Stratton VA Medical Center
113 Holland Avenue
Albany, NY 12208

PGY2 PAIN MANAGEMENT AND PALLIATIVE CARE RESIDENCY MANUAL

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Background:

Overview

The Stratton Veterans Administration (VA) Medical Center provides comprehensive inpatient care as well as a full range of outpatient services. The primary care program provides services at this facility as well as in eleven Community-Based Outpatient Clinics (CBOC's).

In addition to primary care, there are numerous specialized services within the Medical Center. The services other than Primary Care that most often collaborate with Pharmacy Pain Service include Acute Medical and Surgical, Behavior Health (Psychology and Psychiatry), Infectious Disease, Nephrology, Neurology, Oncology/Hematology, Orthopedics, Palliative Care, Physical/Rehabilitation Medicine, and Rheumatology. Pain Service also routinely collaborates with the diagnostic laboratories (chemistry, medicine and radiology), all of which are extensive and well developed including computerized tomography, mammography and magnetic resonance imaging.

The American College of Surgeons designated the Albany VA as a Comprehensive Cancer Center. Affiliated residency programs in medicine and pharmacy are fully integrated with Union University. Residents and medical students from Albany Medical College and Albany College of Pharmacy & Health Sciences rotate through the Stratton VA Medical Center on a continuous basis.

Pharmacy Services at Stratton VAMC

- *Management team*
    - *Director*
    - *Clinical supervisor*
    - S*upervisors, inpatient and outpatient*
    - *Sterile products*
- *Sterile products preparation*
    - *Centralized*
    - *Oncology satellite*
- *Medication distribution system*
    - o *Carts/cartless*
    - o *Automated dispensing cabinets profiled to hospital-wide information system*
- *Clinical coordinator oversees Clinical services program*
- *Clinical Pharmacy Specialists:*
    - Gastroenterology
    - Surgery/Critical Care
    - Infectious Disease
    - Psychology
    - Oncology
    - Transitional Care
        - Also responsible for quality improvement programs in the department and are

mentors for the decentralized pharmacists

- *Pharmacists on floors in decentralized integrated practice model (7-days per week):*
  - *Order entry, IV to PO switch, therapeutic interchange, patient education*
  - *Drug information*
  - *Coordinate distribution system*
  - *Collect data for MUE, ADR*
    - *Cardiology*
    - *Surgery/SICU*
    - *Internal medicine/MICU*
    - *Oncology/Hematology*
- *Telehealth*
  - *Currently with Dr. Annette Payne. A separate Pharmacy pain Telehealth Clinic is under development.*

Residency program:

- *Three PGY1 Pharmacy Practice*
- *One PGY2 Pain Management & Palliative Care*

Introduction

The intention of this PGY2 Pain Management & Palliative Care (PMPC) Residency Program is to transition PGY1 residency graduates from generalized practice to specialized practice focused on the pain management and palliative care needs of patients. The resident will be scheduled to rotate through a series of programs and experiences addressing chronic malignant and non malignant pain, palliative care, substance abuse, interventional pain procedures and alternative therapies with the objective of becoming proficient in all aspects of pain management and palliative care practice. The candidate will develop expertise in pain therapeutics, risk stratification, and essential pharmacokinetic monitoring.

Goal:

The PGY2 Pain Management & Palliative Care Residency Program is a one-year post-PGY1 program designed to provide the resident with the knowledge, expertise, skills and abilities required in PMPC as a member of an interdisciplinary health-care team. In addition, the program is meant to provide the resident with concentrated clinical experience along with exposure to all available aspects of PMPC. The ultimate goal of the program is to enhance the resident's competence and skills in patient care, as a productive member of the Interdisciplinary Pain Management & Palliative Care Teams, and to obtain an in-depth working knowledge on all aspects of pain management and palliative care including pharmacological and non-pharmacological interventions.

Educational Goals and Objectives:

- Serve as an authoritative resource on the optimal use of medications used to treat patients in pain and for palliative care.
    - Establish oneself as an expert for pain and palliative care-related information and resources.
    - (Synthesis) Develop a strategy for earning credibility within the organization to be an authoritative resource on the pharmaceutical care of patients in pain.
        - Identify barriers to the pharmacist for earning credibility with members of the interdisciplinary team.
        - Identify barriers to the pharmacist for earning credibility within the organization.
- Lead the development and implementation of medication-related guidelines/protocols for pain management and/or palliative care.
    - (Analysis) Identify the need for a medication-related guideline/protocol.
    - (Synthesis) Develop a medication-related guideline/protocol for pain management and/or palliative care based on best evidence and analyses of the organization’s patient data.

- (Synthesis) Formulate a strategy to successfully implement a medication-related guideline/protocol for pain management and palliative care.
- (Evaluation) Assess the results of implementing a medication-related guideline/protocol for pain management and/or palliative care.
    - Explain how a medication-use evaluation can be utilized to measure the effects of implementing a guideline/protocol.
    - Explain how a medication-use evaluation can be utilized to measure adherence to a guideline/protocol.
    - Explain how a clinical research project can be utilized to measure the outcomes of implementing a new guideline/protocol.

- Provide concise, applicable, comprehensive, and timely responses to formal or informal requests for drug information pertaining to the care of patients in pain.
    - (Analysis) Discriminate between the requester's statement of need and the actual drug information need by asking for appropriate additional information.
    - (Synthesis) Formulate a systematic, efficient, and thorough procedure for retrieving drug information.
        - State sources of pain and palliative care-related biomedical literature.
        - Explain the potential need for increased reliance on alternate sources (e.g., abstracts from national meeting presentations, drug company monographs, package inserts, expert opinion) when researching pain and palliative care-related medication questions.
    - (Analysis) Determine from all retrieved biomedical literature the appropriate information to evaluate.
    - (Evaluation) Evaluate the usefulness of biomedical literature gathered.
    - (Evaluation) Determine whether a study's conclusions are supported by the study results.
    - (Synthesis) Formulate responses to formal drug information requests based on analysis of the literature.
    - (Synthesis) Provide appropriate responses to informal drug information questions that require the pharmacist to draw upon his or her knowledge base.
    - (Evaluation) Assess the effectiveness of drug information recommendations.
        - Explain all factors that must be assessed to determine the effectiveness of a response.

- Develop a core library appropriate for pain management and palliative care pharmacy practice.
    - (Application) Use a knowledge of standard pain management and palliative care related resources to develop and maintain a core library of primary, secondary, and tertiary references appropriate for pharmacy practice, education, and research.
        - Explain how to access and withdraw information from national databases
- Participate in clinical, humanistic and/or economic pain management and/or palliative care outcomes research.
    - (Evaluation) Contribute to a prospective clinical, humanistic and/or economic outcomes analysis.
        - Explain the principles and methodology of basic outcomes analyses.
        - Explain the purpose of prospective clinical, humanistic or economic outcomes analyses.
        - Explain study designs appropriate for prospective clinical, humanistic and economic outcomes analyses.
        - Explain the types of data that must be collected in prospective clinical, humanistic and economic outcomes analyses.
        - Explain possible reliable sources of data for clinical, humanistic and economic outcomes analyses.
        - Explain methods for analyzing data in prospective clinical, humanistic and economic outcomes analyses.
        - Explain how results of prospective clinical, humanistic and economic outcomes analyses can be applied to clinical practice decisions.
        - Explain the regulatory process when trying to implement a prospective clinical, humanistic, and or/economic outcomes analysis.
    - (Evaluation) Contribute to a retrospective clinical, humanistic, and/or economic outcomes analysis.
        - Explain the purpose of retrospective clinical, humanistic or economic outcomes analyses.
        - Explain study designs appropriate for retrospective clinical, humanistic and economic outcomes analyses.

        - Explain the types of data that must be collected in retrospective clinical, humanistic and economic outcomes analyses.
        - Explain possible reliable sources of data for retrospective clinical, humanistic and economic outcomes analyses.
        - Explain methods for analyzing data in retrospective clinical, humanistic and economic outcomes analyses.
        - Explain the impact of limitations of retrospective data on the interpretation of results.
        - Explain how results of retrospective clinical, humanistic and economic outcomes analyses can be applied to process improvement or clinical practice decisions.

- Optimize the outcomes of pain management and palliative care patients by promoting and/or providing evidence-based medication therapy as an integral part of an interdisciplinary team in acute and ambulatory settings.
    - Establish collaborative professional relationships with members of interdisciplinary health care teams involved in the care of pain management and palliative care patients.
    - (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of the interdisciplinary health care team involved in the care of pain management and palliative care patients.
        - Explain the training and expected areas of expertise of the members of the interdisciplinary pain management/palliative care team with which one works.
        - For each of the professions with which one interacts on the interdisciplinary team, explain the profession's view of its role and responsibilities in collaborations on patient-centered care.
        - Explain the expectations of the pharmacist's role on the pain management/palliative care team from the viewpoint of different professions.
        - Explain the professional dynamics of the different services that contribute to the care of the pain management/palliative care patient.
            - Distinguish the interpersonal dynamics of each member of the pain management/palliative care team.

- Participate in the selection of patients.
    - (Evaluation) Contribute the pharmacy perspective to the selection process and listing of pain management/palliative care patients.

        - Explain factors to consider when determining those patients who are candidates for pain management and/or palliative care as per service criteria.
        - Explain factors to consider when determining if a patient is suitable for hospice/end-of-life care.
        - Explain factors to consider when determining if a patient is a candidate for medical or surgical intervention.

- Prioritize the pharmaceutical care needs of the pain management/palliative care patient.
    - (Synthesis) Devise a plan for deciding which patient to focus on if given limited time and multiple practice responsibilities.
        - Explain factors to consider when determining priority for care among patients.
        - Explain how the complexity or severity of patients' problems may mandate urgency of care and reordering of current priorities for care.

- Establish collaborative pharmacist and patient and/or caregiver relationship.
    - (Synthesis) Formulate a strategy that effectively establishes a patient-centered relationship between the pharmacist and the patient and/or caregiver.
        - Explain unique characteristics of patients that may influence the pharmacist-patient relationship.
        - Explain psychosocial social issues frequently associated with the patient in pain and/or at the end-of-life.

- Collect and analyze patient information.
    - (Analysis) Collect and organize all patient-specific information needed by the pharmacist to anticipate, prevent, detect, and/or resolve medication-related problems and to make appropriate evidence-based, patient-centered therapeutic recommendations as part of the interdisciplinary team.
        - Explain the types of information that are typically available on pain and palliative care prior to pharmacist involvement.
        - Explain the functions of the nervous system and how they relate to pain transmission.
        - Identify the types of patient-specific information, including complementary and alternative medicines, the pharmacist requires to anticipate, prevent, detect, and/or resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations for patients.

- Explain how to interpret the various diagnostic and laboratory tests commonly performed on pain management/palliative care patients including the proper interpretation of urine toxicology screens.

- Explain pharmacokinetic and pharmacodynamic concepts and how these need to be considered in developing dosing regimens for pain management/palliative care patients.

- Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases or conditions that are commonly seen in the pain and palliative care setting.

- Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases or conditions that are commonly seen in patients with a history of addiction and substance abuse.

- Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of opioid and non-opioid agents used in pain management and palliative care.

- Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications used to prevent and treat diseases commonly occurring in pain management and palliative care patients.

- Explain the principles and goals of pain and symptom management at the end-of-life.

- Identify patients in need of a referral or consult.
    - (Evaluation) When presented with a patient with health care needs that cannot be met by the pain management/palliative care interdisciplinary team, contribute to the team's decision to make a referral or request a consult.

- Design evidence-based therapeutic regimens for pain management and palliative care patients.

Criteria/Procedures for Resident Application and Review:

1. Enrollment in ASHP Resident Matching Program or enrollment through the Early Commitment

process of a Stratton VA PGY1 Pharmacy Practice Resident in which case items 2-9 will be waived.

2. Submitted through PhORCAS; Completion of VA Form #10-2850c "Application for Associated Health Occupations", three letters of reference from former faculty or employers, a letter of intent, and a recent curriculum vitae.

3. On-site interview-oral communication skills and applicant site evaluation

4. Compliance with VA Manual M-8, Part II, Chapter 2 [sec2.34a & d]: U.S. citizen

5. Graduate of ACPE approved college of pharmacy with Doctor of Pharmacy degree.

6. Licensed as a registered pharmacist in any state in the United States or Puerto Rico.

7. Completion of a PGY1 ASHP Accredited Pharmacy Practice Residency

8. Ranking/Selection of applicants will be performed by the "Residency Committee", the following criteria will be assessed:

   a) Review of interview assessments

   b) Applicant statement of career goals, immediate goals, present skills (including written communication), etc.

   c) Curriculum Vitae

   d) Level of education

   e) Specific practice experience consistent with assessment transcripts

   f) Areas of knowledge strength/weakness consistent with assessment

9. The Residency Applicant Committee will consist of the Residency Program Director(s), preceptors, and the PGY1 Residency Director.

*Interviews are performed using a Competency-based interview tool.

A candidate must achieve a score of 150 (out of 200 possible points) to be ranked. Candidates with a score $\leq$ 100 will not be ranked. Candidates receiving a score of 101 to 149 will be ranked after evaluation of items above by committee members and will require agreement by ¾ of the committee for ranking.

10. Current PGY1General Practice Residents will be considered for the Early Application Process. The policy for this process is available on the shared Stratton VA computer drive and entitled "Early Application Process for current Stratton Veterans Administration Medical Center PGY1 Residents".

Requirements For Successful Completion

1. Satisfactory completion of all required rotations
2. Completion of all administrative assignments (P&T, MUE) as required
3. Development and implementation of a medication-related guideline or protocol for pain management and palliative care for the institution
4. Design and deliver education and training related to pain management and palliative care for patients and/or caregivers
5. Design and deliver education and training related to pain management and palliative care for pharmacy students and PGY1 Residents
6. Design and deliver education and training related to pain management and palliative care for health care professionals and health care professionals in training.
7. Actively participate in local, VISN and National Pain Committees in the development and oversight of pain and palliative care related policies and procedures.
8. Satisfactory completion of a residency project. The resident will discuss several choices for the subject matter of the project and obtain approval of the resident's final selection from the Residency Project Committee prior to beginning the project. The resident will be required to prepare a formal manuscript which covers in detail all aspects of the resident's project. The resident must be prepared to present and discuss the findings of the project with all appropriate clinically oriented colleagues.
9. Prepare a manuscript on a pain management -related topic suitable for publication.
10. Participate in the design and development of a pain-related service to include service logistics, work area and workflow design and FTEE allocations.

VI. Residency Project

A) The goals of the residency project are:

1. To expose the resident to professional projects in the field of Clinical Pharmacy
2. To gain experience in the various processes involved in conducting a research or practice-oriented project, namely, literature evaluation, formulation of study design, data collection, and data analysis.
3. To improve the resident's writing skills through the preparation and final report of the residency project.
4. To improve analytical, organizational, and time management skills of the

resident.

5. To allow residents to present their project results (or interim reports) to their peers at national, state, or local conferences and possibly the opportunity to submit a manuscript for publication.

B) Time-Frame

Determination of the residency project topic should be decided upon within the first two months of the residency. This should allow for adequate time for completion of the project without interfering with the resident's other responsibilities throughout the program. Project topics must be approved by the Program Director(s) prior to initiation. It is suggested that several topics be developed by the resident before deciding on the final selection. Completion of the project is a requirement for successful completion of the residency. A completed project is one that results in a final report approved by the Program Director(s). Deadline for submission of manuscripts by the residents is two weeks before the scheduled completion of the residency.

A written project plan should be submitted within 2 months of initiation of residency. The plan should be a double-spaced, type-written document utilizing the following format:

1. Rationale of the project
2. Goals and Objectives of the project
3. Project design
4. Resident's role in the project
5. Anticipated accomplishment at the end of residency year
6. Potential contribution of the project
7. References

C) Types of Projects

Acceptable projects include but are not limited to clinical, pharmacokinetics, patient surveys, epidemiological, pharmacoeconomics, performance improvement, quality assurance and drug utilization reviews, and administrative topics. Consideration will be given to any other relevant type of project submitted by the resident.

VII. Residency Rotations

1. Required rotations will be performed during the resident's year-long tenure for a minimum of the time frames indicated. Electives include rotations in a minimum of two of the options listed below. For all required rotations, 4-8 hours per week throughout the year will be required. This activity is in addition to other daily responsibilities during the balance of weekly hours.

    a. Academia (Student Pharmacist, PGY 1 resident preceptorship, formal classroom teaching is option – longitudinal)
    b. Teaching and Learning Certificate Program is available as an elective option through the Albany College of Pharmacy & Health Sciences.
    c. Acute Pain (Inpatient/Post-op/Emergency Medicine – elective)
    d. Administration (Committees, P&T, MUE - longitudinal)
    e. Behavior Health (Longitudinal with Clinical psychologist, overseen by Dr. Canning)
    f. Behavior Health/Substance Abuse (Substance Abuse Clinic elective – 4 weeks)
    g. Chronic Non-Malignant Pain (CNMP Clinic – longitudinal)
    h. Chronic Non-Malignant Pain (Primary Care Clinic/Telehealth – longitudinal)
    i. Emergency Medicine (elective - 4 weeks)
    j. End-of-life/Palliative Care (Longitudinal)
    k. Infectious Disease (Longitudinal and HIV/HCV)
    l. Malignant Pain (elective: Hematology/Oncology Clinic – 4 weeks)
    m. Nephrology (longitudinal)
    n. Neurology (longitudinal)
    o. Rheumatology (longitudinal)

    *Variations in the time frames indicated must be approved by the Residency Program Director and individual preceptors.

2. Elective rotations afford the resident an opportunity to spend 4 hours per week for 4 consecutive weeks in their chosen elective area. This activity is in addition to other daily responsibilities during the balance of weekly hours.

Further learning experiences may be tailored to the specific needs and interests of the resident.

3. The resident and the Residency Program Director(s) will plan the resident's rotations during the Credentialing rotation which occurs during the 50 days of the residency.

VIII. Evaluations

1. Resident Evaluation

    The resident will be evaluated at the midpoint and at the end of every rotation. Competency of the resident will be assessed by the preceptor through personal observation and by verbal and/or written challenge of the resident. Observations are based on adherence to and completion of the goals and objectives as established in this Manual and as discussed with the resident on the first day of orientation. All evaluations are to be completed on the ASHP ResiTrak system.

Following each evaluation the resident and preceptor shall meet to discuss the progress of the resident. A formal assessment will be made on or within one week of each rotation which will be documented and saved through the ResiTrak system.

At the end of each rotation, the preceptor is to communicate the evaluation of the resident with the Residency Director, who in turn will discuss it with the next rotation's preceptor in order to provide continuity of goals still pending completion.

2. Resident/Rotation Self Evaluation

The resident is to evaluate both the preceptor and his/her performance during the rotation at the conclusion of each rotation through the ResiTrak system.

IX. 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 the 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.

X. Attendance

Prompt arrival and attendance is required at all clinics, conferences, meetings, rounds and other scheduled activities during each and every rotation throughout the term of the residency. The resident is eligible for annual and sick leave which is accrued at a rate of 4 hours per pay period. Administrative absences to attend seminars or conferences should be arranged with the Residency Coordinator(s) and the preceptor at the time of seminars or conferences. Unexcused absences and or tardiness will not be tolerated and can be a basis for failure of the rotation involved. If the resident is sick or unable to come in due to an emergency, it is the responsibility of the resident to contact by phone (no emails or text messages) the Residency Director(s) AND the pharmacy secretary at least 30 minutes before scheduled work tour (all pertinent phone numbers will be given to the resident). The resident MUST speak to someone and shall NOT leave phone messages. If the resident is out sick three consecutive days, he/she must submit a letter from a physician or authorized health care professional, including on the letter the date of the visit, a statement indicating the resident was unable to work due to illness and the period for which he/she was incapacitated. If the resident desires to be absent for personal reasons, such as religious holidays, etc., the resident must follow VA Procedure requesting leave at least four weeks in advance of the planned absence. All such requests must be approved by the appropriate preceptor and Residency Director(s) before entering it in the computer. Then leave may be entered in the computer to be reviewed and approved by the supervisor

before the absence will be considered excused. Rescheduling or arranging alternate coverage for all activities which will occur during any planned absence, will be left at the preceptor or residency director(s) discretion.

XI. Leave Policy

POLICY: The leave program will be administered on a uniform and equitable basis in accordance with the Office of Personnel Management and VA Regulations. If any provision in this policy contradicts provisions in the AFGE Master Agreement, the Master Agreement prevails for bargaining unit employees.

A. Annual Leave: Annual leave is earned at a rate of four (4) hours for each full biweekly pay period. Annual Leave will be considered in the light of current and anticipated workloads. To the extent possible, consideration will be given to the individual employee's preference. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interviews outside of the federal system) and emergency purposes (e.g., auto repair). It may be used only after it has been earned. Advanced leave is not permitted. Leave must be requested in advance, preferably 4 weeks, and approved before being taken. Annual leave requests during the first two weeks or the last two weeks of the residency year are discouraged, but will be considered if extenuating circumstances. Request for Annual Leave is carried out by completing the computerized SF-71 (application for leave) after approval by the Residency Program Director and Residency Preceptor of the learning experience you are assigned. As a courtesy, it is the resident's responsibility to directly notify the Residency Program Director and Residency Preceptor of his/her learning experience prior to taking approved leave and notifying the clinical coordinator of any clinics that may need to be closed during the time off. All leave requests will be acted on in light of the residents' ability to complete the program's required rotational experiences as well as the overall completion of the residency requirements. Residents will be paid, upon separation from the VA, for any annual leave that they have not used.

B. Sick Leave/Family Leave: Sick Leave will be granted to employees when they are incapacitated for the performance of duty because of illness, disease, injury, or pregnancy and confinement; and for necessary medical, dental, or optical examination or treatment. Employees currently employed for a continuous period of more than 90 days accrue four (4) hours of sick leave each full biweekly pay period. Sick leave is earned from the first pay period of employment. The resident must call in sick for each consecutive day of illness. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a health care professional attesting to the need for sick leave during the period of absence. Sickness requiring leave time greater than 1 week during any learning experience will need to be made up and may require extension of residency training as determined by the Program Director and Preceptor. Family leave may be used to care for an ill family member. Family member is defined as: (1) Spouse and parents of a spouse, (2) Children, including adopted children, and (3) Parents or as otherwise described in Policy/MCM 548-05-038 (Leave Policy). Time taken as family leave will be deducted from the sick leave time accrued. Family leave requiring leave time greater than 1 week during any learning experience will

need to be made up and may require extension of residency training as determined by the Program Director and Preceptor. Upon returning to work, a computerized SF-71 must be completed for approval by the immediate supervisor. If your request for sick leave exceeds the amount of earned sick leave hours, annual leave will automatically be used.

C. Leave Without Pay: The granting of Leave Without Pay (LWOP) is a matter of employee choice and administrative discretion except that employees who are disabled veterans are entitled to LWOP when necessary for treatment of their service-connected disability. Circumstances which would normally justify approval of sick or annual leave will generally be sufficient basis for approving LWOP. However, requests for LWOP will be acted upon in light of essential services and overall needs of the Medical Center and with due regard to the welfare and needs of the individual employee. The employee's past leave usage may also be considered.

D. Authorized Absence: Employees may be authorized to be absent from duty without charge to leave when the service is considered to be of substantial benefit to the VA in accomplishing its general mission or one of its specific functions or when the service will clearly enhance an employee's ability to perform the duties of the positions he/she presently occupies. Employees may be excused from duty without loss of pay or charge to leave in a number of situations. These include but are not limited to the following: **attendance at meetings, attendance at training and voting.**

E. Maternity Leave: Requests for maternity purposes may be for sick leave, annual leave, leave without pay, or a combination of these types of leave. Each case will be handled individually by the residency director and chief of pharmacy in view of the circumstances surrounding the case, such as the employee's physical condition, type of work performed, doctor's recommendations, etc. An employee should make known her intent to request leave for maternity reasons including the type of leave, approximate dates, and anticipated duration, to allow the supervisor to prepare for any staffing adjustments which may be necessary. If there is any question as to physical ability relating to performance of work, the employee may be required to furnish a medical certificate. Time away from the residency for maternity leave will need to be made up and will require extension of residency training as determined by the Program Director and immediate supervisor.

F. Extended Leave: Extended leave requests from the residency will be reviewed by the Residency Program Director, the Chief of Pharmacy Services and a Human Resources representative, if necessary. The decision to grant an extended leave request will be made by the Chief of Pharmacy. If an extended leave request is granted prior to March 1st, the resident would be granted an extension* at the end of the residency year equivalent to the extended leave period, but not exceeding 12 weeks, to complete the program's requirements. If it is estimated before March 1st that the program's requirements would not be able to be completed during the extension of the residency, the resident would have the option of reapplying to the residency program and going through the National Match for the next residency year. If the extended leave is granted after March 1st, the resident would have to complete the program's requirements during an extension* of the residency year as described above.

* An extension is contingent upon approval by VACO PBM and OAA.

F. Other Types of Leave: Other types of leave (e.g. Military, Court, etc.) will be granted in accordance with applicable rules and regulations and as per West Palm Beach VAMC Medical Center Memorandum NUMBER: 548-05-038: **Leave Policy.**

G. Duty Hour Policy: This residency complies with the current duty hour standards as outlined in the Accreditation Council for Graduate Medical Education (ACGME). A copy is available online at https://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-faqs2011.pdf (last accessed 1/1/2015). In summary, per guideline VI.G.1, "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." Moonlighting will be allowed, however the resident must inform RPD in advance of this scheduled activity. Any hours worked outside of the Stratton VA or affiliated clinics must be summarized and provided via email to the RPD each Friday. If the Resident work exceeds 60 hours on site at the Stratton VA or affiliated clinics for any reason in any week, the Resident agrees to track these hours and inform the RPD immediately by smartphone text or email.

XII. Grievance Procedure

Any problem that may arise during the residency should first be dealt with by the appropriate preceptor. If the attempts to resolve the problem are unsuccessful, it should be brought to the attention of the Residency Coordinator. If for some reason it is unable to be resolved at that level, the Chief, Pharmacy Service will have the authority to make the final decision.

XIII. Termination Policy

A resident may be terminated at the discretion of the Chief, Pharmacy Service for the failure to meet program objectives as outlined in this text or for failure to meet the terms of employment of the Stratton VA Hospital.

As a VA PGY2 resident, it is expected that you already possess a valid license to practice pharmacy from any State of the United States or the Commonwealth of Puerto Rico. If this is not the case, you are expected to obtain a license to practice pharmacy within the first 3 months of starting the residency program. Failure to do so will result in dismissal from the program.

XIV. Drug Distribution and Control Systems

1. Outpatient Pharmacy Services: Stratton VAMC

Pharmacy provides comprehensive dispensing services: drugs (prescription and selected non-prescription items), nutritional products (enteral and oral nutritional supplements), and medical supplies (ostomy, tracheostomy, urinary catheters, glucose monitoring, surgical supplies and wound care supplies). Sterile and non-sterile compounding with appropriate quality control is also provided. The VA's Decentralized Hospital Computer Program (DHCP) is utilized for standardized

label generation and drug/nutrition/supply profile maintenance for all patients. The DHCP provides an on-screen in-process warning on all restrictions/criteria-for-use, drug class duplication, drug-drug and drug-food interactions, and a critical laboratory parameter link for selected medications.

Pharmacist-managed clinics offer a variety of pharmaceutical care services from patient medication counseling, drug initiation, disease management, laboratory follow-up to drug information for healthcare providers. Clinical pharmacists have clinical privileges to extend refills for outpatients on maintenance medications thereby avoiding unnecessary emergency room visits. Clinical Pharmacy Specialists provide a wide array of pharmaceutical services within the scope of their practice including, but not limited to, anticoagulation, gastrointestinal, hypertension, hyperlipidemia, diabetes, psychiatry, infectious disease, nephrology, pain management, and oncology.

2. Inpatient Pharmacy Services

Acute and Intermediate care is provided for approximately 150 beds. The Inpatient pharmacy is open 24 hours a day with clinical pharmacy coverage daily from 7am to 4:30pm weekly. All orders are generated thru CPRS and verified by a pharmacist. Discharge orders are processed by a pharmacist in outpatient pharmacy and patients are counseled by a healthcare provider (RPh, nurse, provider) before being discharged. We also have a Psychiatric inpatient ward with 16 authorized beds. Our Hospice has an average daily census of approximately 4-8 patients. Provider computer order entry (OE/RR) of medications with pharmacist verification is utilized throughout the institution. Unit dose drug distribution, utilizing an automated dispensing machine, is provided to all nursing units. A centralized Intravenous Admixture Service is provided to all inpatients and outpatients receiving IV medications, chemotherapy, and parenteral nutrition. A computerized medication profile (utilizing the DHCP) is maintained for every patient. All acute care floors and the nursing home utilize Bar Code Medication Administration (BCMA) for the administration and documentation of medications. The inpatient pharmacy dispenses all oral medications in a unit dose if available and all IV medications contain barcodes to be properly administered via BCMA. The formulary is available on the DHCP computer system and the National formulary is available on the Internet. The use of floor-stock medications is minimal. Controlled substances are stocked in Pyxis machines on each of the nursing units.

Accreditation Standards

ASHP accreditation standards have been developed for Postgraduate Year Two (PGY2) Pharmacy Residency Programs that establish "criteria for systematic training of pharmacists in advanced areas of pharmacy practice. Its contents delineate the requirements for PGY2 residencies, which build upon the foundation provided through completion of an accredited Doctor of Pharmacy degree program and an accredited postgraduate year one (PGY1) residency program." (Ref: ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR TWO (PGY2) PHARMACY RESIDENCY PROGRAMS. Approved by the ASHP Commission on Credentialing on 3/4/2012, Approved by the ASHP Board of Directors on 4/13/12).

ASHP Overview of the Principles of PGY2 Pharmacy Residencies" include the following principals:

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

2. The pharmacy residency program will provide an exemplary environment conducive to resident learning.

3. The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.

4. The resident's training will be designed, conducted, and evaluated using a systems-based approach.

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

6. The organization conducting the residency will meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

7. The pharmacy and pharmacy services related to the advanced area of practice will be organized effectively and will deliver comprehensive, safe, and effective services.

Purpose and Desired Outcomes for Stratton VA PGY2 Pharmacy Pain Residency
Upon completion of the Residency, successful candidates will develop…

knowledge of:

1. Communication techniques (e.g., close-ended reflective listening, open ended questions, active listening)

2. Interviewing techniques (including motivational interviewing)

3. Pain and symptom assessment tools

4. Physical assessment techniques (e.g., trigger-point exams, joint exams, simple neurological exams)

5. Substance abuse and misuse risk assessment tools

6. Functionality assessment tools

7. Psychosocial assessment techniques and tools (e.g., post-traumatic stress disorder screening, depression screening, Beck anxiety inventory [BAI])

8. Elements of a focused treatment and medical history pertaining to pain and palliative care

9. Pathophysiology of pain and symptoms

10. Disease trajectory in end of life care

11. Appropriateness of laboratory and diagnostic evaluations and applicability to pain and palliative care patients

12. Risk mitigation techniques (e.g. medication/treatment agreements, informed consent, drug testing/screening, Risk Evaluation and Mitigation Strategies [REMS])

13. Medication related problems specific to pain, palliative, and end of life care

14. Therapeutic goals specific to pain, palliative, and end of life care (e.g., acute, chronic non-malignant, malignant)

15. Complementary and alternative therapies used for pain and/or symptom management

16. Dosage initiation, titration, and discontinuation of pain and palliative care medication

17. Equianalgesic conversions for opioids

18. Commercially-available and compounded pharmaceutical preparations for pain and/or symptom management

19. Routes of administration and medication delivery techniques for pain, palliative, and end of life care

20. Specialty needs requiring referral to other providers

21. Appropriate/available resources for specialty referral

22. Unique pain and palliative care treatment needs for special populations (pediatric, geriatric, cognitively impaired)

23. Role of interventional pain management techniques

24. Alterations of pharmacodynamics and pharmacokinetics in pain, palliative and end of life care

25. Application of evidence-based pain and palliative care literature and clinical practice guidelines in designing a patient-specific plan of care

26. Patient-related variables (e.g., pathogenesis and severity of pain and symptoms, organ function, comorbidities, ability to swallow, health beliefs, financial resources)

27. Opioid tolerance, physical and psychological dependence, and addiction

28. Opioid induced neurotoxicity and hyperalgesia

29. End of life management of chronic or life-limiting diseases

30. Benefits and burdens of medication therapy at the end of life

31. Common pain and palliative care emergencies

32. Ethical considerations regarding life sustaining interventions

33. Impact of initiation or discontinuation of life sustaining interventions/therapies (e.g., dialysis, ventilators, feeding tubes) on medication management

34. Benefits and risks of artificial hydration and nutrition at end of life

35. The dying process

Practice Development and Administration

knowledge of:

1. Criteria for hospice admission

2. Factors affecting medication provision based on admitting hospice diagnosis

3. Outcomes measurement to evaluate clinical pharmacy services in pain and palliative care

4. Process of developing a formalized plan for a pain and/or palliative care clinical pharmacy service

5. Collaborative practice models

6. Quality assurance and process improvement techniques

7. Interdisciplinary communication techniques (e.g., Situation-Background-Assessment-Recommendation, Subjective, Objective, Assessment, and Plan notes)

8. Pain and palliative care interdisciplinary team roles and dynamics

9. Published guidelines and protocols for managing pain and palliative care patients (e.g., APS, TJC, NCCN)

10. Practice-setting specific implications for policy/protocol development

11. Policy, procedure, and protocol development processes in pain and palliative care

12. Regulatory requirements for pain and palliative care

13. Principles of formulary management

14. Medication regimen review and reconciliation process

15. Monitoring criteria for opioid abuse or misuse

16. Elements of documentation for opioid monitoring (ADL's, analgesia, adverse effects, and aberrant behavior)

17. Healthcare system processes for transitioning patients

Education and Information Management

knowledge of:

1. Patient information resources
2. Cultural considerations in educating patients/caregivers
3. Analgesic risks, myths and misconceptions
4. Benefits of grief and bereavement counseling
5. Tolerance, addiction, and dependence
6. Abuse, misuse, diversion and aberrant behavior
7. Resources for development of pain and palliative care education and
8. Principles and methods of educating health care students, residents and professionals
9. Primary, secondary, and tertiary sources for pain and palliative care information
10. Continuing professional development opportunities in pain and palliative care (e.g. professional organization membership, sources for continuing education, mentorship)
11. Research design, methodology and statistical analysis
12. Clinical application and limitations of published data and reports
13. Regulatory/Institutional Review Board/human subjects safety requirements and concerns for conducting research with pain and palliative care population
14. Medical literature publication and review process
15. Opportunities for disseminating pain and palliative care knowledge and scholarly activity (e.g., presentations, manuscripts, newsletters, abstracts, posters)

Public Health and Advocacy

knowledge of:

1. Local, state and national pain, hospice, and palliative care organizations and initiatives
2. Impact of regulatory and legislative processes and rules and regulations on pain and palliative care practice
3. Balance between ensuring access to controlled substances and minimizing diversion and abuse
4. Prescription drug monitoring programs
5. Treatment disparities in and barriers to pain and palliative care

6. Epidemiology of pain and advanced illness

7. Stakeholders (e.g., insurance companies, health care systems, DEA and local law enforcement) and their role in pain and palliative care practice

8. Advanced directives and living wills

9. Ethical and physical implications of withdrawing or withholding life-prolonging therapies.

10. Principles of medical ethics (e.g., doctrine of double effect, physician-assisted death, euthanasia, Death with Dignity Act)

11. Patient bill of rights for pain and palliative care

12. Evidence demonstrating value of post doctoral pain and palliative care training and the pain and palliative care pharmacy specialist (e.g., cost reduction, quality therapeutic outcomes)

3) Goals and Objectives

- (R) Outcome R1: Demonstrate leadership and practice management skills in pain management and palliative care.
    - Goal R1.1: Exhibit the ongoing development of 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 personal change.
        - Obj R1.1.2 (Characterization) Demonstrate commitment to the professional practice of pain management and palliative care pharmacy through active participation in the activities of local, state, and/or national pain management and palliative care and pharmacy professional organizations.
        - Obj R1.1.3 (Synthesis) Devise an effective plan for balancing professional and personal life.
        - Obj R1.1.4 (Characterization) Display integrity in professional relationships and actions.
        - Obj R1.1.5 (Application) Adhere to the requirements of the organization's policy in all interactions with the pharmaceutical industry.
        - Obj R1.1.6 (Synthesis) Initiate and maintain a systematic approach to documenting professional activities and accomplishments.
        - Obj R1.1.7 (Evaluation) Appraise each job responsibility for its relative importance to all job responsibilities and prioritize appropriately.
        - Obj R1.1.8 (Organization) Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.
        - Obj R1.1.9 (Organization) Demonstrate the personal characteristics required of specialists in pain management and palliative care pharmacy, including compassion, sensitivity, and tolerance.
    - Goal R1.2: Establish oneself as an expert for medication-related information and resources within an organization.

        - Obj R1.2.1 (Synthesis) Implement a successful strategy for earning credibility within the organization to be an authoritative expert on the medication-related care of patients.
            - IO: Identify barriers to the pharmacist for earning credibility with members of the interdisciplinary team.
            - IO: Identify barriers to the pharmacist for earning credibility within the organization.

    - Goal R1.3: Contribute the pharmacy specialist's perspective to an organization's technology and automation systems decisions.
        - Obj R1.3.1 (Synthesis) When appropriate, participate in the organization's design of its technology and automation systems used in patient care.
        - Obj R1.3.2 (Synthesis) When appropriate, participate in the organization's implementation of its technology and automation systems.
        - Obj R1.3.3 (Synthesis) When appropriate, participate in the organization's quality improvement of its technology and automation systems.

    - Goal R1.4: Contribute to the leadership and management activities within the practice area.
        - Obj R1.4.1 (Application) Use effective negotiation skills to resolve conflicts.
        - Obj R1.4.2 (Synthesis) Use group participation skills when leading or working as a member of a formal or informal work group.
        - Obj R1.4.3 (Comprehension) Explain the components of a proposal for a new pharmacy service that would meet a perceived need of the organization and its patients.

    - Goal R1.5: Exercise practice leadership.
        - Obj R1.5.1 (Characterization) Demonstrate a commitment to advocacy for the optimal care of patients through the assertive and persuasive presentation of patient care issues to members of the health care team, the patient, and/or the patient's representative(s).
        - Obj R1.5.2 (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related patient care problems.
        - Obj R1.5.3 (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 R1.5.4 (Comprehension) Explain the general processes of establishing and maintaining a PGY2 pharmacy residency program.

- (R) Outcome R2: Optimize the outcomes of pain management and palliative care patients through the expert provision of evidence-based patient-centered medication therapy as an integral part of an interdisciplinary team.

    - Goal R2.1: Develop collaborative professional relationships with members of the health care team.
        - Obj R2.1.1 (Synthesis) Implement a strategy that effectively develops cooperative, collaborative, and communicative working relationships with members of the interdisciplinary health care team.

- IO: Explain the training and expected areas of expertise of the members of the interdisciplinary pain management and palliative care team with which one works.
- IO: For each of the professions with which one interacts on the interdisciplinary team, explain the profession's view of its role and responsibilities in collaborations on patient-centered care.
- IO: Explain the expectations of the pharmacist's role on the pain management and palliative care team from the viewpoint of different professions.
- IO: Explain the professional dynamics of the different services that contribute to the care of the pain management and palliative care patient.
- IO: Distinguish the interpersonal dynamics of each member of the pain management and palliative care team.

- Goal R2.2: Prioritize the pharmaceutical care needs of patients.
  - Obj R2.2.1 (Evaluation) Appropriately prioritize the care of patients if given limited time and multiple patient care responsibilities.
    - IO: Explain factors to consider when determining those patients who are candidates for pain management and/or palliative care as per service criteria.
    - IO: Explain factors to consider when determining if a patient is suitable for hospice/end-of-life care.
    - IO: Explain factors to consider when determining if a patient is a candidate for medical or surgical intervention.

- Goal R2.3: Establish collaborative pharmacist-patient and pharmacist-caregiver relationships.
  - Obj R2.3.1 (Synthesis) Implement a strategy that effectively establishes a patient-centered pharmacist-patient and pharmacist-caregiver relationship.
    - IO: Explain unique characteristics of patients that may influence the pharmacist-patient relationship.
    - IO: Explain psychosocial social issues frequently associated with the patient in pain and/or at the end-of-life.

- Goal R2.4: Collect and analyze patient information.
  - Obj R2.4.1 (Analysis) Collect and organize all patient-specific information needed by the pharmacy specialist to anticipate, prevent, detect, and/or resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team (see appendix for required and elective content regarding disease states, medications, and non-medication treatments).
    - IO: Explain the types of information that are typically available on pain and palliative care prior to pharmacist involvement.
    - IO: Explain the functions of the nervous system and how they relate to pain transmission.
    - IO: Identify the types of patient-specific information, including complementary and alternative medicines, the pharmacist requires to anticipate, prevent, detect, and/or resolve medication-related problems and to

make appropriate evidence-based, patient-centered medication therapy recommendations for patients.

- IO: Explain how to interpret the various diagnostic and laboratory tests commonly performed on pain management and palliative care patients including the proper interpretation of urine toxicology screens.
- IO: Explain pharmacokinetic and pharmacodynamic concepts and how these need to be considered in developing dosing regimens for pain management and palliative care patients.
- IO: Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases or conditions that are commonly seen in the pain and palliative care setting.
- IO: Explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases or conditions that are commonly seen in patients with a history of addiction and substance abuse.
- IO: Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of opioid and non-opioid agents used in pain management and palliative care.
- IO: Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications used to prevent and treat diseases commonly occurring in pain management and palliative care patients.
- IO: Explain the principles and goals of pain and symptom management at the end-of-life.

    - Obj R2.4.2 (Analysis) Determine the presence of or potential for all clinically significant problems in the patient's current medication therapy.
    - Obj R2.4.3 (Analysis) Using an organized collection of patient-specific information, summarize the patient's health care needs.

- Goal R2.5: Appropriately triage patients.
    - Obj R2.5.1 (Evaluation) When presented with a patient with health care needs that cannot be met by the pharmacy specialist, request a consult by the appropriate health care provider based on the patient's acuity and the presenting problem.
    - Obj R2.5.2 (Synthesis) Devise a plan for follow-up on a consult for a patient.

- Goal R2.6: Design evidence-based therapeutic regimens.
    - Obj R2.6.1 (Synthesis) Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.
        - IO: Identify various sources of disease management and drug-use guidelines potentially applicable to pain management and palliative care populations.

        - IO: Explain various genetic, race, gender-related, age-related, and disease-related factors that influence the setting of therapeutic goals and their achievement in the pain management and palliative care patient.
        - IO: Explain how to assess a pain management and palliative care candidate's risk for addiction and how it would influence the patient's medication regimen.

    - Obj R2.6.2 (Synthesis) Design a patient-centered regimen that meets the evidence-based therapeutic goals established for the patient; integrates patient-specific information, disease and drug utilization review information, ethical issues and quality-of-life issues; and considers pharmacogenomic and pharmacoeconomic principles.
        - IO: Explain the rationale for various pharmacologic combinations used in pain management and palliative care.
        - IO: Explain how to identify patient eligibility for research protocols based on inclusion/exclusion criteria.
        - IO: Explain additional concerns with adherence/persistence and cost when designing medication regimens for patients.
        - IO: Explain public and private insurance variations for coverage of pain/palliative care-related medications.
        - IO: Explain ethical considerations when providing opioids for patients with a history of substance abuse.
        - IO: Explain how psychosocial considerations may impact the provision of pharmaceutical care and therapeutic outcomes in the pain management and palliative care patient.

- Goal R2.7: Design evidenced-based monitoring plans.
    - Obj R2.7.1 (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the specified therapeutic goals.
        - IO: State customary monitoring parameters for medication regimens commonly prescribed for patients to assess for safety and efficacy.
        - IO: Explain the effect of pain management and palliative care -related medication therapies on the interpretation of clinical parameters.
        - IO: Explain various approaches to assessing response to medication therapy (e.g., therapeutic drug monitoring, assays).

- Goal R2.8: Recommend regimens and monitoring plans.

    - Obj R2.8.1 (Application) Recommend a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team in a way that is systematic, logical, accurate, timely, and secures consensus from the team.
    - Obj R2.8.2 (Application) Discuss the proposed patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan with the patient and/or caregiver in a way that is systematic, logical, accurate, timely, sensitive, and secures consensus from the patient and/or caregiver.

- IO: Explain the kinds of issues that require particular sensitivity when discussing medication treatment plans with pain management and palliative care patients and/or caregivers.
- IO: Explain special obligations of patients participating in research protocols.

- Goal R2.9: Design education for a patient's regimen and monitoring plan.
  - Obj R2.9.1 (Analysis) Accurately identify what education will be essential to the patient's or caregiver's understanding of the therapeutic regimen and monitoring plan; how to adhere to it; and the importance of adherence.
  - Obj R2.9.2 (Synthesis) Design an effective and efficient plan for meeting the educational needs of the patient, including information on medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.

- Goal R2.10: Implement regimens and monitoring plans.
  - Obj R2.10.1 (Application) When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for the patient according to the organization's policies and procedures.
    - IO: Explain the organization's policies and procedures for ordering tests.
    - IO: Explain the organization's policies and procedures for writing medication orders
  - Obj R2.10.2 (Complex Overt Response) When appropriate, exercise skill in the administration or supervision of the administration of a patient's therapeutic regimen.
  - Obj R2.10.3 (Application) When necessary, contribute to the work of the team that secures access for drugs used in a patient's regimen.
    - IO: Explain patient assistance programs available for pain management and palliative care -related drugs.
    - IO: Explain the pharmacist's role in securing reimbursement for pain management and palliative care-related drugs.
    - IO: Identify circumstances in which it may be necessary to redesign the patient's medication regimen in order to insure that the patient will have access to the prescribed medications.
    - IO: Describe various approaches used to adjust medication regimens in order to facilitate patient access to medications.

  - Obj R2.10.4 (Application) Use effective patient education techniques to provide counseling to patients and caregivers, including information on the disease state, medication therapy, adverse effects, compliance, appropriate use, handling, medication therapy, adverse effects, compliance, appropriate use, handling, storage, medication administration, and any other therapeutic interventions.
    - IO: Explain the imperative that patients learn they must check with the interdisciplinary team before adding any prescribed, OTC, or alternative medication to their regimen.
    - IO: Explain the critical role of adherence and persistence in the short and long-term success of pain management and/or palliative care.
    - IO: Explain effective strategies for educating patients who are educational challenged (e.g., language barriers, blind, deaf, illiterate, immature).

        - Obj R2.10.5 (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.
        - Obj R2.10.6 (Application) Make follow-up appointments as specified in the monitoring plan.

    - Goal R2.11: Evaluate patient progress and redesign regimens and monitoring plans.
        - Obj R2.11.1 (Evaluation) Accurately assess the patient's progress toward the therapeutic goal(s).
            - IO: Explain potential long-term complications of therapy.
            - IO: Explain the importance of long-term monitoring of pain management and palliative care patients.
            - IO: Explain the role of the pharmacist in ongoing management of pain management and palliative care patients in assuring the optimal therapeutic outcomes.
            - IO: Explain the organization's systematic plan for routine patient follow-up and monitoring.
            - IO: Assess the need for individual patient modification of the organization's routine plan for patient follow-up and monitoring.

        - Obj R2.11.2 (Synthesis) Redesign the patient's regimen and monitoring plan as necessary, based on evaluation of monitoring data and therapeutic outcomes.
            - IO: Explain the impact of the evolution of pain management and palliative care research on the ongoing therapy of patients.

    - Goal R2.12: Communicate pertinent patient information to facilitate continuity of care.
        - Obj R2.12.1 (Application) Ensure that accurate and timely patient-specific information reaches those who need it at the appropriate time.
            - IO: Determine instances in which there is urgency in communicating the results of monitoring to the appropriate members of the interdisciplinary team.
        - Obj R2.12.2 (Synthesis) Formulate a strategy for continuity of pharmaceutical care across all applicable treatment settings.

    - Goal R2.13: Document direct patient-care activities appropriately.
        - Obj R2.13.1 (Analysis) Appropriately select direct patient-care activities for documentation.
        - Obj R2.13.2 (Application) Write timely and authoritative consults and notes according to the organization's policies and procedures.

- (R) Outcome R3: Serve as an authoritative resource on the optimal use of medications in pain management and palliative care.

    - Goal R3.1: Employ advanced literature analysis skills in preparing drug information.
        - Obj R3.1.1 (Synthesis) Create an efficient and effective advanced search strategy to prepare a drug information response.
            - IO: State sources of pain and palliative care-related biomedical literature.
            - IO: Explain the potential need for increased reliance on alternate sources (e.g., abstracts from national meeting presentations, drug company

monographs, package inserts, expert opinion) when researching pain and palliative care-related medication questions.
        - Obj R3.1.2 (Analysis) Accurately identify the study design employed for a piece of biomedical literature.
        - Obj R3.1.3 (Evaluation) Determine if the study design and methodology are appropriate to accomplish the objectives of a piece of biomedical literature.
        - Obj R3.1.4 (Evaluation) Accurately interpret statistical information presented in a piece of biomedical literature.
        - Obj R3.1.5 (Analysis) Identify potential sources of bias in a piece of biomedical literature.
        - Obj R3.1.6 (Evaluation) Determine the internal and external validity of a piece of biomedical literature.
        - Obj R3.1.7 (Evaluation) Determine if a study's results have applicability for hypothesizing future research or for directing patient care decisions.
        - Obj R3.1.8 (Evaluation) When presented with conflicting biomedical literature, determine the validity and applicability for a specific drug information need.
        - Obj R3.1.9 (Evaluation) When presented with limited evidence-based biomedical literature, synthesize a reasonable response for the specific drug information need.
        - Obj R3.1.10 (Evaluation) Appraise information provided by a pharmaceutical manufacturer.
        - Obj R3.1.11 (Synthesis) Prepare an expert response to a complex drug information need.

    - Goal R3.2: Provide concise, applicable, comprehensive, and timely responses to formal or informal requests for drug information.
        - Obj R3.2.1 (Analysis) Discriminate between the requester's statement of need and the actual drug information need by asking for appropriate additional information.
        - Obj R3.2.2 (Synthesis) Formulate a systematic, efficient, and thorough procedure for retrieving drug information.
        - Obj R3.2.3 (Analysis) Determine from all retrieved biomedical literature the appropriate information to evaluate.
        - Obj R3.2.4 (Evaluation) Evaluate the usefulness of biomedical literature gathered.
        - Obj R3.2.5 (Evaluation) Determine whether a study's conclusions are supported by the study results.
        - Obj R3.2.6 (Synthesis) Formulate responses to formal drug information requests based on analysis of the literature
        - Obj R3.2.7 (Synthesis) Provide appropriate response to informal drug information questions that require the pharmacist to draw upon his or her knowledge base.
        - Obj R3.2.8 (Evaluation) Assess the effectiveness of drug information recommendations.
            - IO: Explain all factors that must be assessed to determine the effectiveness of a response.

    - Goal R3.3: Provide pharmacy expertise to the organization in the review of existing, development of new, and implementation of the organization’s policies and procedures affecting the care of patients.
        - Obj R3.3.1 (Evaluation) Make recommendations for drug class decisions based on comparative reviews.

        - Obj R3.3.2 (Synthesis) Formulate effective strategies for communicating formulary restrictions to providers.
        - Obj R3.3.3 (Evaluation) When presented with a drug shortage, identify appropriate alternative medications.
        - Obj R3.3.4 (Evaluation) When the needs of a particular patient warrant, determine if a non-formulary medication should be considered for therapy.
        - Obj R3.3.5 (Synthesis) Contribute to the work of an organizational committee or work group concerned with the improvement of medication-use policies and procedures.

- Goal R3.4: Develop a core library appropriate for pain management and palliative care pharmacy practice.
    - Obj R3.4.1 (Application) Use knowledge of standard pain management and palliative care related recourses to develop and maintain a core library of primary, secondary, and tertiary references appropriate for pharmacy practice, education and research.
        - IO: Explain how to access and withdraw information from national databases.

- Goal R3.5: Identify opportunities for improving the safety of aspects of the organization's medication-use system.
    - Obj R3.5.1 (Application) Participate in the organization's system for reporting medication errors and adverse drug reactions (ADEs).
    - Obj R3.5.2 (Comprehension) Explain those aspects of the organization's medication-use system affecting patients served by the specialized area of pharmacy practice and its vulnerabilities to adverse drug events (ADEs).
    - Obj R3.5.3 (Evaluation) Identify opportunities for improvement in aspects of the organization's medication-use system affecting patients served by the specialized area of pharmacy practice by comparing the medication-use system to relevant best practices.

- Goal R3.6: Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., The Joint Commission requirements; ASHP standards, statements, and guidelines; state and federal laws regulating pharmacy practice; OSHA regulations).
    - Obj R3.6.1 (Evaluation) Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory, and safety requirements for pharmacy.

- Goal R3.7: Lead the review of existing, and development and implementation of new, medication-related guidelines/protocols for the care of patients served by the specialized area of pharmacy practice.
    - Obj R3.7.1 (Analysis) Identify the need for a medication-related guideline/protocol for the care of patients served by the specialized area of pharmacy practice by comparing the applicability of existing guidelines/protocols to the needs of the organization.
    - Obj R3.7.2 (Synthesis) Develop a medication-related guideline/protocol for the care of patients served by the specialized area of pharmacy practice based on best evidence and the characteristics of the local environment and patients.

        - Obj R3.7.3 (Synthesis) Formulate a strategy that will successfully implement a medication-related guideline/protocol for the care of patients served by the specialized area of pharmacy practice.
        - Obj R3.7.4 (Evaluation) Assess the results of implementing a medication-related guideline/protocol for the care of patients served by the specialized area of pharmacy practice.
            - IO: Explain how a medication-use evaluation can be utilized to measure the effects of implementing a guideline/protocol.
            - IO: Explain how a medication-use evaluation can be utilized to measure adherence to a guideline/protocol.
            - IO: Explain how a clinical research project can be utilized to measure the outcomes of implementing a new guideline/protocol.

- (R) Outcome R4: Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public in pain management and palliative care.

    - Goal R4.1: Provide effective education and training to health care professionals and health care professionals in training.
        - Obj R4.1.1 (Synthesis) Use effective educational techniques in the design of an educational/training activity.
        - Obj R4.1.2 (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.
        - Obj R4.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation).
        - Obj R4.1.4 (Application) Use skill in case-based teaching.
        - Obj R4.1.5 (Application) Use public speaking skills to speak effectively to a large group.
        - Obj R4.1.6 (Application) Use public speaking skills to speak effectively in a small group.

    - Goal R4.2: Design and deliver education programs to the public that center on pain and symptom management.
        - Obj R4.2.1 (Synthesis) Contribute to the design of an educational program for the public that centers on health improvement, wellness, or disease prevention.
        - Obj R4.2.2 (Synthesis) Use appropriate educational techniques to deliver an educational program to the public that centers on health improvement, wellness or disease prevention.

- (R) Outcome R5: Contribute to the body of pain management and palliative care knowledge.

    - Goal R5.1: Conduct a pharmacy-related research project using effective research and project management skills.

        - Obj R5.1.1 (Synthesis) Identify a topic of significance for a pharmacy-related research project that requires institutional review board (IRB) review.
        - Obj R5.1.2 (Synthesis) Formulate a feasible design for a pharmacy-related research project.

        - Obj R5.1.3 (Synthesis) Secure any necessary approvals, including IRB, for a pharmacy-related research project.
        - Obj R5.1.4 (Synthesis) Implement a pharmacy-related research project as specified in its design.
        - Obj R5.1.5 (Synthesis) Effectively present the results of a pharmacy-related research project.
        - Obj R5.1.6 (Synthesis) Use correct grammar, punctuation, spelling, style, and formatting conventions to prepare a written summary of a pharmacy-related research project.
        - Obj R5.1.7 (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a pharmacy-related research project.
        - Obj R5.1.8 (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.

    - Goal R5.2: Engage in the publication process.
        - Obj R5.2.1 (Comprehension) Explain the benefits, to the practitioner and the profession, of contributing to the pharmacy literature.
        - Obj R5.2.2 (Synthesis) Write a research article, review, or case report that is suitable for publication.
        - Obj R5.2.3 (Application) Follow the submission requirements of an appropriate peer-reviewed publication to submit a manuscript for publication.
        - Obj R5.2.4 (Evaluation) Participate in the peer review of a pharmacy professional's article submitted for publication or presentation.

- Outcome E1: Demonstrate skills required to function in an academic setting.

    - Goal E1.1: Understand faculty roles and responsibilities.
        - Obj E1.1.1 (Comprehension) Explain variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service.
        - Obj E1.1.2 (Analysis) Explain the role and influence of faculty in the academic environment.
        - Obj E1.1.3 (Comprehension) Describe the academic environment.
        - Obj E1.1.4 (Comprehension) Describe the types and ranks of faculty appointments.
        - Obj E1.1.5 (Comprehension) Discuss the promotion and tenure process for each type of appointment.
        - Obj E1.1.6 (Application) Identify resources available to help develop academic skills.
        - Obj E1.1.7 (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).

    - Goal E1.2: Exercise teaching skills essential to pharmacy faculty
        - Obj E1.2.1 (Synthesis) Develop an instructional design for a class session, module, or course.
        - Obj E1.2.2 (Synthesis) Prepare and deliver didactic instruction on a topic relevant to the specialized area of pharmacy residency training.
        - Obj E1.2.3 (Application) Develop and deliver cases for workshops and exercises for laboratory experiences.

        - Obj E1.2.4 (Application) Serve as a preceptor or co-preceptor utilizing the four roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation),
        - Obj E1.2.5 (Analysis) Develop a teaching experience for a practice setting (e.g., introductory or advanced pharmacy experience).
        - Obj E1.2.6 (Synthesis) Design an assessment strategy that appropriately measures the specified educational objectives for the class session, module, course, or rotation.
        - Obj E1.2.7 (Evaluation) Create a teaching portfolio.
        - Obj E1.2.8 (Evaluation) Compare and contrast methods to prevent and respond to academic and profession dishonesty.
        - Obj E1.2.9 (Comprehension) Explain the relevance of copyright laws to developing teaching materials.

- Outcome E2: Demonstrate additional leadership and practice management skills.

    - Goal E2.1: Develop a proposal for a new or revised pain management and palliative care-related pharmacy service.

        - Obj E2.1.1 (Synthesis) Write a proposal for a pain management and palliative care-related service that meets a perceived need of the health system and its patients.
        - Obj E2.1.2 (Application) Use effective presentation skills to present a proposal for a new or revised pain management and palliative care-related service to the various concerned entities within the health system.
        - Obj E2.1.3 (Evaluation) Employ effective strategies for implementing a new or revised pain management and palliative care-related pharmacy services.
        - Obj E2.1.4 (Evaluation) Appraise a new or revised pain management and palliative care pharmacy service for adequacy in meeting the stated goals.

- Outcome E3: Manage and improve the medication-use process in patient care settings.

    - Goal E3.1: Prepare and dispense medications for pain management and palliative care patients following existing standards of practice and the organization’s policies and procedures.
        - Obj E3.1.1 (Evaluation) Interpret the appropriateness of a pain management and palliative care-related medication order before preparing or permitting the distribution of the first dose.
        - Obj E3.1.2 (Synthesis) Design and implement quality improvement changes to aspects of the organization's medication-use system affecting pain management and palliative care patients.

- Outcome E4: Write additional articles on pain management and palliative care related topics for publication.

    - Goal E4.1: Write articles that provide pertinent medication use information on pain management and palliative care related topics for health care professionals and/or the public.
        - Obj E4.1.1 (Application) Use knowledge of the purpose of a particular publication to write articles that provide pertinent pain management and palliative care-related topics for health care professionals and/or the public.

        - IO: (Analysis) Identify pain management and palliative care-related topics that would be suitable for a particular audience.
    - Obj E4.1.2 (Synthesis) Submit a suitably formatted article on a pain management and palliative care-related topic for peer-reviewed publication.
    - Obj E4.1.3 (Evaluation) Provide peer review of a pharmacy or pain management and palliative care-related article for publication.

- Outcome E5: Function effectively in pain management and palliative care settings participating in clinical investigations.

4) Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal.

Familiarize yourself with the objectives associated with each goal, a summary of which may be found at http://www.ashp.org/DocLibrary/Accreditation/Regulations- Standards/RTPObjpain. Your achievement of the residency goals are determined through assessment of your ability to perform the associated objectives that are assigned with each rotation.

5) Preceptor Interaction

Daily: As schedule by preceptor

In any case where the resident is involved in direct patient care and is not under the direct supervision of a licensed clinical pharmacist, electronic progress notes will be written and reviewed within 24 hours. All notes will be reviewed and contain a clinical pharmacist addendum to the note as follows:

Reason for visit: Clinical Patient Assignment.
The patient was informed and agreed to be treated by a Pharmacy Resident.
The Resident was supervised according to the required standard of practice.
Supervisor was: available by phone or pager.
Recommendations:
I have reviewed the work of the Resident.
I agree with the Resident's observations, care and or treatment of the patient.
Date of next patient visit per chart.

In any cases where there is a clinical pharmacotherapeutic dilemma, it will be addressed immediately between the RPD, the PGY2 resident, and if need be, the physician (MD/DO) or Nurse Practitioner (NP) preceptor conjointly with the NP's collaborating physician. The PGY2 resident will have direct access to the Chief of Neurology "Physician Contact" for any time-sensitive issues. If RPD needs to be reached for a decision and is unavailable, a decision is made collaboratively between the PGY2 resident, the Physician Contact, and a graduate PGY1 resident that has trained previously with RPD.

6) Communication:

A. Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
B. 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.
C. Office extension: Appropriate for urgent questions pertaining to patient care.

D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care.
E. Personal phone number: Provided to resident at time of learning experience for emergency issues.

7) Evaluation Strategy

Resitrak will be used for documentation of scheduled evaluations (both formative and summative per the chart below). For all evaluations completed in ResiTrak, 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 ResiTrak following this discussion.

- Formative evaluations/ResiTrak Snapshots: These scheduled snapshots were pre- selected to provide feedback to residents on patient care activities in which the typical resident will benefit from specific feedback on their performance. Selection of snapshot may change based on resident's performance. The snapshot should be completed based upon 1 patient/experience, not as an overall, general evaluation of their performance.
- Summative evaluations: All evaluations of resident's performance will occur throughout the learning experience and documented in Resitrak at the end of learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences. Ideally, Preceptor and Learning Experience evaluations must be completed by the last day of the learning experience.

Pain Management Clinic PGY2 Ambulatory Care Learning Experience: Preceptor: Jeffrey Fudin, B.S. Pharm.D., DAAPM, FCCP, Ambulatory Care Specialist Office: Clinic 4, Room 107-A
Hours: 8-4:30
Pager: 555-1234

1) General Description

The Pain Management Clinic is a required learning experience. The longitudinal clinic learning experience is made up of team members (attendings, fellows, medical residents, physician assistants, nurse practitioners, case managers, and medical students) that work together to assess and manage pain issues as a component of the patient's medical therapy. This clinic will occur in Blue and Red Teams and is a PACT Model experience where patients are scheduled into clinic by the PCP specifically for Pain management by the Pharmacy pain Team collaboratively with the Clinical Psychologist.

The resident will be responsible for reviewing medications to evaluate for appropriate monitoring, dosing, prevention of drug interactions, and any other clinical pharmacy duties as requested by the team members. It is expected for the resident to be fully involved in the discussion of clinic patients. The resident will also be responsible for educating the patients about their medications as needed; therefore, good communication and interpersonal skills are of paramount importance in this setting. The resident must devise effective strategies for accomplishing the required activities in the time frame of the clinic.

2) Disease States

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Chronic pain management, cancer
- Neuropathic pain
- Musculoskeletal pain
- Osteoarthritis
- Rheumatoid disease
- Pain associated with chronic kidney disease
- Chronic headache

The resident is expected to understand the pharmacotherapy related to these disease states as well as other disease states encountered in this setting. The preceptor or designee will be available to the resident throughout the learning experience for consultation and topic discussions. Resident learning is predicated not only on the above responsibilities but also on acceptance of personal responsibility and dedication to direct patient care and team service.

3) **Goals and Objectives**

The goals selected to be taught and evaluated during this learning experience include:

R2.1: Establish collaborative professional relationships with members of the ambulatory health care team.

R2.4: Collect and analyze information specific to an ambulatory patient.

R2.7: Design evidence-based monitoring plans for ambulatory patients.

R2.9: Recommend or communicate regimens and monitoring plans for ambulatory patients.

R2.11: Evaluate ambulatory patients' progress and redesign medication, non-medication, health improvement, wellness, and/or disease prevention regimens and monitoring plans.

R 5.1: Provide effective education or training to health care professionals and health care professionals in training.

R6.1: Participate in the maintenance of the organization's formulary or prescribing process.

4) Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able perform. These activities were also selected to help you work toward achieving specific objectives which in tum will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal.

Familiarize yourself with the objectives associated with each goal

The table below demonstrates the relationship between the activities you will perform on the learning experience and the goals/objectives assigned to the learning experience.

Activity	*Objectives Covered*
Demonstrate effective communication skills to facilitate optimal patient care	R2.1.1
Complete and evaluate appropriate patient physical assessment	R2.4.1
Evaluate patients' current and proposed pharmacotherapy regimen for: • Potential drug interactions (OTC, herbal, and prescription) • Dosing appropriateness • Patient compliance • Adverse drug events/reactions • Pharmacoeconomic parameters • Evidence-based-medicine appropriateness	R2.4.3 R2.4.4 R2.7.1
Complete and utilize patient interviews and interactions to design and redesign appropriate pharmacotherapy regimens.	R2.4.2 R2.9.1
Determine and design appropriate follow up and monitoring parameters to assess the safety and efficacy of a patient's pharmacotherapy regimen	R2.4.3 R2.7.1

Prepare and present effective requested in-services, drug information materials, and other projects to the pain management clinic team	R2.11.1 R2.11.2
Assure appropriate use of medications based upon the formulary while working	R2.4.3
	R5.1.1 R5.1.2 R5.1.6 R5.1.7
	R6.1.1 R6.1.2

5) Preceptor Interaction

6) Communication:

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

B. 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.

C. Office extension: Appropriate for urgent questions pertaining to patient care.

D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care

E. Personal phone number: Provided to resident at time oflearning experience for emergency Issues.

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 will review learning activities and expectations with resident

1. Observe patient interview
2. Observe physical exam
3. Medication reconciliation with focus on pain meds/drug interactions
4. Conduct interviews under observation
5. Focus on medication management
6. Observe procedures when available
7. Observe pain management patient education class
8. Presentation for multi-disciplinary pain conference
9. Lead patient pain management education class with physicians
10. Continue seeing patients in clinic
11. Procedure observation when possible

F. Evaluation Strategy

Per Resitrak

Residents' Self-Evaluation

1. Residents will complete the entering interests form and goal based self-assessment prior to the beginning of their residency year for incorporation into the Initial Training Plan for each resident. This information will be shared with preceptors through the use of ResiTrak.

2. Residents are required to perform self-assessments for all summative evaluations performed by preceptors as outlined above. The self-assessments must be completed prior to the end of the rotation or at least quarterly for longitudinal rotations. Residents will complete the evaluations in ResiTrak prior to discussing the preceptor's evaluation of the resident's performance.

3. Residents are encouraged to ask preceptor's for feedback on performance throughout the residency beyond the above outlined evaluations.

Residents' Evaluation of the Preceptor and Learning Experience

1. Residents are to complete the Preceptor and Learning Experience evaluation form at the end of each learning experience and rotation and also quarterly if the rotation is a longitudinal experience. This is accomplished through ResiTrak.

2. Evaluations are to be completed by the last day of each rotation. These types of evaluations are encouraged to be discussed by the resident and individual preceptor. As an alternative, the

resident may discuss these evaluations with the residency program director.

3. In addition to any direct feedback residents may offer to the preceptor, preceptors may request consultation about their performance with the residency program director. The program director will observe resident confidentiality in providing guidance for improvement of performance.

Customized Plan:

Process to use to create the resident's customized residency plan:

1. The resident completes the data sheet on interests, career goals, and prior experience and provides self-evaluation against required and elective residency goals.

2. The residency program director and/or preceptors complete a baseline evaluation of the resident's performance at the end of the orientation period (or other designated time frame) using the same required and elective goals and objectives as used by the resident previously.

3. The residency program director and/or preceptors analyze(s) the resident's initial self-evaluation and preceptor's baseline evaluation to determine congruencies and differences.

4. The residency program director and/or preceptors, with input from resident, develops and documents the initial customized plan as a variation of the program plan. The plan may include alterations (additions or deletions) of goals and objectives, changes in structure (required and elective learning experiences and/or their lengths or sequencing), changes in preceptorship, and/or changes in the assessment strategy.

Process used to monitor resident progress:

1. The residency program director and/or preceptors analyze overall resident performance (formative and summative evaluations, projects, presentations etc.) for areas needing improvement or that have been achieved.

2. The residency program director and/or preceptors determine the effectiveness of first quarter customized plan.

3. The residency program director and and/or preceptors, with input from the resident, determine second quarter plan and document the follow-up plan for the second quarter. May include alterations in the goals and objectives, activities, learning experiences, structure, and/or assessment strategy. Review the materials below for Sandy Resident. Then you'll create her customized plan.

Please answer the following as a self-assessment prior to beginning their residency year. The responses will assist the Residency Program Committee in planning a customized program to meet your interests and needs for the upcoming year.

1. Describe your career goals, both short term (5 years) and long term (10-15 years).

I would like to practice as a clinical pharmacy specialist and have an adjunct appointment with a college of pharmacy. Sometime in the future I would like to become involved in research and perhaps a full time faculty appointment.

2. Individual goals relating to increasing your patient care abilities:

Refine patient care skills in all types of critical care Continue to develop confidence (especially with attendings) Apply evidence-based medicine in devising therapeutic plans Improve my teaching techniques.

3. Learning experiences

Preceptors will create a description of their learning experience, and a list of activities to be performed by residents in the learning experience, that demonstrates adequate opportunity to learn the educational goals and objectives assigned to the learning experience.

The program will create a competency-based approach to evaluation of resident performance of the program's educational goals and objectives, resident self- assessment of their performance, and resident evaluation of preceptor performance and of the program. The strategy will be employed uniformly by all preceptors. This three-part, competency-based approach will include the following:

(a) Preceptors conduct and document a criteria-based, summative assessment of each resident's performance of each of the respective program-selected educational goals and objectives assigned to the learning experience. This evaluation must be conducted at the conclusion of the learning experience (or at least quarterly for longitudinal learning experiences), reflect the resident's performance at that time, and be discussed by the preceptor with the resident and RPD. The resident, preceptor, and RPD must document their review of the summative evaluations.

(b) Each preceptor provides periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance and to document criteria-based, summative self-assessments of achievement of the educational goals and objectives assigned to the learning experience. The latter will be completed on the same schedule as required of the preceptor by the assessment strategy and will include an end-of-the-year component.

(c) Residents complete an evaluation of the preceptor and of the learning experience at the completion of each learning experience (or at least quarterly in longitudinal learning experiences.) Residents should discuss their evaluations with the preceptor and must provide their evaluations to the RPD.