Satisfactory Progress' on all non-critical required objectives at the end of the residency
- f. Completion of all assignments and projects as defined by the preceptors and RPD
- g. Completion of a residency project with a **draft manuscript submitted in the journal format of choice to the Residency Program Director** by the last day of residency.
- h. Attend at least one national meeting (must be pharmacy-related) as approved by the RPD
- i. Participate in recruiting activities for the residency
- j. Contribute to optimal patient care and achieve the mission and goals of VISN15, the VISN 15 PBM and the KCVAMC Pharmacy Service

11. Pharmacy Resident Probation/Dismissal and/or Withdrawal Policy:

A pharmacy resident may be placed on probation, dismissed, or voluntarily withdraw from the program should there be evidence of their inability to function effectively or put patients at risk. Examples which would require action are listed, but are not limited to the following:

- a. Behavioral misconduct or unethical behavior that may occur on or off station premises
- b. Unsatisfactory attendance
- c. More than one unsatisfactory performance evaluation on rotations
- d. Theft of government property
- e. Mental impairment caused by mental disorder or substance abuse
- f. Violation of VA policies
- g. Poor performance despite a corrective action plan
- h. Failure to obtain pharmacy license within 90 days of residency start date

RESPONSIBILITY:

Preceptor:

- a. Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident at the mid-point and/or final evaluation for the rotation.
- b. Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
- c. Documenting in writing any actions the resident may have taken that risk the patient's health or causes endangerment to any patient or personnel.

Residency Program Director:

- a. Counsel the resident at the time of the first instance of unsatisfactory performance.

- b. Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
- c. Notify the resident verbally and in writing, of dismissal, upon receipt of the recommendation of the Residency Executive Committee.

Residency Advisory Board:

- a. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases.
- b. Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken.
- c. Seek the concurrence of the VISN Pharmacy Executive and Kansas City VA Chief, Pharmacy Service, on its' recommendations.

PROCEDURES:

- a. The pharmacist preceptor will provide the Residency Director with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal will not result in probation.
- b. Upon receipt of a second unsatisfactory evaluation or evidence of unprofessional conduct or actions, the residency director will call an emergency Residency Executive Committee meeting to determine appropriate action. Action may be placing the resident on probation for four weeks, or additional counseling will be suggested. These actions must receive the approval of the Chief, Pharmacy Service.
- c. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave (AWOL), the residency director will call an emergency Residency Advisory Board meeting to discuss appropriate actions. Actions will be either dismissal or additional probation. The Committee's actions will have the concurrence of the VISN Pharmacy Executive and Chief, Kansas City VA Pharmacy Service.
- d. Actions that the Committee deems necessary will be communicated to the resident both verbally and in writing by the residency director within 24 working hours.
- e. At any time, a resident may submit a two-week notice of resignation to the residency director.

I accept the PGY2 Pharmacy Outcomes/Healthcare Analytics Residency position at the VISN 15/Kansas City Veterans Affairs Medical Center for the 2015-2016 Academic Year.

I have read and understand the "VISN 15/Kansas City Veterans Affairs Medical Center Pharmacy Residency Terms and Conditions of Appointment" and acknowledge acceptance.

Resident Name (Please Print)

Resident Signature

Date

Monica Schaefer, Pharm.D.

PGY2 Pharmacy Outcomes and Healthcare Analytics Program Director

PLEASE SIGN AND RETURN BY [Insert Date] TO:

Monica Schaefer, Pharm.D.

1201 Walnut St.

Suite #800

Kansas City, MO 64106

Monica.Schaefer@va.gov

APPENDIX III: 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 an existing PGY2 residency program. The following assignment will require that you approach the program as if you were walking into an existing program and looking for ways to make improvements. If you were given unlimited resources (staff, time) this would be an easy undertaking, however, that is seldom the case. For this assignment you will:

1. Review the current ASHP Regulations and Standards for Pharmacy Outcomes and Healthcare Analytics ([Appendix V](#))
2. Review ASHP Regulations and Standards for related PGY2 Residency Programs ([Advanced Areas of Practice](#), [Informatics](#), [Health System Administration](#), [Medication Safety](#), and [Managed Care Pharmacy Systems](#))
3. Review other applicable resources available to the current PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program
4. With consideration of available resources and related PGY2 residencies, identify areas of the residency or outcomes, goals, or objectives that can use improvement
5. Review orientation materials and based on your experiences, suggest ways that the contents be improved and what could be added to improve the orientation process
6. Prepare a written list or plan for improving the current PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program including, but not limited to:
 - 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

APPENDIX IV: Extended Leave of Absence

A Postgraduate Year Two (PGY2) Pharmacy Resident is offered a unique opportunity to be trained in a well-organized health care system, but is only given a temporary appointment at the facility. This temporary appointment does not allow the resident full access to certain leave policies (e.g., Family and Medical Leave Act). Nonetheless, a resident may find him/herself in a situation that requires that they request an extended period of time off. In the event that the Residency Program Director (RPD), VPE or facility Human Resources Officer cannot utilize established policies or procedures to adequately accommodate a resident's request for extended leave, the following guidance is provided.

The RPD, VPE, or Human Resources Officer is in no way obligated to exercise approval of extended leave of absence. This procedure does not supersede, negate or otherwise nullify any standing national, regional (e.g., VISN 15) or local policy regarding leave.

Extended Leave of Absence Request

A leave request will be considered an extended leave request when the time off requested is for longer than 3 working days, but shorter than 6 months. Requests shorter than 3 working days that cannot be covered by accrued annual leave (AL), sick leave (SL) (if appropriate), or at the discretion of the VPE, leave without pay (LWOP) are not considered significant enough to extend a residency beyond the scheduled one year appointment and will not be addressed here. It is recognized that a resident gains experience throughout the course of the year. If a resident is unable to return to the residency after 6 months, the resident is unable to build upon their experience gained prior to the leave. In this case, it is recommended that the resident voluntarily withdraw or resign from the residency.

Trainees such as pharmacy residents who have legitimate reasons for extended leave can be placed on Leave Without Pay (LWOP) after using their accrued annual and sick leaves. It would be a rare occasion for a facility to grant advanced leave. Most facilities won't agree to put trainees in the Voluntary Leave Sharing Program but it has been approved for special circumstances. The resident who goes on LWOP may return to complete the program in a paid status for a time extension equal to the time of the LWOP. If additional time is needed beyond the extension to meet the training objectives that will not be met because of the extended absence on annual and sick leave, any additional time will be without pay. VA's Office of Academic Affiliations (OAA) will only pay for the equivalent of 12 months.

Procedures:

1. Resident requests leave

The resident must submit her/his leave request to the RPD in writing. If at all possible, the resident is encouraged to submit the request 2 months prior to requested time off. In the event of an emergent request, the resident should submit the request to the RPD as soon as possible. The written request should include:

- Dates requested off
- Reason for leave
- Amount of AL and SL accrued

2. RPD reviews leave request

Upon receipt of resident's extended leave request, the RPD has 2 business days to review the request for completeness.

3. RPD meets with resident to discuss request

RPD discusses request with resident, present alternative options (e.g., use of AL, or SL) to accommodate request. Depending on length of requested leave, RPD may need to advise resident that they will be responsible to pay their share of benefits (portion that is normally deducted from

paycheck), or risk losing benefits. (Government will typically continue to pay its portion of benefits, though facility's Fiscal department will have to be advised and a plan will have to be in place to secure this funding prior to leave being approved.)

4. RPD discusses request with VISN Pharmacy Executive (VPE)

Based on written request and discussion with resident, RPD meets with VPE to review request and potential ways to accommodate request. If RPD and VPE refuse to accommodate request, RPD will present this decision to the resident and document decision in writing. If RPD and VPE wish to determine accommodation to request using a LWOP and extending the residency, the RPD will contact the following sections to advise of situation and develop plan.

5. RPD contacts facility HR, Fiscal

6. RPD contacts VA PBM and OAA

VA PBM Contact: Lori Golterman, Pharm.D.

OAA Contact: Kenneth R. Jones, PhD, Director, Associated Health Education

7. Based on guidance, RPD develops accommodation to leave request

a. Approval of accommodation by VPE

8. RPD reviews approved accommodation with resident

a. RPD documents resident review and acceptance of approved accommodation

b. Approved accommodation not accepted by resident

9. RPD notifies VPE, facility HR and Fiscal, VA PBM and OAA of accepted, approved accommodation

10. Notification of OAA

If the extension goes into the next fiscal year (after September 30), the Office of Academic Affiliations (OAA) will send next fiscal year's funds to pay for the extension in the next year.

When a resident goes on LWOP, the program director should discuss this situation with the facility fiscal people to

- (1) Tell them that the person is on LWOP but will be returning so fiscal won't send all of the unused money back to OAA ;
- (2) Tell them the anticipated date of return so they'll know how much, if any, of the money should be returned to OAA that won't be used in the fiscal year; and
- (3) Let them know that OAA will be sending additional funds in the next fiscal year to pay for the period of extension that goes into the next fiscal year.

The facility residency program director should let the Office of Academic Affiliations, Director of Associated Health Education know of the situation and how much funding, if any, will be needed in the next fiscal year to pay for the extension.

11. Resident goes on extended leave

12. Resident returns from extended leave

APPENDIX V: Outcomes, Goals, & Objectives



Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) Pharmacy Outcomes & Healthcare Analytics Residency Programs

Overview of PGY2 Pharmacy Outcomes & Healthcare Analytics Residencies

The PGY2 residency in pharmacy outcomes and healthcare analytics builds upon PGY1 residency graduates' patient-care competence, clinical foundation, and overall knowledge of pharmacy operations to prepare residents to assume high level, multifaceted careers in a variety of healthcare settings. The residency promotes the integration of evidence-based medicine, outcomes measurement, and process improvement with information technology, informatics, and data analysis to inform decisions surrounding pharmaceutical products and services. Throughout the program, residents will develop proficiency in applied pharmacoeconomics, data analytics, and population level health improvement. Residents enjoy frequent collaboration with staff VISN-wide, such as pharmacoeconomic pharmacists, clinical program coordinators, clinical pharmacy specialists, PACT teams, and specialty providers who provide evidence-based care to our veterans. They will assist in establishing multi-facility metrics/monitors and will lead, facilitate, and collaborate with active taskforces, committees, and regional health care teams comprised of interdisciplinary experts.

Graduates of this program will achieve mastery in population health, application of best evidence, and pharmacy informatics, enabling them to apply robust methodologies to optimize quality and outcomes within government or private health care systems and pharmacy benefits management organizations. They will be adept in the language and concepts of information technology, programming (e.g. SQL), software programs (e.g. Microsoft Office, Pyramid BI, SQL Reporting Services (SSRS)) and applied pharmacoeconomic principles, while also possessing enhanced leadership and managerial skills. The graduate will be fully capable of creating pharmacoeconomic proposals, querying data warehouses to create reports and dashboard tools, managing network and local formularies and developing and applying drug use criteria to populations.

Upon completion of the residency graduates are prepared for a practice position in a multitude of healthcare environments. They are prepared to practice as a pharmacy benefit manager for a single pharmacy department, healthcare network, or national program, assume a role in a sub-specialty of pharmacy informatics, and design and conduct pharmacy outcomes research. Graduates from similar VA programs have entered careers in pharmacy benefits management, informatics, technical decision support design, outcomes research, and health policy legislation within both government and private managed care health systems and PBMs.

Explanation of the Contents of This Document:

Each of the document's objectives has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.¹

¹ Nimmo, CM. Developing training materials and programs: creating educational objectives and assessing their attainment. In: Nimmo CM, Guerrero R, Greene SA, Taylor JT, eds. Staff development for pharmacy practice. Bethesda, MD: ASHP; 2000.

The order in which the required educational outcomes are presented in this document does not suggest relative importance of the outcome, amount of time that should be devoted to teaching the outcome, or sequence for teaching.

The educational outcomes, goals, and objectives are divided into those that are required and those that are elective. The required outcomes, including all of the goals and objectives falling under them, must be included in the design of the program. The elective outcomes are provided as options to include in the program. Should an elective outcome be selected for a program year, the program is not required to include all of the goals and objectives falling under that outcome. Each of the goals falling under the program's selection of program outcomes (required and elective) must be evaluated at least once during the resident's year.

Educational Outcomes (Outcome): Educational outcomes are statements of broad categories of the residency graduates' capabilities.

Educational Goals (Goal): Educational goals listed under each educational outcome are broad sweeping statements of abilities.

Educational Objectives (OBJ): Resident achievement of educational goals is determined by assessment of the resident's ability to perform the associated educational objectives below each educational goal.

Instructional Objectives (IO): Instructional objectives are the result of a learning analysis of each of the educational objectives. They are offered as a resource for preceptors encountering difficulty in helping residents achieve a particular educational objective. The instructional objectives falling below the educational objectives suggest knowledge and skills required for successful performance of the educational objective that the resident may not possess upon entering the residency year. Instructional objectives are teaching tools only. They are not required in any way nor are they meant to be evaluated.

Required Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) Pharmacy Residencies in Pharmacy Outcomes and Healthcare Analytics

Outcome R1: Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.

Goal R1.1: Exhibit ongoing development of the essential personal skills of a practice leader.

- OBJ R1.1.1** (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and change.
- IO State criteria for judging one's performance of tasks that are critical in one's own practice.*
 - IO Explain the role of participation in pharmacy professional organization meetings in the ongoing development of expertise in pharmacy outcomes and healthcare analytics*
 - IO Explain the importance of continuing to remain current and grow in both clinical and management skills.*
 - IO Explain the role of board certification in the development and maintenance of expertise in drug information practice.*
 - IO Explain the importance of staying current with pertinent biomedical literature.*
 - IO Explain the importance of staying current with health news in popular media and within the organization.*
 - IO Explain the leadership role of a data manager, pharmacoeconomic pharmacist, and healthcare analyst within the organization*
- OBJ R1.1.2** (Characterization) Demonstrate commitment to the professional practice of pharmacy through active participation in the activities of local, state, and/or national pharmacy professional
- IO Explain the importance of contributing to the work of pharmacy professional organizations in advancing the visibility of the pharmacist's role in the overall care of patients.*
- OBJ R1.1.3** (Application) Devise an effective plan for balancing professional and personal life and use time management skills effectively to fulfill practice responsibilities.
- IO Explain the importance of balancing professional and personal life.*
 - IO Explain an effective system for the management of one's time in professional practice.*
 - IO Explain the importance of prioritizing according to the level of importance and rapidly adapting to change.*
 - IO Explain how to develop a reasonable timeline for a project.*
 - IO Explain strategies for satisfactorily making progress on several projects simultaneously.*
- OBJ R1.1.4** (Synthesis) Initiate and maintain a systematic approach to documenting professional activities and accomplishments.
- OBJ R1.1.5** (Characterization) Display integrity in professional relationships and actions and use sound ethical reasoning to guide practice decisions.
- IO Explain ethical dilemmas that may confront a clinician working as a data manager, pharmacoeconomic pharmacist, or other related profession under the pharmacy outcomes and healthcare analytics umbrella.*
 - IO Explain ethical principles embodied in the [American Pharmacists Association Code of Ethics for Pharmacists](#)².*
 - IO Explain the implications of the [Belmont Report](#)³ for ethical decision-making in pharmacy.*

² Adopted by the membership of the American Pharmaceutical Association on October 27, 1994. Endorsed by the American Society of Health-System Pharmacists House of Delegates on June 3, 1996 (ASHP Policy 9607). Proceedings of the 47th annual session of the ASHP House of Delegates. *Am J Health-Syst Pharm.* 1996; 53:1805. ASHP Reports.

- OBJ R1.1.6 (Analysis) Identify potential conflict-of-interest situations in the fields of pharmacoconomics, healthcare analytics, and pharmacy outcomes
IO Explain the concept of perceived conflict-of-interest versus actual conflict-of-interest.
IO Explain the types of conflict-of-interest that may arise in research, purchasing, formulary decision-making, publishing, and professional practice.
- OBJ R1.1.7 (Application) Adhere to the requirements of the organization's policy in all interactions with pharmaceutical industry representatives.
IO Explain the potential conflicts inherent in the objectives of one's health care organization and the objectives of a pharmaceutical industry representative.
IO Appraise current policies governing relations between the organization and the pharmaceutical industry to ensure that ethical practices are observed.
IO Explain why pharmaceutical industry representatives regard PBM staff members and pharmacy outcomes specialists as influential individuals in their organization.
IO Explain the appropriate relationship between the drug information specialist and a pharmaceutical industry representative.
- Goal R1.2: Contribute to the leadership and management activities within the pharmacy outcomes and healthcare analytics field by exercising superior communication and political skills.
- OBJ R1.2.1 (Analysis) When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.
IO Explain the organization's structure including the function of each of its departments and key individuals.
IO Explain the importance of effective networking in removing barriers.
IO Explain how to identify key stakeholders of a given project.
IO Explain the importance of persuasion as a skill of effective leaders.
IO Compare and contrast the types of persuasive arguments that are potentially effective.
IO Identify formal and informal medical staff leaders and how they can help achieve the desired goal.
- OBJ R1.2.2 (Synthesis) Create an effective professional network.
IO Explain formal and informal techniques for networking.
- Goal R1.3: Exercise practice leadership.
- OBJ R1.3.1 (Characterization) Demonstrate enthusiasm and passion for the profession of pharmacy.
- OBJ R1.3.2 (Comprehension) Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of being willing to serve as a mentor to appropriate individuals.
- OBJ R1.3.3 (Comprehension) Explain the general processes of establishing and maintaining an ASHP-accredited PGY-2 residency program.

Outcome R2: Optimize patient outcomes through the provision of evidence-based², patient-centered information and recommendations and foster effective decision support as an integral part of interdisciplinary healthcare teams.

³The Belmont Report.: Ethical Principles for the Protection of Human Subjects of Research. Report from the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (resource on the World Wide Web). URL: <http://ohsr.od.nih.gov/guidelines/guidelines.html>. Office of Human Subjects Research, National Institutes of Health. 1979 April 18, Available from Internet. Accessed 2007April 2.

² Evidence-based medicine -- the integration of best research evidence, clinical expertise, and patient values in making decisions about the care of individual patients (Institute of medicine, 2001; Straus and Sackett, 1998). *Best research evidence* includes evidence that can be quantified, such as that from randomized controlled trials, laboratory experiments, clinical trials, epidemiological research, and outcomes research and evidence derived from the practice knowledge of experts, including inductive reasoning (Guyatt et al., Higgs et al., 2001). *Clinical expertise* is derived from the knowledge and experience developed over time from practice, including inductive reasoning. *Patient values and circumstances* are the unique preferences, concerns,

- Goal R2.1: Develop collaborative professional relationships with members of the PBM staff, various health care teams, taskforces, and workgroups.
- OBJ R2.1.1 (Synthesis) Use group participation skills when leading or working as a member of a formal or informal work group or taskforce to establish openly communicative and collaborative working relationships.
- IO Explain the value of good peer relationships in the achievement of informatics projects.*
 - IO Explain methods for achieving consensus.*
 - IO Explain how to create an agenda for a meeting.*
 - IO Explain methods for assuring participation by all members of a group.*
 - IO Explain methods for effective group leadership.*
 - IO Explain the roles and responsibilities of the facilitator of a meeting.*
 - IO Explain effective strategies for facilitating meetings.*
- OBJ R2.1.2 (Analysis) Determine the appropriate type of communication, and the medium and organization for it, using an understanding of the target audience, the characteristics of the information to be communicated, effectiveness, efficiency, customary practice and the recipient's preferences.
- IO Accurately identify the primary theme or purpose of one's written, oral, or virtual communication.*
 - IO Accurately determine what information will provide credible background to support or justify the primary theme of one's communication.*
 - IO Logically sequence ideas in written and oral communication.*
 - IO Accurately determine the depth of communication appropriate to one's audience.*
 - IO Accurately determine words and terms that are appropriate to one's audience.*
 - IO Accurately determine one's audience's needs.*
 - IO Accurately identify the length of communication that is appropriate to the situation.*
 - IO Explain the importance of assessing the receiver's understanding of the message conveyed.*
 - IO Explain techniques for persuasive communication.*
 - IO Explain the value of consulting with administrators and key decision-makers when choosing route(s) for communication of information.*
 - IO Explain issues, including confidentiality, surrounding the choice of media to communicate information.*
 - IO Explain the differences in language (e.g., jargon, acronyms) used to communicate among the various disciplines involved in pharmacy outcomes and healthcare analytics.*
 - IO Explain the importance of adjusting one's communications for the specific category of health professional (e.g., nurses, physicians, respiratory therapist, etc.).*
- Goal R2.2: Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's criteria for medication use, monitoring, and outcomes measurement.
- OBJ R2.2.1 (Synthesis) Collaborate with an interdisciplinary team to write or revise an existing guideline, measure/metric, policy, or protocol.
- IO Appraise current policies and procedures for congruence with the organization's mission, goals, and needs.*
- Goal R2.3: Prioritize development of analytic tools that improve and assist clinicians in patient care.
- OBJ R2.3.1 (Evaluation) Appropriately prioritize development of analytic tools based on potential for improvement of patient care if given limited time and multiple responsibilities.

expectations, financial resources, and social supports that are brought by each patient to a clinical encounter. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001.)

- IO Explain factors to consider when determining priority for patient-care improvement projects.*
- IO Explain how the complexity or severity of patient problems may mandate urgency of tool development and reordering of current priorities.*

Goal R2.4: Assure that all patient-specific, medication-specific, and evidence-based pharmacotherapy information required to support effective medication-related decisions is readily available in a useful format to members of interdisciplinary, patient-centered teams.

- OBJ R2.4.1 (Synthesis) Effectively present the benefits of functionally integrated evidence-based and other knowledge resources, analysis tools, and medication information systems.
 - IO Demonstrate utilization of analysis tools to members of interdisciplinary teams who will be using them in their daily practice.*

Goal R2.5: Guard the confidentiality and security of health data stored in the health care organization's database.

- OBJ R2.5.1 (Comprehension) Explain the organization's regulatory policies for maintaining security of patient information.
- OBJ R2.5.2 (Synthesis) Collaborate with information technology and other professionals to assess analysis tool security and patient protections for conformance with accepted standards including access control, data security, data encryption, HIPAA privacy regulations, and ethical and legal issues.
 - IO Explain accepted criteria for system security.*
 - IO Explain current HIPAA regulations and the application of those regulations to pharmacy technology and automation systems.*

Outcome R3: Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management resources, and pharmacy outcomes evaluation.

Goal R3.1: Establish oneself as an expert for data retrieval, evidence-based medication information, and outcomes-related resources within the organization.

- OBJ R3.1.1 (Synthesis) Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.
 - IO Identify opportunities for the pharmacy outcomes and healthcare analytic specialist to earn credibility with members of the various interdisciplinary taskforces.*
 - IO Identify opportunities for the specialist to earn credibility within the PBM and various providers within the organization.*
- OBJ R3.1.2 (Synthesis) Fulfill requests for provider-requested data, reports, or outcomes in an accurate and efficient manner.
- OBJ R3.1.3 (Comprehension) Answer questions and troubleshoot issues from users of the organization's analysis tools, criteria, or policies and procedures.

Goal R3.2: Contribute pharmacist perspective and expertise regarding the development, implementation, utilization, and revision of outcomes measures and metrics, and analysis tools in interactions with information technology staff, PBM staff, clinicians and end users

- OBJ R3.2.1 (Application) Participate in the development of project timelines, financial projections, and outcomes measurement
 - IO Explain the potential contributions of the following to the achievement of a safe and effective system:*
 1. *Formulary systems*
 2. *Medication-use guidelines*
 3. *Medication-use restrictions*
 4. *Evidence-based protocols*
 5. *Care paths*
 6. *Disease state management*
 7. *Wellness management*
 8. *Provider education including academic detailing*
 9. *Patient education*
 10. *Outcomes studies*

11. Benchmarking
12. Technology and automated systems
13. Medication distribution systems and control
14. Analytics tools and software

- OBJ R3.2.2 (Synthesis) When presented with a non-standard problem, apply lateral (out-of-box) thinking to its solution
IO Troubleshoot dashboards/reports with error in the code
- Goal R3.3: Critically evaluate and employ advanced analysis skills to relevant biomedical literature in preparing analysis tools, drug information responses, pharmacoeconomic proposals, and drug use criteria.
- OBJ R3.3.1 (Evaluation) Determine if the study design and/or methodology are appropriate to accomplish the objectives of a piece of biomedical literature.
- OBJ R3.3.2 (Evaluation) Accurately interpret statistical information presented in a piece of biomedical literature.
IO Explain the application and interpretation of advanced statistical methods.
IO Determine instances in which a study conclusion is erroneously supported by data display.
- OBJ R3.3.3 (Analysis) Identify potential sources of bias in a piece of biomedical literature.
- OBJ R3.3.4 (Evaluation) Determine the internal and external validity of a piece of biomedical literature and if a study's results have applicability for hypothesizing future research or for directing patient care decisions.
- OBJ R3.3.5 (Evaluation) When presented with conflicting biomedical literature, determine the validity and applicability for organizational need.
IO Compare and contrast the reputations and peer-review procedures of biomedical journals.
- OBJ R3.3.6 (Evaluation) When presented with limited evidence-based biomedical literature, synthesize a reasonable proposal for the specific information need in collaboration with members of relevant taskforces or workgroups.
- OBJ R3.3.7 (Evaluation) Appraise information provided by a pharmaceutical manufacturer.
- OBJ R3.3.8 (Synthesis) Design tools and measures that perform patient-centered, evidenced-based monitoring for a therapeutic regimen or disease state that effectively evaluates achievement of the specified therapeutic goals.
IO Identify monitoring tools utilized and discuss monitoring parameters for the analyzed diseases and conditions.
IO Identify customary monitoring parameters for medications commonly prescribed for diseases and conditions being analyzed.
- OBJ R3.3.9 (Analysis) Conduct a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (decision analysis, CEA, CBA, CMA, CUA).
IO Explain the principles and methodology of pharmacoeconomic analysis.
IO Explain reliable sources of data.
- Goal R3.4: Identify opportunities for improving the safety of aspects of the organization's medication-use system through analysis tools, measures, metrics, guidelines and policies.
- OBJ R3.4.1 (Application) Assist in the organization's reporting and preventing medication errors and adverse drug reactions (ADEs) through development/maintenance of analysis tools, updating drug use criteria, reporting alerts at meetings, or other means as necessary.
- Goal R3.5: Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., Joint Commission requirements; ASHP standards, statements, and guidelines; state and federal laws regulating pharmacy practice; OSHA regulations).
- OBJ R3.5.1 (Evaluation) Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory, and safety requirements for pharmacy.
IO Explain the influence of accreditation, legal, regulatory, and safety requirements on clinical practice.

Outcome R4: Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.

Goal R4.1: Provide effective education and training on pharmacoeconomic proposals, analysis tools/software utilization, academic detailing goals, or general drug therapy topics to health care professionals and health care professionals in training.

- OBJ R4.1.1 (Application) Use effective educational techniques in the design of all educational activities.
- IO Identify emerging issues in securing and integrating evidence-based information suitable for educational sessions.*
 - IO Identify changes in medication-use or newly developed analysis tools that require training of staff within the organization.*
 - IO Explain the differences in effective educational strategies when teaching colleagues versus residents versus students versus health professionals in other disciplines.*
 - IO Design instruction that meets the individual learner's needs.*
 - IO Explain how different instructional delivery systems (e.g., demonstration, written materials, web-based) foster different types of learning.*
 - IO Design instruction that employs strategies, methods, and techniques congruent with the objectives for an education or training program.*
- OBJ R4.1.2 (Application) Use advanced public speaking skills to communicate effectively in large and small group situations.
- IO Explain techniques that can be used to enhance audience interest.*
 - IO Explain techniques that can be used to enhance audience understanding*
 - IO Explain speaker habits that distract the audience.*
 - IO Explain the importance of developing excellence in public speaking for fulfillment of the role as a pharmacoeconomic pharmacist or data manager/analyst.*
 - IO Explain a systematic method for ongoing improvement in one's own public speaking skills.*

Goal R4.2: Design and deliver education programs to the public that center on health improvement, wellness, and disease prevention.

- OBJ R4.2.1 (Synthesis) Use appropriate educational techniques to deliver an educational program to the public that centers on health improvement, wellness, or disease prevention.

Goal R4.3: Design and present Academic Detailing education programs to healthcare providers and patients in order to improve patient outcomes.

- OBJ R4.3.1 (Synthesis) Contribute to the design of evidence-based, non-commercial educational programs for outreach to healthcare providers and patients that centers on health improvement, wellness, or disease prevention.
- IO Explain appropriate medication-related educational topics for health care support groups.*
 - IO Explain appropriate medication-related educational topics for the general public.*
- OBJ R4.3.2 (Synthesis) Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.
- IO Explain how to use analysis tools via virtual training sessions.*
 - IO Explain how available analysis tools can assist academic detailers*

Outcome R5: Demonstrate the technical skills essential to the role of a pharmacist specializing in pharmacy outcomes and healthcare analytics.

Goal R5.1: Demonstrate a working knowledge of available technology for prescribing, order processing, distribution/dispensing, monitoring, safe and efficient administration, administration documentation

- OBJ R5.1.1 (Comprehension) Demonstrate a working knowledge of available technology for prescribing, order processing, distribution/dispensing, monitoring, safe and efficient administration, administration documentation

Goal R5.2: Demonstrate and apply understanding of basic analytics principles, standards, and best practices.

- IO Explain research findings on the limitations of using warnings, including warning labels and alarms, in the medication-use process.
- IO Explain the advantages of dashboards and reports
- IO Describe best practices to effectively design dashboards and report tools
- OBJ R5.2.1 (Application) Utilize best practice strategies to maximize code performance.
 - IO Explain the need for efficient programming.
 - IO Explain the function of indexes in SQL programming and the proper utilization of clustered indexes.
 - IO Demonstrate the ability to reorganize queries to improve performance.
- OBJ R5.2.2 (Comprehension) Express understanding of the functions and purposes of SQL Server, Reporting Services, ProClarity, MS Office Programs, and SharePoint from the perspective of a pharmacist working in outcomes and healthcare analytics.
- OBJ R5.2.3 (Evaluation) Exercise proficiency in the use of databases and data analysis software to successfully construct reports and dashboards.
 - IO Explain the concept of dimensional modeling.
 - IO Explain how the design of the data warehouse facilitates decision making.
 - IO Explain the difference between transactional and analytic database design.
 - IO Explain how to develop analysis tools that are sufficiently detailed to support desired user goals.
 - IO Evaluate the effectiveness, utilization, and quality of the tools requested by providers within the organization.
 - IO Explain the principles and uses of databases in the management of large volumes of data.
 - IO Draw upon appropriate databases to answer posed questions
 - IO Perform statistical analyses for the purpose of evaluating the data.
 - IO Draw accurate conclusions regarding significance of information
- OBJ R5.2.4 (Comprehension) Explain the concept of data warehousing and its uses in clinical and operational decision-making.
- OBJ R5.2.5 (Synthesis) Apply an understanding of evidence-based medication therapy management to contribute to the establishment of process and outcomes measurements that would be used to manage and evaluate the implementation and success of a disease management and/or medication therapy management program.
 - IO Explain the concept of process measurements.
 - IO Explain the concept of outcomes measurements.
 - IO Explain commonly used process measurements.
 - IO Explain commonly used outcomes measurements.

Outcome R6: Understand a pharmacy benefits management structure and contribute to the organization's formulary management.

Goal R6.1: Understand the interrelationship of the pharmacy benefit management function, and the network health care systems.

OBJ R6.1.1 (Comprehension) Explain the elements of managed care, including benefit design and management, co-pay, formulary, utilization management, prior authorization, consults, access, and contract negotiations (medication acquisition and/or network pharmacies).

IO Compare VA PBM function against private sector PBMs

IO Explain patient eligibility requirements.

IO Describe the methods for pharmaceutical procurement.

- OBJ R6.1.2 (Comprehension) Explain the principles of the financial management of the organizational unit.
 - IO Describe elements of the organization's financial plan
 - IO Describe the data elements of productivity measures (e.g. operational activities, budgets, FTE, etc.)
 - IO Explain the factors that influence projection of a pharmacy budget.

- OBJ R6.1.3 (Analysis) Research literature, business publications, websites and other relevant resources to assemble a list of factors that will influence sites' budget projections for the upcoming fiscal year.
IO Review resources for identifying pipeline drugs
IO Explain factors to consider when determining whether a particular pipeline drug would be used by the agency's covered population
IO Describe the influence of specialty drugs on the pharmacy budget.
- OBJ R6.1.4 (Synthesis) Provide analytic tool(s) to assist pharmacy executives in projecting the monetary result of influencing factors.
IO Explain importance of customizing analysis tools to be applicable to various customers.

Goal R6.2: Provide pharmacy expertise to the organization in the area of managed care by contributing to the ongoing development of the organization's formulary through review of existing, development of new, and implementation of pharmacoeconomic proposals, drug use criteria, and organizational policies and procedures affecting the care of patients.

- OBJ R6.2.1 (Analysis) Create a written drug use criteria or pharmacoeconomic proposal for a medication, class, or disease state that is to be considered by the organization's P&T committee for approval.
IO Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, of the disease(s) to be treated by the drug under consideration.
IO Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of the drug under consideration.
IO Explain the structure and types of information supplied by pharmaceutical manufacturers using the organization's template format.
IO Explain likely sources of relevant information not contained in the materials supplied by the pharmaceutical manufacturer.
IO Explain the characteristics of scientific writing.
IO Explain factors to consider when judging the safety, the efficacy, or the pharmacoeconomics of a specific medication.
- OBJ R6.2.2 (Synthesis) When appropriate, present the recommendations contained in a proposal to members of the P&T Committee.
IO Explain the composition and responsibilities of the organization's P&T committee.
IO Explain an appropriate style of presentation for P&T committee meetings.
- OBJ R6.2.3 (Synthesis) Participate in the communication of information regarding formulary design and/or changes.

Goal R6.3: Understand the organization's process for contracting with pharmaceutical manufacturers.

- OBJ R6.3.1 (Knowledge) State the types of contracts possible with pharmaceutical companies.
IO Describe the purchasing hierarchy
- OBJ R6.3.2 (Comprehension) Explain what affects drug pricing in the marketplace.
- OBJ R6.3.3 (Comprehension) Explain the organization's process for negotiating the price of medications with a manufacturer.

Outcome R7: Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.

Goal R7.1: Conduct a pharmacy outcomes and/or health analytics-related research or QI project using effective research and project management skills.

- OBJ R7.1.1 (Synthesis) Identify a topic of significance for a pharmacy-related research project that requires institutional review board (IRB) review or approval through a quality improvement (QI) process.
IO Explain the types of resident projects (e.g., prospective, retrospective, clinical trials) that will meet residency program project requirements and timeframe.

- IO Explain how one determines if a potential project topic is of significance in one's particular practice setting.*
- IO Explain how to conduct an efficient and effective literature search for the background analysis.*
- IO Explain how to generate a research question(s) to be answered by an investigation.*
- OBJ R7.1.2 (Synthesis) Formulate a feasible design for a pharmacy-related research project.
- IO Explain the elements of a project proposal.*
- IO Explain how to identify health care personnel who will be affected by the conduct of the project and strategies for gaining their cooperation.*
- IO Explain how to determine a timeline with suitable milestones that will result in project completion by an agreed-upon date.*
- IO Explain various methods for constructing data collection tools.*
- OBJ R7.1.3 (Synthesis) Secure any necessary approvals, including IRB, for a pharmacy-related research project.
- IO Explain how to identify stakeholders who must approve a particular project.*
- IO Explain the components that make up a budget for a project.*
- IO Explain strategies for seeking funding for a research project.*
- IO Explain the role of the IRB in the approval process.*
- OBJ R7.1.4 (Synthesis) Implement a pharmacy-related research project as specified in its design.
- IO Given a particular approved residency project, explain methods for organizing and maintaining project materials and documentation of the project's ongoing implementation.*
- IO Explain methods of data analysis.*
- IO Explain issues surrounding confidentiality of patient information accessed for a research study.*
- Goal R7.2: Engage in the publication process.
- OBJ R7.2.1 (Comprehension) Explain the benefits, to the practitioner and the profession, of contributing to the pharmacy literature.
- OBJ R7.2.2 (Synthesis) Write a research article, review, or case report that is suitable for publication.
- IO Use a standard style for biomedical journals in the preparation of research articles, reviews, or case reports submitted for publication.*
- IO Given a specific article, identify appropriate journals to which that article might be submitted for publication.*
- IO Given an identified topic related to pharmacy practice, appraise the potential to publish an article on that topic.*
- IO Explain the rules governing who may declare authorship of a given work.*
- OBJ R7.2.3 (Synthesis) Use correct grammar, punctuation, spelling, style, and formatting conventions to prepare a written summary of a pharmacy-related research project.
- OBJ R7.2.4 (Application) Follow the submission requirements of an appropriate peer-reviewed publication to submit a manuscript for publication.
- OBJ R7.2.5 (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a pharmacy-related research project.
- IO When given a particular residency project ready for presentation, explain the type of manuscript style appropriate to the project and criteria to be met when using that style.*
- OBJ R7.2.6 (Evaluation) Participate in the peer review of a pharmacy professional's article submitted for publication or presentation.
- IO Explain sources of information on the components of a peer review.*
- IO Explain the characteristics of an effective peer review.*
- Goal R7.3: Prepare and deliver an effective poster presentation.
- OBJ R.7.3.1 (Synthesis) Design an effective poster for the presentation of a topic.
- IO Explain the types of content that should be included in a poster.*
- IO Explain the rules for visual presentation of poster material.*
- IO Explain resources that can be used to generate poster materials.*

- OBJ R7.3.2 (Synthesis) Exercise skill in responding to questions occurring during the presentation of a poster.
- OBJ R7.3.3 (Synthesis) Effectively present the results of a pharmacy-related research project.

<p>Elective Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) Pharmacy Residencies in Pharmacy Outcomes and Healthcare Analytics</p>
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Outcome E1: *Demonstrate advanced skills in working with a specific technology or automation product (such as Cube Building, Clinical Reminders, etc.).*

Goal E1.1: Serve as an expert resource for the management of a specific technology or system.

OBJ E1.1.1 (Synthesis) Formulate effective explanations, geared for a variety of interested audiences, of the functions of the technology system.

IO Explain the differences in communicating with a technical audience versus a non-technical audience.

IO Explain communication strategies with information technology vendors.

OBJ E1.1.2 (Application) Demonstrate the operation of the technology or system.

IO Explain the user view of the technology or automation system.

IO Explain the technical view of the technology or automation system.

Outcome E2: *Utilize added knowledge and skills to enable the application of contemporary quality methodology to the management of pharmacy services.*

Goal E2.1: Participate in clinical and economic outcomes analyses.

OBJ E2.1.1 (Comprehension) Explain the principles and methodology of prospective clinical, humanistic, and economic outcomes analysis.

IO Explain the principles and methodology of basic pharmacoeconomic analyses.

IO Explain the purpose of a prospective clinical, humanistic or economic outcomes analysis.

IO Explain study designs appropriate for a prospective clinical, humanistic and economic outcomes analysis.

IO Explain the technique and application of modeling.

IO Explain the types of data that must be collected in a prospective clinical, humanistic and economic outcomes analysis.

IO Explain possible reliable sources of data for a clinical, humanistic and economic outcomes analysis.

IO Explain methods for analyzing data in a prospective clinical, humanistic and economic outcomes analysis.

IO Explain how results of a prospective clinical, humanistic and economic outcomes analysis can be applied to internal business decisions and modifications to a customer's formulary or benefit design.

OBJ E2.1.2 (Comprehension) Explain the principles and methodology of retrospective clinical, humanistic, and economic outcomes analysis.

IO Explain the purpose of a retrospective clinical, humanistic or economic outcomes analysis.

IO Explain study designs appropriate for a retrospective clinical, humanistic and economic outcomes analysis.

IO Explain the types of data that must be collected in a retrospective clinical, humanistic and economic outcomes analysis.

IO Explain the content and utilization of reports and audits produced by the pharmacy department.

IO Explain possible reliable sources of data for a retrospective clinical, humanistic and economic outcomes analysis.

IO Explain methods for analyzing data in a retrospective clinical, humanistic and economic outcomes analysis.

IO Explain the impact of limitations of retrospective data on the interpretation of results.

IO Explain how results of a retrospective clinical, humanistic and economic outcomes analysis can be applied to internal business decisions and modifications to a customer's formulary or benefit design.

OBJ E2.1.3: (Evaluation) Contribute to a retrospective clinical or economic outcomes analysis.

Outcome E3: Demonstrate skills required to function in an academic setting.

Goal E3.1: Understand faculty roles and responsibilities.

- OBJ E3.1.1 (Comprehension) Explain variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service.
- IO Discuss how the different missions of public versus private colleges/schools of pharmacy can impact the role of faculty members.*
 - IO Discuss maintaining a balance between teaching, practice, research and service.*
 - IO Discuss the relationships between scholarly activity and teaching, practice, research and service.*
- OBJ E3.1.2 (Analysis) Explain the role and influence of faculty in the academic environment.
- IO Explain the responsibilities of faculty in governance structure (e.g. the faculty senate, committee service).*
 - IO Describe the responsibilities of faculty (e.g. curriculum development and committee service) related to teaching, practice, research, and service roles.*
- OBJ E3.1.3 (Comprehension) Describe the types and ranks of faculty appointments.
- IO Explain the various types of appointments (e.g. non-tenure, tenure-track, and tenured faculty).*
 - IO Differentiate among the various ranks of faculty (e.g. instructor, assistant professor, associate professor, full professor).*
 - IO Discuss the role and implications of part-time and adjunct faculty as schools continue to expand and faculty shortages occur.*
- OBJ E3.1.4 (Comprehension) Discuss the promotion and tenure process for each type of appointment.
- IO Identify the types of activities that are considered in the promotion process.*
 - IO Identify the types of activities that are considered for tenure.*
- OBJ E3.1.5 (Application) Identify resources available to help develop academic skills.
- IO Explain the role of academic-related professional organizations (e.g. AACP) in faculty professional development.*
 - IO Identify resources to help develop teaching skills and a teaching philosophy.*
- OBJ E3.1.6 (Comprehension) Explain the characteristics of a typical affiliation agreement between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).
- IO Explain how the political environments of either a college or a practice site may affect the other.*

Goal E3.2 Exercise teaching skills essential to pharmacy faculty.

- OBJ E3.2.1 (Synthesis) Develop an instructional design for a class session, module, or course.
- IO Construct a student-centered syllabus.*
 - IO Construct educational objectives for a class session, module, or course that is appropriate to the audience.*
 - IO Identify appropriate instructional strategies for the class session, module, or course to achieve the objectives.*
 - IO Consider assessment tools that measure student achievement of the educational objectives.*
- OBJ E3.2.2 (Synthesis) Prepare and deliver didactic instruction on a topic relevant to the specialized area of pharmacy residency training.
- IO Identify educational technology that could be used for a class session, module, or course (e.g., streaming media, course management software, audience response systems).*
 - IO Create instructional materials appropriate for the topic and audience.*
 - IO Identify strategies to deal with difficult learners.*
 - IO Given feedback from teaching evaluations (e.g. student and or peer), devise a plan to incorporate improvements in future instruction.*
- OBJ E3.2.3 (Application) Develop and deliver cases for workshops and exercises for laboratory experiences.

- IO Identify the appropriate level of case-based teachings for small group instruction.*
- IO Identify appropriate exercises for laboratory experiences.*
- IO Provide appropriate and timely feedback to improve performance.*
- OBJ E3.2.4 (Application) Serve as a preceptor or co-preceptor utilizing the four roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation).
- IO Assess the learner's skill level to determine the appropriate preceptor strategy for providing practice-based teaching.*
- IO Given performance-based criteria, identify ways to provide constructive feedback to learners.*
- IO Develop strategies to promote professional behavior.*
- IO Identify strategies to deal with difficult learners in the practice setting.*
- IO Given a diverse learner population, identify strategies to interact with all groups with equity and respect.*
- OBJ E3.2.5 (Analysis) Develop a teaching experience for a practice setting (e.g., introductory or advanced pharmacy experience).
- IO Create educational goals and objectives to be achieved.*
- IO Develop activities that will allow achievement of identified educational goals and objectives.*
- IO Identify how and when feedback should be provided.*
- IO Identify other preceptors for the experience, if appropriate.*
- IO Determine training that might be needed for the preceptors to deliver student education.*
- IO Identify potential challenges of precepting and providing patient care services simultaneously.*
- OBJ E3.2.6 (Synthesis) Design an assessment strategy that appropriately measures the specified educational objectives for the class session, module, course, or rotation.
- IO Identify appropriate techniques for assessing learning outcomes in various educational settings [e.g., written examinations, oral examinations, practical examinations, Objective Structured Clinical Examination (OSCE)].*
- IO Develop examination questions to assess the knowledge, skills, attitudes and behaviors that are appropriate to the learner's level and topic.*
- IO Discuss the various methods for administering examination questions (e.g., computerized testing, paper testing).*
- OBJ E3.2.7 (Evaluation) Create a teaching portfolio.
- IO Define the concept of a teaching portfolio and describe its primary purpose*
- IO Outline the steps in building a teaching portfolio.*
- IO Develop a personal teaching philosophy to guide one's teaching efforts and facilitate student learning.*
- OBJ E3.2.8 (Evaluation) Compare and contrast methods to prevent and respond to academic and profession dishonesty.
- IO Evaluate physical and attitudinal methods to prevent academic dishonesty.*
- IO Discuss methods of responding to incidents of academic dishonesty.*
- IO Discuss the role of academic honor committees in cases of academic dishonesty.*
- IO Identify examples and methods to address unprofessional behavior in learners.*
- OBJ E3.2.9 (Comprehension) Explain the relevance of copyright laws to developing teaching materials.
- IO Discuss copyright regulations as related to reproducing materials for teaching purposes.*
- IO Discuss copyright regulations as related to linking and citing on-line materials.*

Appendix

The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions listed below.

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions listed below.

The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions listed below.

Application of knowledge will occur through taskforces, committees, workgroups, and interdisciplinary teams and during the Data Analytics and Pharmacoconomics, Health Outcomes and Formulary Management longitudinal rotation.

- 1) Oncology
 - A. Multiple Myeloma
 - B. Prostate Cancer
 - C. Renal Cell Carcinoma
- 2) Chronic Pain Management
 - A. Chronic Non-Cancer Pain
 - B. Rheumatoid Arthritis
- 3) Infectious Diseases
 - A. Hepatitis C
 - B. Antimicrobial Stewardship
- 4) Anticoagulation
 - A. Atrial Fibrillation
 - B. DVT, PE, other embolic events
- 5) Mental Health
 - A. PTSD
 - B. Schizophrenia
 - C. Depression
- 6) Endocrinology
 - A. Diabetes
- 7) Cardiology
 - A. Hyperlipidemia
- 8) Neurology
 - A. Multiple Sclerosis
- 9) Miscellaneous
 - A. As relevant to current issues and current discussion within the PBM.
 - B. As required for updating drug use criteria, protocols, proposals, or other miscellaneous policies

APPENDIX VI: Initial Self-Evaluation

**VA Heartland Network (VISN 15)
Pharmacy Outcomes & Healthcare Analytics Resident
Initial Achievement Plan & Self-Evaluation
Program Planning Form**

2017-2018

In order to design a program that will best meet a resident's needs and interests, each Resident is asked to complete an individual *ASHP Entering Interests Evaluation* and ASHP Entering Goal-Based Self-Evaluation of the residency program goals. Responses will help the residency director and Residency Advisory Board individualize the program based on the unique interests and skills of the resident. Please complete these forms in PharmAcademic. This information will be used to assess your current strengths, areas where you would like to gain experience, and your professional goals to guide in the planning of your residency experiences for the upcoming year.

APPENDIX VII: Initial and Quarterly Customized Plan

VA Heartland Network (VISN 15) Pharmacy Outcomes & Healthcare Analytics Resident Quarterly Customized Plan

2015-2016

PGY2 Initial Individualized Resident Plan:
Immediate Interests to Address Professional and Career Goals:
Pharmacy Practice Experience Inventory: (additional clinical practice experiences requested)
Residency Elective Experience Preferences:
Research Interests/Teaching/Didactic Goals:
Resident Self-Assessment Summary (summary of rotation self-evaluations plus preceptor-resident discussion):
Customized Plan: Projects currently planned to meet goals and objectives for the [first] Quarter include: 1. Core Rotations: a. Pharmacoeconomics, Outcomes, and Formulary Management b. Pharmacy Foundation and Service/Policy Development c. Data Management and Analytics d. Clinical Research Project e. Formulary and Utilization Management (Facility Experience) f. Academic Detailing

Entering Characteristics	Changes to Program/ Residency Structure	1 st Quarter Update	2 nd Quarter Update	3 rd Quarter Update
Strengths				
Areas for Improvement				

Signatures will be recorded in PharmAcademic.

APPENDIX VIII: PGY-2 Outgoing Resident Survey



Veterans Affairs
Medical Center
Reno, NV

PGY-2 Pharmacy Outcomes & Healthcare Analytics

Outgoing residents: I would like to request your feedback about the residency. I appreciate if you would take a few minutes and complete the following survey. I want your honest feedback and I am trying to identify areas of improvement.

1. What did you like the best about this residency program? What did you like the least?
2. What specific skill did you improve/learn in this residency program that will help you in the future?
3. What experience and or skill would you have liked (that you did not get) in the residency program?
4. If you could change one or two aspects of the residency program what would it (they) be?
5. If you had to do the residency again, would you choose this one again?
6. Do you have specific comments (positive and/or negative about specific rotations)?
7. Do you have specific comments (positive and/or negative about specific preceptors)?
8. Do you have specific comments (positive and/or negative about the RPD)?
9. Any other final comments?

APPENDIX IX: Functional Statement

Position Title: PGY-2 Pharmacy Outcomes & Healthcare Analytics Resident

General Program Description:

The role of the pharmacy resident is to develop into a clinically competent pharmacist capable of managing small and large populations of patients, primarily through longitudinal experiences focusing on data management, pharmacoeconomics/formulary management, population health and health outcomes. The PGY2 resident provides specialized support to promote the integration of information technology, informatics, and data analysis with the practice of evidence-based medicine and medical treatments for VISN 15 PBM and KCVAMC projects.

Residents are under the general supervision of the residency director, and under the preceptorship of the residency director and other assigned personnel. Under such oversight, the resident will design computerized reports and interfaces for various demographics; will demonstrate project development, implementation, and management skills; will initiate and implement clinical programs to enhance the efficiency of patient care; will monitor the local Veterans Integrated Service Network (VISN) performance measures and metrics; will provide education to health care professionals and participate in clinical research.

Functions:

1. *Clinical and population management*
 - a. Demonstrates professionalism, creativity, and cooperation to work with various VISN 15 PBM task forces, workgroups and committees to improve patient care through various projects.
 - b. Evaluates drug related problems, designs systematic problem solving routines, assist in therapeutic selection, monitoring and evaluation of therapy.
 - c. Clinically manages patient populations by using dashboard tools to improve patient safety, quality and other outcomes under the supervision of a preceptor.
2. *Data management*
 - a. Initiates, develops, validates, and executes projects in support of population health and finance.
 - b. Conducts audit and feedback with clinical staff to improve user interface of data tools.
 - c. Demonstrates understanding of the VA health data repository enterprise architecture data warehouse by manipulating the local, regional, and sometimes central databases to improve performance measures and metrics, improve efficiency of patient care, and identify at risk patients to assist VA personnel as appropriate for research and program purposes.
3. *Research, Pharmacoeconomics and Health Outcomes*
 - a. Reviews PBM performance measures/metric, Lost Opportunity Costs (LOC)/PBM contract adherence, and other pharmacoeconomic initiatives.
 - b. Applies pharmacoeconomic principles to the VA healthcare environment and in research design and methodologies to improve economic, clinical, and humanistic health outcomes.

- c. Manages and directs outcome projects developed and assigned by the preceptor at the direction of committees, task forces, and informal groups.
 - d. Monitors and records both clinical and economic outcomes of programs.
 - e. Continually monitors new literature, evidence, and pricing changes to improve care and cost-containment.
 - f. Designs and participates in research studies involving therapy outcomes, pharmacoeconomics, and quality care.
4. *Education*
- a. Precepts other trainees as part of duty responsibilities as assigned.
 - b. Provides accurate and comprehensive information about drugs and drug use to other health care providers and patients.
 - c. Participates education programs to pharmacists, providers, and other health care professionals.
 - d. Assumes responsibility for self-development in learning about new medications and current changes within the practice of pharmacy.
 - e. Demonstrates strong interpersonal skills dealing with other health providers.
5. *Administration*
- a. Participates in defining strategic goals, educates clinicians regarding processes related to operations, assists in measurements of those goals, and contributes to PBM success.
 - b. Demonstrates responsibility and initiative by managing projects in all aspects of VISN formulary.
 - c. Attends, participates and contributes to decisions of P&T Committees, VISN Formulary Management Workgroup, and other committees and/or work groups.
 - d. Participates in various Continuous Quality Improvement (CQI) initiatives, including Drug Use Evaluations (DUEs).
 - e. Reviews questions/problems dealing with various aspects of pharmacy operations and implements projects to better utilize available resources.
6. *Quality Assurance/Drug Use Evaluation/Research*
- a. Designs, develops, and completes at least one approved research/quality improvement project to evaluate the quality of clinical pharmacy services, other pharmacy service or drug usage, and prescribing practices. Completion includes a manuscript submission.
 - b. Coordinates targeted physician and pharmacist task forces or project groups to address performance measures, and optimize the cost-effective use of medications and respective concerns.
 - c. Exercises initiative and collaboration effectively with clinical and administrative staff to meet performance goals and support quality patients care activities.
 - d. Participates in a longitudinal experience where the resident will gain exposure and contribute to the development and achievement of PBM and pharmacy service goals on the local, VISN, and National levels.
 - e. Develops and implements VISN-wide targeted programs to achieve performance measures and contract goals in a global and time-efficient manner. Monitors needs of individual sites and guides sites on project implementation.

Qualifications:

1. The resident must be a United States Citizen.

2. Graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP).
3. **Licensure:** Full, current and unrestricted license to practice pharmacy in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintaining full, current, and unrestricted licensure.
4. Completion of a first-year pharmacy practice residency or an equivalent experience approved by ASHP, 3 years of clinical experience minimum, is required to be considered for this PGY-2 program.
5. See VA Handbook 5005, Part II, Appendix G-15.

Supervisory Controls:

The resident serves with considerable independence in all areas of pharmacy activity under the general supervision of the Residency Director. The resident reports to and keeps other preceptors apprised of trends/problems affecting any aspects of the activity, also, recognizing the need for changes in policy and procedures and makes viable recommendations.

Customer Service:

- A. Relationships with supervisors, co-workers and others within the organization must be consistently courteous and cooperative in nature and overall contribute to the effective operation of the office. Performance must demonstrate the ability to adjust to change or work pressure in a pleasant manner; handle differences of opinion in a businesslike fashion; follow instructions conscientiously; and function as a team member, helping the group effort where possible.
- B. Interacts with a wide variety of staff and demonstrates sensitivity to and an understanding of their needs by taking ownership of the problem and adopting the customer's needs as their own.
- C. Provides professional and technical advice, support and assistance to all customers with a view towards accomplishing the service mission (i.e. customer service). Personal interactions will be free of legitimate negative feedback.
- D. Customers are treated in a professional manner, with tact, courtesy and respect. Instills confidence and trust with supervisors, peers and subordinates by providing timely and quality service. Meets established time frames and deadlines in area of responsibility.

Drug Testing Position:

In accordance with criteria contained in Executive Order 12564, this position has been determined as "sensitive" for drug testing purposes. VA employees in positions involving law enforcement, national security, the protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence, will be designated as subject to drug testing.

Occupational Safety and Health:

- A. Follow safe work practices and procedures, including use of required personal protective equipment (PPE).
- B. Recognize and report unsafe or unhealthy conditions/practices to supervisory personnel.

C. Report work-related injuries or illness to supervisory personnel.

ADP Security:

In the performance of official duties, the employee has regular access to printed and electronic files containing sensitive information, which must be protected under the provisions of the Privacy Act of 1974, Health Insurance Portability and Accountability Act (HIPAA) of 1996, and other applicable law and regulations. The employee is responsible for (1) protecting that information from unauthorized release or from loss, alteration, or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc. as set out in a computer access agreement which the employee signs.

Language Proficiency:

The resident in this position has direct patient care duties and must be proficient in the English language.

Duties:

1. Abide by the bylaws, rules, and regulations of VISN 15 and KCVAMC which apply to activities as a member of the professional staff.
2. Abide by the professional standards established by the American Society of Hospital Pharmacists and the policies and procedures of this Medical Center and the Department of Veterans Affairs
3. In the performance of official duties, the employee has regular access to both printed and electronic information containing sensitive data which must be protected under the provisions of the Privacy Act of 1974 and other applicable laws, federal regulations, VA statutes and policies, and VHA policy. The employee is responsible for (1) protecting that data from unauthorized release or from loss, alteration or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in a "Rules of Behavior" signed by each employee.
4. The resident is required to obtain a pharmacist license as defined by the Department of Veterans Affairs.
5. Meet the requirements of the ASHP Accreditation Standard for post graduate year 2 (PGY2) pharmacy residency program.

I have read and received a copy of this Functional Statement. I understand that I am responsible for the contents within.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPENDIX X: VA National Formulary FAQ

- 1) Q: Where can I find detailed information about the VA National Formulary Management Process?**
A: VHA Handbook 1108.08 “VHA Formulary Management Process”.
- 2) Q: What is the purpose of the VA National Formulary (VANF)?**
A: The purpose of the VANF is to provide high quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans accepted by VA for care.
- 3) Q: Why aren’t strengths listed on the VA National Formulary (VANF)?**
A: The VANF is dosage form specific to allow flexibility at VISN/facility level.
- 4) Q: Why can’t I locate a brand name product on the VA National Formulary?**
A: Items are listed by generic name and VA class. In some cases the brand name drug is included in parentheses for standardization or as an example for complicated generic name combinations.
- 5) Q: What is the VA Class?**
A: It is a therapeutic classification system to help identify similar products.
- 6) Q: What does "R" mean by antibiotics?**
A: This is defined in the heading of the VA National Formulary and states: “The national restriction for antibiotics is that all decisions regarding which agents to carry in these classes will be made at the local or VISN level. These decisions should be based on local culture and sensitivity patterns.”
- 7) Q: Where can I find VA clinical guidance (e.g., Criteria for Use, Drug Class Reviews, and Drug Monographs)?**
A: Refer to the PBM Webpage at <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx> under “Clinical Guidance”.
- 8) Q: Can agents be added on the VISN/local level?**
A: No. The VANF is the sole drug formulary used in VA. (Reference: VHA Handbook 1108.08, paragraph 17. a.)
- 9) Q: How do I know if a drug is on a National Contract or other special contract?**
A: Refer to the PBM Webpage at <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx> under “Drug & Pharmaceutical Prices” or the Prime Vendor Webpage (<https://connect.mckesson.com>).
- 10) Q: Can agents listed on the VA National Formulary (VANF) be deleted on the VISN/facility level?**

A: No. The VANF is a listing of products (drugs and supplies) that must be available for prescription at all VA facilities, and cannot be made non-formulary by a VISN or individual medical center. (Reference: VHA Handbook 1108.08, paragraph 3. q.)

11) Q: How do I know if an item is on the VA National Formulary (VANF)?

A: Items are listed by generic name or VA class on the PBM Webpage at <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx> under “National Formulary”.

12) Q: How is the VA National Formulary (VANF) updated?

A: The VANF is updated by the PBM after changes are made from Medical Advisory Panel/VISN Pharmacist Executives (MAP/VPE) meetings.

13) Q: Where can I obtain a current copy or changes previously made to the VA National Formulary?

A: Refer to the PBM Webpage at <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx> under “National Formulary”.

14) Q: How is an item added to the VA National Formulary (VANF)?

A: Requests for change in VANF status may be submitted to the PBM by a VISN Formulary Committee, the VFL Committee, the MAP, a VHA Chief Medical Consultant, or VHA Chief Medical Officer. *NOTE: An individual or group of physicians may submit a request for VANF addition through their VISN Formulary Committee(s).*

1. All requests for change in VANF status must contain:
 - a. Minutes of the VFL Committee or other acknowledged meeting in which action was taken on the product (if applicable).
 - b. Literature citations that support the recommendation.
2. All requests for addition to the VANF must contain:
 - a. Criteria for drug use that addresses indications, monitoring, and any efficacy or safety outcomes specific to the Veteran population;
 - b. Completion of VA Form 10-0450, VHA National Formulary Request for Formulary Review;
 - c. Completion of VA Form 10-0451, Conflict of Interest Disclosure Form, by the parties presenting the drug for formulary addition; and
 - d. The signature of the VISN Pharmacist Executive, VHA Chief Medical Consultant, or Chief Medical Officer.

(Reference: VHA Handbook 1108.08, paragraph 17. 1.)

15) Q: What is the non-formulary use procedure?

A: A non-formulary request process must exist at each VA facility. The process should assure that decisions are evidence-based and timely. Non-formulary products may be approved under the following circumstances:

1. Contraindication(s) to the formulary agent(s).
2. Adverse reaction to the formulary agent(s).
3. Therapeutic failure of formulary alternatives.
4. No formulary alternative exists.

5. The patient has previously responded to a non-formulary agent and risk is associated with a change to a formulary agent.

(Reference: VHA Handbook 1108.08, paragraph 17. q.)

16) Q: Can I use a non-formulary agent if I am involved in a clinical trial?

A: Yes. Drugs and supplies are not added to the VANF solely for the purpose of performing a clinical trial; however, the VANF is not intended to impede the use of any pharmaceutical agent in legitimate scientific studies. (Reference: VHA Handbook 1108.08, paragraph 17. j.)

17) Q: How was the original National Formulary compiled?

A: By combining the VISN formularies for matches, and then field review for comment, and selection.

18) Q: When was the original VA National Formulary published?

A: May 1997.

19) Q: How will drug classes be reviewed?

A: The PBM will determine which drug therapeutic classes will be reviewed in preparation of awarding national contracts or as needed based on scientific evidence or safety concerns. Requests for drug or drug class reviews may be submitted to the PBM by a VISN Formulary Committee, the VPE Committee, the MAP, VHA Chief Medical Consultants, or VHA Chief Medical Officers. (Reference: VHA Handbook 1108.08, paragraph 17. k.)

20) Q: What is the function of the VISN formulary committee?

A: The VISN Formulary Committee's function is to provide clinical oversight and guidance for the formulary review process; coordinate VANF initiatives at the VISN and facility levels; and communicate VISN-specific submissions to the PBM and MAP for consideration as part of the VANF process. (Reference: VHA Handbook 1108.08, paragraphs 3. t. and 10)

21) Q: Can the VISN or facility level restrict National Formulary agents?

A: VISNs are not permitted to modify PBM-MAP Criteria for Use documents; however, restrictions to prescribing can be established for VANF items that require close monitoring to ensure appropriate use. For example, in the case of anti-infectives, facility level restrictions intended to prevent resistance are permissible. Restrictions may include evidence-based guidelines or prescribing privileges for providers with specific expertise. Restrictions are not to be based solely on economics, nor are they to be so limiting as to prevent patients with legitimate medical needs from receiving these medications and supplies. (Reference: VHA Handbook 1108.08, paragraphs 17. b. and 17. aa.)

22) Q: Where can I look up drug prices?

A: Refer to the [National Acquisition Center \(CCST\) Pharmaceutical Catalog Search](#) or the Prime Vendor Webpage (<https://connect.mckesson.com>).

APPENDIX XI: Web Sites Used by Past Residents

1. Drug information sites
 - a. Site http://vaww.reno.va.gov/pharmacy_service/Drug_Information.asp: This address links into the VA's intranet drug information site. This page will give you access to Facts and Comparisons, Up-to-date, Micromedex, GlobalRPH and more.
 - b. Clinical Pharmacology: <http://clinicalpharmacology-ip.com/default.aspx>
2. VISN 15 PBM site: <https://vaww.visn15.portal.va.gov/v15projects/pbm/default.aspx>
This address has links to important documents, worksites, and organizational information. Here is a list of a few items on the site: National Formulary link, National PBM website, VISN 15 Drug Use Criteria, Treatment Algorithms, Dashboards and Reports, VISN 15 PBM Workgroup and Committee Minutes/Agendas.
3. National PBM site: <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx>
This address has links to important national documents. Here is a list of a few documents: Criteria For Use, Drug Class Reviews, Drug Monographs, Patient and Provider Letters and much more. Future residents should become familiar with this site.
4. Concur Government Edition (CGE): <https://cge.concursolutions.com/>
This site is used to confirm travel plans that are work related.
5. McKesson:
<https://connect.mckesson.com/portal/site/smo/template.LOGIN/?cid=SMODEcom2>
Use this to look up cost data and run reports. Ask Diana for the access code when needed. If unfamiliar with McKesson ask Diana Higgins for a tutorial.
6. PharmAcademic: <https://www.pharmacademic.com/>
The resident will use this site to complete evaluations, required by ASHP
7. VA Talent Management System (aka TMS):
<https://www.tms.va.gov/plateau/user/login.jsp>
The resident will have to complete certain task on the LMS during the residency that are required by the VA.
8. PharmacoEconomic Data Management:
<http://vaww.national.cmop.va.gov/pre/PharmacoEconomic/default.aspx>
This is a share point site used by the national PBM. It consists of national documents from national and different VISN on "Cost savings and Clinical Initiatives".
9. VA Information Resource Center (VIREC): <http://vaww.virec.research.va.gov/>
Health Services Research & Development Service (HSR&D):
<http://www.hsr.d.research.va.gov/>
Both of these sites have lecture series on many different topics in research.

10. National Center for Patient Safety: <http://www.patientsafety.gov/>
11. National Acquisition Center (contracting/pricing information): <http://www1.va.gov/nac/>
12. CDW Metadata: <http://vaww.dwh.cdw.portal.va.gov/metadata/default.aspx>
13. Benefit info: www.benefeds.com

APPENDIX XII: OAA Mandatory Trainee Orientation and Orientation Checklist



MTT_Course_version
2.pdf



VA_Handbook_6500
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Additional content
MTT trainees who toc

[Orientation Checklist](#)

APPENDIX XIII: Goals and Objectives Taught/Taught and Evaluated in Learning Experiences

Site: Kansas City Veterans Affairs Medical Center/Veterans Integrated Service Network (VISN) 15

Residency: PGY2 - Custom - Pharmacy Outcomes/Healthcare Analytics (64021)

Residency Program Director: Dr. Monica G. Schaefer (Monica.Schaefer@va.gov)

Report Generated: 09/11/2015 09:57 AM

Goals and Objectives Taught/Taught and Evaluated in Learning Experiences	Clinical Research Project	Data Management and Analytics	Pharmacoeconomics, Health Outcomes, and Formulary Management	Pharmacy Foundation, Service and Policy	Population Management
Custom Curricular Set					
1 .R1: Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.					
1 R1.1 Exhibit ongoing development of the essential personal skills of a practice leader.					
1 R1.1.1 Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and change.			T	TE	
2 R1.1.2 Demonstrate commitment to the professional practice of pharmacy through active participation in the activities of local, state, and/or national pharmacy professional organizations.				TE	
3 R1.1.3 Devise an effective plan for balancing professional and personal life and use time management skills effectively to fulfill practice responsibilities.			T	TE	
4 R1.1.4 Initiate and maintain a systematic approach to documenting professional activities and accomplishments.				TE	
5 R1.1.5 Display integrity in professional relationships and actions and use sound ethical reasoning to guide practice decisions.			T	TE	
6 R1.1.6 Identify potential conflict-of-interest situations in the fields of pharmacoeconomics, healthcare analytics, and pharmacy outcomes.			T	TE	

	7 R1.1.7 Adhere to the requirements of the organization's policy in all interactions with pharmaceutical industry representatives.					TE	
	2 R1.2 Contribute to the leadership and management activities within the pharmacy outcomes and healthcare analytics field by exercising superior communication and political skills.						
	1 R1.2.1 When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.			T		TE	T
	2 R1.2.2 Create an effective professional network.		T			TE	
	3 R1.3 Exercise practice leadership.						
	1 R1.3.1 Demonstrate enthusiasm and passion for the profession of pharmacy.					TE	
	2 R1.3.2 Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of being willing to serve as a mentor to appropriate individuals.			T		TE	
	3 R1.3.3 Explain the general processes of establishing and maintaining an ASHP-accredited PGY-2 residency program.	T	T	T		TE	
	2 .R2: Optimize patient outcomes through the provision of evidence-based, patient-centered information and recommendations and foster effective decision support as an integral part of interdisciplinary healthcare teams.						
	1 R2.1 Develop collaborative professional relationships with members of the PBM staff, various health care teams, taskforces, and workgroups.						
	1 R2.1.1 Use group participation skills when leading or working as a member of a formal or informal work group or taskforce to establish openly communicative and collaborative working relationships.			T		TE	T
	2 R2.1.2 Determine the appropriate type of communication, and the medium and organization for it, using an understanding of the target audience, the characteristics of the information to be communicated, effectiveness, efficiency, customary practice and the recipient's preferences.	T	T	T		TE	T
	2 R2.2 Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's criteria for medication use, monitoring, and outcomes measurement.						
	1 R2.2.1 Collaborate with an interdisciplinary team to write or revise an existing guideline, measure/metric, policy, or protocol.			T			T
	3 R2.3 Prioritize development of analytic tools that improve and assist clinicians in patient care.						
	1 R2.3.1 Appropriately prioritize development of analytic tools based on potential for improvement of patient care if given limited time and multiple responsibilities.		TE				

4 R2.4	Assure that all patient-specific, medication-specific, and evidence-based pharmacotherapy information required to support effective medication-related decisions is readily available in a useful format to members of interdisciplinary, patient-centered teams.					
1 2.4.1	Effectively present the benefits of functionally integrated evidence-based and other knowledge resources, analysis tools, and medication information systems.		TE			
5 R2.5	Guard the confidentiality and security of health data stored in the health care organization's database.					
1 R2.5.1	Explain the organization's regulatory policies for maintaining security of patient information.	T	TE			T
2 R2.5.2	Collaborate with information technology and other professionals to assess analysis tool security and patient protections for conformance with accepted standards including access control, data security, data encryption, HIPAA privacy regulations, and ethical and legal issues.	T	TE			
3 .R3:	Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management resources, and pharmacy outcomes evaluation.					
1 R3.1	Establish oneself as an expert for data retrieval, evidence-based medication information, and outcomes-related resources within the organization.					
1 R3.1.1	Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.		TE			TE
2 R3.1.2	Fulfill requests for provider-requested data, reports, or outcomes in an accurate and efficient manner.		TE			TE
3 R3.1.3	Answer questions and troubleshoot issues from users of the organization's analysis tools, criteria, or policies and procedures.		TE	T		
2 R3.2	Contribute pharmacist perspective and expertise regarding the development, implementation, utilization, and revision of outcomes measures and metrics, and analysis tools in interactions with information technology staff, PBM staff, clinicians and end users					
1 R3.2.1	Participate in the development of project timelines, financial projections, and outcomes measurement.	T	TE			T
2 R3.2.2	When presented with a non-standard problem, apply lateral (out-of-box) thinking to its solution.		TE	T	T	
3 R3.3	Critically evaluate and employ advanced analysis skills to relevant biomedical literature in preparing analysis tools, drug information responses, pharmacoeconomic proposals, and drug use criteria.					
1 R3.3.1	Determine if the study design and/or methodology are appropriate to accomplish the objectives of a piece of biomedical	T		T		TE

	literature.					
	2 R3.3.2 Accurately interpret statistical information presented in a piece of biomedical literature.	T		T		TE
	3 R3.3.3 Identify potential sources of bias in a piece of biomedical literature.			T		TE
	4 R3.3.4 Determine the internal and external validity of a piece of biomedical literature and if a study's results have applicability for hypothesizing future research or for directing patient care decisions.	T		T		TE
	5 R3.3.5 When presented with conflicting biomedical literature, determine the validity and applicability for organizational need.			T		TE
	6 R3.3.6 When presented with limited evidence-based biomedical literature, synthesize a reasonable proposal for the specific information need in collaboration with members of relevant taskforces or workgroups.			T		TE
	7 R3.3.7 Appraise information provided by a pharmaceutical manufacturer.				T	T
	8 R3.3.8 Design tools and measures that perform patient-centered, evidenced-based monitoring for a therapeutic regimen or disease state that effectively evaluates achievement of the specified therapeutic goals.			T		TE
	9 R3.3.9 Conduct a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (decision analysis, CEA, CBA, CMA, CUA).			TE		
	4 R3.4 Identify opportunities for improving the safety of aspects of the organization's medication-use system through analysis tools, measures, metrics, guidelines and policies.					
	1 R3.4.1 Assist in the organization's reporting and preventing medication errors and adverse drug reactions (ADEs) through development/maintenance of analysis tools, updating drug use criteria, reporting alerts at meetings, or other means as necessary.			TE		T
	5 R3.5 Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., Joint Commission requirements; ASHP standards, statements, and guidelines; state and federal laws regulating pharmacy practice; OSHA regulations).					
	1 R3.5.1 Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory, and safety requirements for pharmacy.			T	TE	
	4 .R4: Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.					
	1 R4.1 Provide effective education and training on pharmacoeconomic proposals, analysis tools/software utilization, academic detailing goals, or general drug therapy topics to health					

	care professionals and health care professionals in training.				
	1 R4.1.1 Use effective educational techniques in the design of all educational activities.	T	TE		T
	2 R4.1.2 Use advanced public speaking skills to communicate effectively in large and small group situations.	T	TE		T
	2 R4.2 Design and deliver education programs to the public that center on health improvement, wellness, and disease prevention.				
	1 R4.2.1 Use appropriate educational techniques to deliver an educational program to the public that centers on health improvement, wellness, or disease prevention.		TE		T
	3 R4.3 Design and present Academic Detailing education programs to healthcare providers and patients in order to improve patient outcomes.				
	1 R4.3.1 Contribute to the design of evidence-based, non-commercial educational programs for outreach to healthcare providers and patients that centers on health improvement, wellness, or disease prevention.		T		TE
	2 R4.3.2 Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.	T	TE		T
	5 .R5: Demonstrate the technical skills essential to the role of a pharmacist specializing in pharmacy outcomes and healthcare analytics.				
	1 R5.1 Demonstrate a working knowledge of available technology for prescribing, order processing, distribution/dispensing, monitoring, safe and efficient administration, and administration documentation.				
	1 R5.1.1 Demonstrate a working knowledge of available technology for prescribing, order processing, distribution/dispensing, monitoring, safe and efficient administration, and administration documentation.	TE			T
	2 R5.2 Demonstrate and apply understanding of basic analytics principles, standards, and best practices.				
	1 R5.2.1 Utilize best practice strategies to maximize code performance.	TE			
	2 R5.2.2 Express understanding of the functions and purposes of SQL Server, Reporting Services, ProClarity, MS Office Programs, and SharePoint from the perspective of a pharmacist working in outcomes and healthcare analytics.	TE			
	3 R5.2.3 Exercise proficiency in the use of databases and data analysis software to successfully construct reports and dashboards.	TE			
	4 R5.2.4 Explain the concept of data warehousing and its uses in clinical and operational decision-making.	TE			

	5 R5.2.5 Apply an understanding of evidence-based medication therapy management to contribute to the establishment of process and outcomes measurements that would be used to manage and evaluate the implementation and success of a disease management and/or medication therapy management program.		TE			T
6 .R6: Understand a pharmacy benefits management structure and contribute to the organization's formulary management.						
1 R6.1 Understand the interrelationship of the pharmacy benefit management function, and the network health care systems.						
	1 R6.1.1 Explain the elements of managed care, including benefit design and management, co-pay, formulary, utilization management, prior authorization, consults, access, and contract negotiations (medication acquisition and/or network pharmacies).			TE		T
	2 R6.1.2 Explain the principles of the financial management of the organizational unit.			TE		T
	3 R6.1.3 Research literature, business publications, websites and other relevant resources to assemble a list of factors that will influence sites' budget projections for the upcoming fiscal year.			TE		T
	4 R6.1.4 Provide analytic tool(s) to assist pharmacy executives in projecting the monetary result of influencing factors.		T	TE		T
2 R6.2 Provide pharmacy expertise to the organization in the area of managed care by contributing to the ongoing development of the organization's formulary through review of existing, development of new, and implementation of pharmacoeconomic proposals, drug use criteria, and organizational policies and procedures affecting the care of patients.						
	1 R6.2.1 Create a written drug use criteria or pharmacoeconomic proposal for a medication, class, or disease state that is to be considered by the organization's P&T committee for approval.			T		TE
	2 R6.2.2 When appropriate, present the recommendations contained in a proposal to members of the P&T Committee.			TE		TE
	3 R6.2.3 Participate in the communication of information regarding formulary design and/or changes.			TE		TE
3 R6.3 Understand the organization's process for contracting with pharmaceutical manufacturers.						
	1 R6.3.1 State the types of contracts possible with pharmaceutical companies.			TE	T	T
	2 R6.3.2 Explain what affects drug pricing in the marketplace.			TE	T	T
	3 R6.3.3 Explain the organization's process for negotiating the price of medications with a manufacturer.			TE	T	T
7 .R7: Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.						

1 R7.1	Conduct a pharmacy outcomes and/or health analytics-related research or QI project using effective research and project management skills.				
	1 R7.1.1 Identify a topic of significance for a pharmacy-related research project that requires institutional review board (IRB) review or approval through a quality improvement (QI) process.	TE			
	2 R7.1.2 Formulate a feasible design for a pharmacy-related research project.	TE			
	3 R7.1.3 Secure any necessary approvals, including IRB, for a pharmacy-related research project.	TE			
	4 R7.1.4 Implement a pharmacy-related research project as specified in its design.	TE			
2 R7.2	Engage in the publication process.				
	1 R7.2.1 Explain the benefits, to the practitioner and the profession, of contributing to the pharmacy literature.	TE			
	2 R7.2.2 Write a research article, review, or case report that is suitable for publication.	TE			
	3 R7.2.3 Use correct grammar, punctuation, spelling, style, and formatting conventions to prepare a written summary of a pharmacy-related research project.	TE			
	4 R7.2.4 Follow the submission requirements of an appropriate peer-reviewed publication to submit a manuscript for publication.	TE			
	5 R7.2.5 Successfully employ accepted manuscript style to prepare a final report of a pharmacy-related research project.	TE			
	6 R7.2.6 Participate in the peer review of a pharmacy professional's article submitted for publication or presentation.	TE			
3 R7.3	Prepare and deliver an effective poster presentation.				
	1 R7.3.1 Design an effective poster for the presentation of a topic.	TE			
	2 R7.3.2 Exercise skill in responding to questions occurring during the presentation of a poster.	TE			
	3 R7.3.3 Effectively present the results of a pharmacy-related research project.	TE			
8 E1:	Demonstrate advanced skills in working with a specific technology or automation product (such as Cube Building, Clinical Reminders, etc.).				
	1 E1.1 Serve as an expert resource for the management of a specific technology or system.				
	1 E1.1.1 Formulate effective explanations, geared for a variety of interested audiences, of the functions of the technology system.				
	2 E1.1.2 Demonstrate the operation of the technology or system.				

9 E2: Utilize added knowledge and skills to enable the application of contemporary quality methodology to the management of pharmacy services.					
1 E2.1 Participate in clinical and economic outcomes analyses.					
	1 E2.1.1 Explain the principles and methodology of prospective clinical, humanistic, and economic outcomes analysis.			TE	
	2 E2.1.2 Explain the principles and methodology of retrospective clinical, humanistic, and economic outcomes analysis.			TE	
	3 E2.1.3 Contribute to a retrospective clinical or economic outcomes analysis.			TE	
10 E3: Demonstrate skills required to function in an academic setting.					
1 E3.1 Understand faculty roles and responsibilities.					
	1 E3.1.1 Explain variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service.				
	2 E3.1.2 Explain the role and influence of faculty in the academic environment.				
	3 E3.1.3 Describe the types and ranks of faculty appointments.				
	4 E3.1.4 Discuss the promotion and tenure process for each type of appointment.				
	5 E3.1.5 Identify resources available to help develop academic skills.				
	6 E3.1.6 Explain the characteristics of a typical affiliation agreement between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).				
2 E3.2 Exercise teaching skills essential to pharmacy faculty.					
	1 E3.2.1 Develop an instructional design for a class session, module, or course.				
	2 E3.2.2 Prepare and deliver didactic instruction on a topic relevant to the specialized area of pharmacy residency training.				
	3 E3.2.3 Develop and deliver cases for workshops and exercises for laboratory experiences.				
	4 E3.2.4 Serve as a preceptor or co-preceptor utilizing the four roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation).				
	5 E3.2.5 Develop a teaching experience for a practice setting (e.g., introductory or advanced pharmacy experience).				
	6 E3.2.6 Design an assessment strategy that appropriately measures the specified educational objectives for the class session, module, course, or rotation.				
	7 E3.2.7 Create a teaching portfolio.				

		8 E3.2.8 Compare and contrast methods to prevent and respond to academic and profession dishonesty.					
		9 E3.2.9 Explain the relevance of copyright laws to developing teaching materials.					

APPENDIX XIV: Critical Objectives and Deliverable Products

Learning Experience	Critical Objectives	Deliverables
Pharmacy Foundation	1.2.1 - When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.	Participate in the planning and successful implementation of at least two major operational or pharmacy management projects.
Pharmacy Foundation	1.3.2 - Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of being willing to serve as a mentor to appropriate individuals.	Serve as a mentor for at least two pharmacy students and/or PGY-1 pharmacy residents on rotation through Network PBM unit, including planning schedules, activities, coaching, mentoring, and participating in evaluations.
Pharmacy Foundation	2.1.1 - Use group participation skills when leading or working as a member of a formal or informal work group or taskforce to establish openly communicative and collaborative working relationships.	Serve as the leader for one Network PBM workgroup, including preparing written agendas and minutes, gaining commitment to follow-up actions and facilitating of project progress among workgroup.
Pharmacy Foundation	2.2.1 - Collaborate with an interdisciplinary team to write or revise an existing guideline, measure/metric, policy, or protocol.	Write or revise 2 of the following (guideline, measure/metric, policy, or protocol) and gain approval through Network Pharmacy & Therapeutics Committee.
Clinical Research Project	R7.1.4 Implement a pharmacy-related research project as specified in its design.	Create proposal (IRB approved or otherwise), gather data, analyze results, and craft final manuscript fit for publication.
Clinical Research Project	R7.2.5 Successfully employ accepted manuscript style to prepare a final report of a pharmacy-related research project.	Manuscript style report presenting the project and its results.
Clinical Research Project	R7.3.3 Effectively present the results of a pharmacy-related research project.	Present the results of the research project to an appropriate audience.

Population Health Management	R3.1.2 Fulfill requests for provider-requested data, reports, or outcomes in an accurate and efficient manner.	Provide data in response to specific requests: examples can be patients at risk for safety harm, data for a resident's project, or a deep dive / MUE into the utilization of a particular agent at a given facility (i.e., what is the value of liraglutide at a given facility?).
Population Health Management	R3.3.6 When presented with limited evidence-based biomedical literature, synthesize a reasonable proposal for the specific information need in collaboration with members of relevant taskforces or workgroups.	Provide thoughtful, detailed, and useful feedback on monograph drafts and draft criteria for use.
Population Health Management	R3.3.8 Design tools and measures that perform patient-centered, evidenced-based monitoring for a therapeutic regimen or disease state that effectively evaluates achievement of the specified therapeutic goals.	Construct, in Pyramid, SSRS, or both, one or more tools that front line providers can use to improve monitoring or management of a given disease state.
Population Health Management	R6.2.3 Participate in the communication of information regarding formulary design and/or changes.	Prepare e-mails to providers regarding formulary changes or therapeutic conversions. Craft Patient Letters informing them of changes in their prescription.
PE, Health Outcomes, and Formulary Management	R3.3.9 Conduct a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (decision analysis, CEA, CBA, CMA, CUA).	Incorporate appropriate practical pharmacoeconomic analysis into a pharmacy formulary management proposal
PE, Health Outcomes, and Formulary Management	R3.4.1 Assist in the organization's reporting and preventing medication errors and adverse drug reactions (ADEs) through development/maintenance of analysis tools, updating drug use criteria, reporting alerts at meetings, or other means as necessary.	Utilize available monitoring tools (or developing new ones) to identify and implement appropriate actions to improve patient safety.

PE, Health Outcomes, and Formulary Management	R4.3.2 Contribute to Academic Detailing programs by training participating providers on the use of analysis tools which measure outcomes that coincide with the program's desired goals.	Provide training to key stakeholders on at least one new report and/or dashboard that detailers will use to identify priority prescribers
PE, Health Outcomes, and Formulary Management	R6.1.4 Provide analytic tool(s) to assist pharmacy executives in projecting the monetary result of influencing factors.	Design cost model for new high cost drug(s) Track national cost savings initiatives through Pyramid dashboard and provide quarterly reports to P&T
PE, Health Outcomes, and Formulary Management	R6.2.1 Create a written drug use criteria or pharmacoeconomic proposal for a medication, class, or disease state that is to be considered by the organization's P&T committee for approval.	Write, present and gain approval for at least one VISN 15 drug use criteria or PE proposal
Data Management/Analytics	2.4.1 Effectively present the benefits of functionally integrated evidence-based and other knowledge resources, analysis tools, and medication information systems.	Demonstrate features of available technical resources to appropriate audiences (clinical dashboards to providers, relevant sharepoint features to clinical workgroups, etc.).
Data Management/Analytics	R3.1.1 Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.	Participate in, and leadership of, at least one committee (chairing, drafting agenda, etc.). Build a reputation (for the above expertise) throughout the rest of daily work.
Data Management/Analytics	R3.1.3 Answer questions and troubleshoot issues from users of the organization's analysis tools, criteria, or policies and procedures.	Serve as point of contact for VISN 15 Pharmacy Academic Detailing dashboard users. Modify / maintain dashboards as needed.

<p>Data Management/Analytics</p>	<p>R3.2.1 Participate in the development of project timelines, financial projections, and outcomes measurement.</p>	<p>Participate in strategic planning timelines development to meet specified goals, with each action or step outlined within the timeline. Identify metrics to measure baseline and progress toward defined goals during strategic planning phase. Provide reports on progress to strategic planning workgroups and committees at specified time points and as needed during implementation phase. Demonstrate through work on Academic Detailing Campaigns</p>
<p>Data Management/Analytics</p>	<p>R5.2.3 Exercise proficiency in the use of databases and data analysis software to successfully construct reports and dashboards.</p>	<p>Construct at least one dashboard, available and implemented to end users (i.e., clinical staff). Create at least one functional crosswalk table. Add stored procedures and create project specific tables.</p>