VA Pharmacy Residency Rotation Descriptions

The SLCVAMC has required core and elective learning experiences or rotations. The following learning experience descriptions illustrate the foundation of the SLC PGY1 experience. The resident then selects electives to pursue clinical interests and customize their PGY1 experience. As needed, the SLCVA Residency program can network with other sites (University of Utah and Intermountain Health Care) to provide additional specialty care rotations not available at the VA. These affiliated site rotations are subject to preceptor and site availability and are to be coordinated with the SLC Residency Director.

SLC PGY1 Core Learning Experiences (Rotations):

1. **VA Pharmacy Systems/Inpatient Rotation Description:** The VA Pharmacy Systems/Inpatient Rotation is a required 4 week learning experience at the SLC VA Medical Center. It is an in-depth orientation to current VA technology. The role of the preceptor is to provide the resident with a global understanding of our community hospital medication distribution system. The resident will gain experience in the VA distribution process by utilizing multiple software and hardware packages including; Computerized Patient Record System (CPRS), Veterans Health Information System and Technology Architecture (VISTA), ScriptPro, VISTA Chemotherapy Manager (VCM), Talyst and Pyxis. All learning activities will be geared towards proficiency with these systems as they will be the foundation for future rotations, patient care activities, and resident projects. Learning activities may be facilitated by different pharmacy staff with expertise in certain hardware or software applications. Learning activities will be accomplished in parallel with the varied roles of the preceptor including clinical, staff, and administrative workload.
2. **Internal Medicine:** The Internal Medicine rotation is a required learning experience for the pharmacy practice resident. It is a 6-week long experience where the resident will participate in the provision of pharmaceutical care to acute care patients admitted to one of the four internal medicine teams on the Acute Medicine Floor. Most medicine teams consist of an attending, resident, two intern physicians and medical students. Each internal medicine team cares for up to 20 patients. This rotation allows the resident the opportunity to apply pharmacy-related concepts to patient care as a member of a multi-disciplinary health care team. The resident is responsible for identifying, preventing and resolving medication therapy issues for patients and serving as a drug information resource for the team. This will include, but is not limited to, performing admission and discharge medication reconciliations, developing pharmaceutical care plans for patients with complicated medical histories as well as for those on high-risk medications, performing pharmacokinetic and pharmacodynamic assessments, screening medications for appropriate indications and dosing, and proactively identifying drug interactions. The resident will create therapeutic regimens for individual patients utilizing the VA formulary when possible. These activities are expected to be completed for every patient that is assigned to the resident. The resident's patient load will vary based on the preceptor's discretion. The resident is proactively involved in the medication use process, including assisting nursing service with medication-related issues and working to promptly solve problems that impede the appropriate delivery of medications. Good communication and interpersonal skills are necessary to promote efficient function of the team. The resident will be expected to communicate their findings and recommendations to the appropriate clinician(s).
3. **Primary Care:** The Primary Care rotation is a required 6 week learning experience designed to teach the pharmacy practice resident how to apply pharmaceutical care as an integrated member within a primary care setting at the Salt Lake VA and West Valley Community Based

Outpatient Clinic (CBOC). The resident is directly involved in the development and monitoring of medication treatment regimens for patients. Residents are expected to be able to recall and implement organizational clinical practice guidelines as well as landmark clinical trials as they relate to solutions for patients' problems. Emphasis is placed on the independent assessment and development of a pharmaceutical care plan for Veterans with chronic disease. The resident will work closely with the clinical pharmacy specialist to provide chronic disease management and patient/caregiver education, including initiation of therapy, drug therapy monitoring and medication adjustment for patients referred by their primary care provider. The resident is also expected to promptly and accurately resolve drug information questions as well as targeted non-formulary requests. Focused areas for clinical experience include; diabetes care, hypertension, hyperlipidemia, hypothyroidism, chronic kidney disease, liver dysfunction, mental health and tobacco abuse.

4. **Critical Care:** The VA Critical Care Rotation is with one of two preceptors in SICU or MICU. Each location has unique learning experiences that will be slightly different. The critical care rotation is a required learning experience for the pharmacy practice resident with an additional 2 weeks if elected. The resident will participate in the provision of pharmaceutical care to acute care patients admitted to the MICU or SICU. The MICU is an 8 bed unit with a team that consists of an attending, fellow, two residents, two intern physicians and a clinical pharmacist. The SICU is a 10 bed unit with a team that consists of an attending, midlevel provider, and clinical pharmacist. The resident is responsible for performing admission and discharge medication reconciliations, developing pharmaceutical care plans for patients with complicated medical histories as well as for those on high-risk medications, performing pharmacokinetic and pharmacodynamic assessments, screening medications for appropriate indications and dosing, and proactively identifying drug interactions. The resident will create therapeutic regimens for individual patients utilizing the VA formulary when possible. These activities are expected to be completed for every patient that is assigned to the resident. The resident's patient load will vary based on the preceptor's discretion.
5. **Management Rotation:** During this rotation, the resident will have the opportunity to meet with each member of the administration team to understand their roles and responsibilities. The resident will gain insight into the administration functions by participating in Veterans Affairs National Telecommunications System (VANTS) calls, interdepartmental meetings, or work with VA staff to complete pharmacy administrative projects. Independent time will be given for longitudinal assignments, background reading, and other assignments as directed by the preceptor. The focus of the rotation will be to understand essential elements of the VA organizational chart, pharmacy operations, human resources, budget, procurement, staff supervision, and other administrative components as they present during the PGYI rotation. The resident will be expected to participate or lead administrative assignments on a longitudinal basis until project conclusion. The resident will also be given independent time to learn, evaluate, and make recommendations about current policy and procedures. In addition, the resident will have the opportunity to evaluate differences between federal, state or VA regulations regarding pharmacy services. Rotation elements are dynamic given that National VA mandates change over time and the resident experience may vary depending on current inspections, national policy directives, or other procedural changes occurring in the pharmacy. Independent work and time management skills are essential for success in this rotation.
6. **Psychiatry:** The psychiatric pharmacy rotation is a 4 week rotational experience designed to develop resident's knowledge and skills in the area of provider/patient interaction, psychiatric disorders, and psychotropic drug therapy. It is expected that upon completion of the rotation,

residents will have developed a solid clinical foundation pertaining to mental health pharmaceutical care.

7. **Ambulatory Care Longitudinal Clinics (2-4):** Participation in longitudinal ambulatory care clinics is a required learning experience for the PGY-1 pharmacy practice resident. This experience is designed to broaden the resident's knowledge in a variety of ambulatory care settings of the resident's choice. Available ambulatory care clinics include cardiac risk reduction, cardiology, clozapine management, diabetes shared medical appointments, geriatric assessment, geriatric primary care, hepatitis C/liver and primary care (Orem or West Valley). The resident will select 2 to 4 longitudinal clinics to participate in throughout the year. The resident will generally spend 4 hours in their selected clinic each week. Total duration in each clinic will range from 3 to 6 months, depending on the clinic. Depending on the clinic selected, the resident will have the opportunity to serve as the prescriber and/or work with a multi-disciplinary health care team. The resident will play an active role in patient care to develop an optimal pharmaceutical care plan, which includes initiating appropriate medication therapy by utilizing evidence-based medicine, assessing for appropriate medication use and identifying, preventing and resolving medication therapy issues.
8. **Drug Information:** Residents will learn different ways to provide drug information during this longitudinal, year-long rotation. As pharmacist's roles expand, drug information has become essential to our profession. One of the important competencies of a residency trained PharmD is the ability to retrieve, analyze, and interpret the professional, lay and scientific literature to provide drug information and counseling to patients, their families or care givers, and other involved health care providers. As practicing clinicians in dynamic patient care environments, all pharmacists have a responsibility to be effective drug information providers. With the development of new drugs and the advancement of medication therapy, it is challenging for health care professionals to keep abreast of new health information. Although pharmacists will not have the answer to every question, it is important to know how to approach drug information questions and how to locate the requested information.
9. **Service Commitment/Staffing:** The service commitment learning activity is a required longitudinal experience. This activity consists of acting as the clinical pharmacist during one weekend per month. The clinical pharmacist is responsible for completing and documenting the medication reconciliations for all patients within 24 hours of admission. The clinical pharmacist is also responsible for providing pharmaceutical support to the medicine and surgery teams when requested. This includes drug information questions, respond to medical or surgical pager calls, patient education on anticoagulation or insulin regimens prior to discharge. A pharmacy technician is scheduled every weekend to assist in completion of medication reconciliations. Staffing responsibilities will not begin until after the resident has completed an internal medicine rotation. The resident will also be responsible for proper communication of continued patient needs to the appropriate person, either the provider or team pharmacist, for continuity of care after the weekend. Efficient data collection and documentation skills will be essential for completing this learning activity.
10. **Project:** To be discussed with Resident Program Director during orientation.

SLC PGY1 Elective Rotations

1. Specialty Clinics Ambulatory Care
2. Surgery Inpatient
3. Physical Medicine and Rehabilitation (PM&R) Inpatient/Ambulatory Care
4. Infectious Diseases Inpatient/Ambulatory Care
5. Substance Abuse Ambulatory Care

6. Internal Medicine
7. Pocatello Ambulatory Care
8. Primary Care Ambulatory Care

Sample Schedule:

	# of weeks	# of days	Date started	Date Ended
Orientation	2	14	6/17/2012	7/1/2012
VA Systems	4	28	7/1/2012	7/29/2012
Internal med	6	42	7/29/2012	9/9/2012
Primary care	6	42	9/9/2012	10/21/2012
Project week 1	1	7	10/21/2012	10/28/2012
Critical care	4	28	10/28/2012	11/25/2012
Management	1	7	11/25/2012	12/2/2012
Midyear	1	7	12/2/2012	12/9/2012
Management	2	14	12/9/2012	12/23/2012
Project week 2	1	7	12/23/2012	12/30/2012
Psychiatry	4	28	12/30/2012	1/27/2013
Elective 1+2	8	56	1/27/2013	3/24/2013
Project week 3	1	7	3/24/2013	3/31/2013
Elective 3	6	42	3/31/2013	5/12/2013
Elective 4	1	7	5/12/2013	5/19/2013
Asilomar – Western States Conference	1	7	5/19/2013	5/26/2013
Elective 4 finished	3	21	5/26/2013	6/16/2013
Holidays		11		
Vacation		13		
Sick leave		13		
Total	52			

Longitudinal	# of weeks	# of days	Date started	Date Ended
Residency	52	364	6/17/2012	6/16/2013
Drug Information	52	364	6/17/2012	6/16/2013
Ambulatory Care Clinic - longitudinal	26	182	10/21/2012	4/21/2013

Asilomar	1	7	5/20/2013	5/23/2013
ASHP Midyear	1	7	12/4/2012	12/8/2012