Minneapolis VA Health Care System
Pharmacy Residency Programs 2019-2020
Minneapolis VAHCS Residency Programs

Thank you for inquiring about the Minneapolis VA Health Care System (MVAHCS) Pharmacy Residency Programs. We are pleased you are considering our program(s) for your professional future! This booklet provides valuable information about our facility, teaching programs, preceptor faculty, and clinical practice experiences for the following residency programs:

- PGY1 - General, established 1963, ASHP-accredited (3 positions)
- PGY1 – General with an interprofessional experience in mental health, established 2012, ASHP-accredited (1 position)
- PGY2 - Psychiatric Pharmacy, established 2013, ASHP-accredited (1 position)
- PGY2 - Geriatrics, established 2018, ASHP-candidate status (1 position)
- PGY2 - Pain and Palliative Care, established 2018, ASHP-precandidate status (1 position)

At the MVAHCS, over 100 pharmacists play a vital role in the delivery of patient care; working closely with physicians, nurses and other health care team members to ensure America’s Veterans receive the finest care. We pride ourselves in providing an innovative and unique pharmaceutical care program in which all pharmacists participate.

As a resident, you will have the unique opportunity to gain clinical experience in a multitude of settings and practice environments with the opportunity to customize your residency based on your own professional interests. You will be directly involved in providing patient-oriented pharmaceutical care as well as completing projects and being involved in precepting opportunities through our affiliation with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. This residency program is designed to provide you with a comprehensive, well-rounded experience that will build a solid foundation for your future. We hope you will decide to join us for your residency year at the MVAHCS. We look forward to receiving your application!

Tessa Kemp, Pharm D., BCPP, BCACP, BCGP
PGY-1 Pharmacy Practice RPD
Tessa.Kemp@va.gov

Kara Wong, Pharm D., BCPP
PGY-2 Psychiatric RPD
Kara.Wong3@va.gov

Melissa Atwood, Pharm D., BCPS, BCGP, BCACP, CDE
PGY-2 Geriatrics RPD
Melissa.Atwood@va.gov

Vinh Dao, PharmD., BCPS
PGY-2 Pain & Palliative RPD
Vinh.Dao@va.gov
The VA Health Care System

Veterans Administration (VA) Mission
To fulfill President Lincoln’s promise: “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s Veterans.

About the Veterans Health Administration (VHA)
The Veterans Health Administration is home to the United States’ largest integrated health care system consisting of 150 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries. Together these health care facilities, and the more than 53,000 independent licensed health care practitioners who work within them, provide comprehensive care to more than 8.3 million Veterans each year.

VHA Mission
Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

VHA Vision
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation’s well-being through education, research and service in national emergencies.

Core Values (I.C.A.R.E)
Integrity: Act with high moral principle.
Commitment: Work diligently to serve veterans and other beneficiaries.
Advocacy: Be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries.
Respect: Treat all those I serve and with whom I work with dignity and respect.
Excellence: Strive for the highest quality and continuous improvement.
Minneapolis VA Health Care System

The MVAHCS is a teaching facility which operates approximately 273 acute care beds as well as 104 long term care beds through the Community Living Center (CLC). In addition to offering primary, extended, and specialty care, Minneapolis operates community based outpatient clinics (CBOCs), such as Rice Lake & Hayward CBOC. Pharmacy Service at Minneapolis is affiliated with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. The MVAHCS is institutionally affiliated with the University of Minnesota School of Medicine.

The MVAHCS is part of the VA Midwest Health Care Network, also known as Veterans Integrated Service Network (VISN) 23. VISN 23 serves more than 430,000 enrolled veterans, and delivers health care services through 8 hospitals, 63 community based outpatient or outreach clinics, 8 community living centers and 4 domiciliary residential rehabilitation treatment programs. The Network employs over 12,500 full-time employees and has an annual operating budget in excess of $2.5 billion. MVAHCS is one of the ten largest VA medical centers in the country, serving more than 100,000 veterans in a six-state area of the upper Midwest. Our facility is a teaching hospital providing a full range of patient care services with state-of-the-art technology, educational resources, and research. Comprehensive health care is provided through primary care, specialty care, and long-term care in areas of medicine, surgery, psychiatry, neurology, oncology, and geriatrics.
Applying to MVAHCS Pharmacy Residency

Requirements and Eligibility
1. Be registered with ASHP Resident Matching Program
2. Doctor of Pharmacy Degree from an ACPE accredited school of pharmacy
3. United States Citizenship
4. Pharmacy licensure or test-eligible

Application Process
1. All application materials must be submitted through the Pharmacy Online Residency Centralized Application Service (PhORCAS), plus required supplemental materials as follows:
   a. **Letter of Intent**: For PGY-1 residency positions, please specify which residency you would like to apply for; the PGY-1 general residency based at the Minneapolis VA Health Care System or the PGY-1 general residency with an with an interprofessional experience in mental health (or both). If interested in both positions, please submit a separate application for each program.
   b. **Essay (PGY-1 program only)**: Details on essay requirements found on Minneapolis VA Pharmacy Education website.
   c. **Example of Written Work (PGY-2 programs only)**: One (1) example of written work from PGY-1 residency. Examples of written work may include a drug information response or a completed pharmacy consult (with patient identifiers removed).

2. References: We require applicants to submit 3 references. References should be submitted through the PHORCAS Standardized Reference form.

3. Submit the required application materials through the Pharmacy Online Residency Centralized Application Service (PhORCAS) by **January 5**. The PhORCAS website is available at http://www.ashp.org/phorcas or https://portal.phorcas.org/.
Overview of Pharmacy Services

Pharmacy services at the MVAHCS are available 24 hours a day, seven days a week. Pharmacists at MVAHCS work with patients, health care team members and trainees in all areas of the medical center in order to ensure safe, effective, and cost-effective medication therapy.

Pharmacists ensure safe and efficient medication preparation, while distribution is carried out primarily by pharmacy technicians and automation.

Ambulatory Care Clinical Pharmacy

Ambulatory Care pharmacists work as part of the Patient Aligned Care Team (PACT), an interprofessional team that provides patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention resulting in improvements in Veteran satisfaction, improved healthcare outcomes, and costs. The PACT model is built on the well-known concept of the patient centered medical home staffed by high-functioning teams.

I. **Independent Scope of Practice**
   - Pharmacists have an independent scope of practice to initiate, modify, and/or discontinue medications to assist with access to care and care coordination

II. **Role of pharmacy in PACT team**
   - Population health strategies to maximize patient outcomes for high risk patients (i.e. defined as 10 or more medications, patients taking high risk medications (e.g. insulin, opioids, digoxin, methotrexate, anticonvulsants), patients with adherence issues)
   - Serve as a vital component to PACT team meetings to identify high risk patients and assist with systems redesign opportunities

III. **Formulary management and prior authorization requests**

IV. **Monitoring**
   - Monitoring for optimal patient response to therapy (pharmacologic & non-pharmacologic), including maximized outcomes and managing adverse events

V. **Drug information services**

VI. **Patient Education**
   - Provision of patient education about disease states, medications, and the medication process (e.g. refills, medication costs, etc.)
   - Shared Medical Appointments: education and medication adjustment for tobacco cessation and diabetes

VII. **Educational services**
   - Journal clubs, continuing education lectures, and in-services
   - Precepting of students and residents
Overview of Pharmacy Services

Inpatient Clinical Pharmacy

The hospital pharmacy is open 24 hours a day, seven days a week. Inpatient services are provided through a decentralized service on day shifts and evening shifts. On nights, a centralized pharmacy service is provided. Inpatient distribution services include unit dose and IV admixture services.

I. Independent Scope of Practice
   • Pharmacists have an independent scope of practice to initiate, modify, and/or discontinue medications to assist with access to care and care coordination for anticoagulation and tobacco cessation

II. Inpatient Medication Process
   • Review and verification of prescriptions entered through Computerized Prescriber Order Entry (CPOE)
   • Supply of unit dose and IV medications with a barcode for the barcode administration system (BCMA)
   • Clarification of unclear or incomplete orders
   • Assignment of administration time
   • Provision of appropriate administration warnings, incompatibility information, and alerts
   • Drug distribution, security, and control
   • Clinical review of medications for allergies and interactions, interaction monitoring, and associated interventions
   • Adherence to drug policies including formulary management and therapeutic exchange
   • Documentation of admission medication histories
   • Provision of medication education and medication lists upon discharge
   • Response to drug inquiries from other health care professionals regarding drug selection, administration, etc.

III. Therapeutic Drug Monitoring
   • Pharmacokinetic dosing and monitoring (e.g. vancomycin, gentamicin, heparin etc.)
   • Renal dosing of medications
   • Ordering and interpreting necessary labs as part of drug monitoring

IV. Drug Distribution
   • Medications are dispensed via Pyxis®, a unit dose system
   • In most areas of the hospital, medications are distributed with a barcode to be scanned as part of the barcode medication administration system (BCMA)

V. Sterile products
   • Sterile products, including chemotherapy, are prepared in a ready-to-administer form in compliance with all relevant USP standards, USP 797 for compounding sterile products and USP 800 for hazardous drugs (sterile or non-sterile)
Overview of Pharmacy Services

Inpatient Clinical Pharmacy, continued

VI. Narcotic control
- Monitoring and assessment of controlled drug inventories
- Distribution and delivery of controlled medications
- Surveillance activities to deter diversion

VII. Extemporaneous and bulk compounding and prepackaging

VIII. Drug Information Services

IX. Clinical programs
- Development of a drug formularies
- Medication use evaluations
- Review and development of order sets
- Technology assessment
- Monitoring of medication errors and interventions
- Adverse drug event surveillance

X. Educational services
- Journal clubs, continuing education lectures, and in-services
- Patient counseling
- Precepting of students and residents

Outpatient Clinical Pharmacy

Outpatient pharmacy is open from Monday through Friday 8:00 am to 10:00 pm. On weekends and holidays the outpatient pharmacy operates from 9:00 am to 5:30 pm. Veterans are able to call 1-855-560-1721 for a 24-hour refill line. The outpatient pharmacy works in conjunction with our Centralized Mail Outpatient Pharmacy (CMOP) to fill prescriptions in a safe and efficient manner.

I. Outpatient Medication Process
- Review and verification of new prescriptions through a Computerized Prescriber Order Entry (CPOE) process
  - Approximately 2500 prescriptions are verified daily
- Clarification of unclear or incomplete orders
- Clinical review of medications for allergies and interactions
- Adherence to drug policies including formulary management and therapeutic exchange
- Renew appropriate maintenance prescriptions for patients for up to 90 days beyond an upcoming appointment per policy
- Assess appropriateness of emergency contraception per policy and provide patient education
- Provision of medications including new prescriptions and refills
Overview of Pharmacy Services

- Utilize automatic dispensing equipment (ScriptPro®) with barcoding technology to maximize safety and efficiency in dispensing processes

II. Distribution Services
- Approximately 800-1200 prescriptions are filled locally each week day
- A total of approximately 5500 prescriptions filled per day with local fills and CMOP combined

III. Patient Education
- Education and counseling on medications and the medication process at time of dispensing
- Classroom education provided to patients: DM Meter Education, Insulin Administration, 1 hour “Medications and Weight Control” class via MOVE (2 week intensive weight-loss program)

IV. Narcotic control
- Monitoring and assessment of controlled drug inventories
- Dispensing of controlled medications
- Surveillance activities to deter diversion
- Responsible for inventory, ordering and dispensing methadone for the Opioid Treatment Program

V. Educational services
- Journal clubs, continuing education lectures, and in-services
- Precepting of students and residents
PGY-1 Residency Overview

Program Overview
This post-graduate year one (PGY-1) Pharmacy Residency program is one of the first accredited residency programs with over 50 years of continuous accreditation by the American Society of Health-System Pharmacists (ASHP). This program provides a comprehensive year of education and experience with an emphasis on direct pharmaceutical care. Core rotations offer a variety of experiences working in both inpatient and ambulatory care settings.

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<tr>
<th>Number of Positions</th>
<th>PGY-1 General Pharmacy</th>
<th>PGY-1 General with Interprofessional Experience in Mental Health</th>
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**Required Rotations**
- Orientation (6 weeks)
- Choose 2 of 3 Inpatient Care: Internal Medicine, Cardiology, and/or ICU (6 weeks each)
- Administration (2 weeks)
- Outpatient Staffing (2 weeks)
- Ambulatory Care: choose 2 clinics (5 weeks each)
- Community Living Center (CLC) (5 weeks)

**Longitudinal Rotations**
- Project Management (11 months)
- Medication Use Evaluation
- Research Project
- Professional Services
- Drug Information Service
- CE Presentations
- P&T Participation
- Staffing (weekend & weeknights) (11 months)
- Elective Interprofessional Education in Geriatrics or Medicine Resident Clinic (11 months)

**ASHP Code**
- PGY-1 General Pharmacy: 63101
- PGY-1 General with Interprofessional Experience in Mental Health: 63101

**NMS Code**
- PGY-1 General Pharmacy: 190813
- PGY-1 General with Interprofessional Experience in Mental Health: 190821
PGY-1 Residency Overview

Benefits/Stipend
Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line. The annual stipend for all PGY-1 programs is $44,408. Residents may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend.
Available Electives

- One of the following three Interprofessional longitudinal electives:
  - Geriatric Research, Education and Clinical Center (GRECC)
  - Interprofessional Education with Serious Mental Illness (SMI) team
  - Interprofessional Education with Medicine Resident Clinic (APACT)
- Addiction Recovery Services, Specialty Ambulatory Care, Anticoagulation, Antimicrobial Stewardship, Home Based Primary Care, Informatics, Oncology, Pain Management, Inpatient Psychiatry, Serious Mental Illness Clinic, Traumatic Brain Injury/Polytrauma/Rehab, and Women’s Health
- Advanced Rotations in Core Experiences: Ambulatory Care, Cardiology, ICU, Internal Medicine
PGY-2 - Psychiatric Pharmacy

Program Overview
This PGY-2 psychiatric pharmacy residency program aims to produce a psychiatric pharmacist who functions as a practice leader, and focuses on patient centered care through interprofessional team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the MVAHCS psychiatric care residency program will be highly qualified independent practitioners able to excel at providing adult ambulatory care psychiatric services.

ASHP Code: 63025
NMS Code: 690666

Experience

Required Rotations
- Orientation
- Serious Mental Illness
- Addiction Recovery Services
- Inpatient Psychiatry
- Geriatric Psychiatry
- PTSD

Required Longitudinal Rotations
- Outpatient Psychiatry, Serious Mental Illness Team—Interprofessional Experience
- Practice Management
- Research & Project Management
- Professional Services
- Chief Resident
- Staffing

Elective Rotations
- Academia
- Academic Detailing
- Psychiatric Consult-Liaison
- Mental Health Intake & Emergency Department
- Inpatient Mental Health Traumatic Brain Injury & Stroke
- Pain Management
- Partial Psychiatric Hospitalization (PPH)
- Telepsychiatry
PGY-2 - Psychiatric Pharmacy

Benefits/Stipend
The PGY-2 annual stipend is $48,110. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line.

Mental Health Services
The MVAHCS is dedicated to providing comprehensive psychiatric care. Services span a variety of settings, including a 24-bed locked inpatient psychiatric unit, partial hospitalization, intensive outpatient programming, intensive case management services, programming for the homeless, and general outpatient services (locally and across all of the community-based outpatient clinics). Additionally, outpatient specialty teams exist for Serious Mental Illness, PTSD, Addictive Disorders, Geriatric Psychiatry, Mood Disorders, and Gender Dysmorphic Disorder.

Serious Mental Illness (SMI) Team
The SMI team is a multidisciplinary team that provides specialty mental health care to approximately 800 veterans with serious mental illness. The team also consults throughout the facility and offers services to veterans from other mental health teams. The SMI team’s approach is client-centered with an emphasis on recovery-based interventions, providing a full range of coordinated mental health services for veterans and their family members.

Trainees will be actively involved in the SMI team, having their own caseload of clients to follow. Faculty will encourage active participation by all trainees to facilitate regular dialogue between professions and incorporate multiple perspectives into care decisions, emphasizing the shared decision making process among clinicians as well as with veterans. Projects will require trainees to manage project scope, optimize collaboration, and facilitate organizational change. SMI team members are located in the same clinic area and readily have access to one another.
PGY-2 – Geriatric Pharmacy

Program Overview
The PGY-2 geriatric pharmacy residency program aims to produce a geriatric pharmacist who functions as a practice leader, and focuses on patient centered care through interdisciplinary team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the MVAHCS geriatric care residency program will be highly qualified independent practitioners able to excel at providing geriatric service in any diverse setting.

ASHP Code: 63043
NMS Code: 786254

Experience

Required Rotations
- Orientation
- Community Living Center (CLC)
- Home-Based Primary Care
- Geriatric Psychology

Required Longitudinal Rotations
- Geriatric Research Education and Clinical Center (GRECC)
- Practice Management
- Research & Project Management
- Chief Resident

Elective Rotations
- Academia
- Academic Detailing
- Adult Day Health Care
- Outpatient Ambulatory Care
- TBI/Stroke Inpatient
- Spinal Cord Injury
- Women’s Health
- Inpatient Internal Medicine
- Pain Clinic

Benefits/Stipend
The PGY-2 annual stipend is $48,110. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line.
The GRECC center is a multidisciplinary team that provides specialty care to older veterans. The Minneapolis GRECC center focuses on dementia research. The mission of the GRECC program is to improve the delivery of health care to elderly veterans through a multidisciplinary program emphasizing disorders of the aging nervous system.

The Trainees are actively involved in the GRECC team in a Memory Clinic. This is a half day clinic every Thursday for patients that have been referred by Primary Care. GRECC uses a multidisciplinary team method. New Patients are seen by a physician, pharmacist, and social worker. Veteran can also be referred to occupational therapy for additional evaluation in regards to the veterans cognitive impairment. The trainee works with the veterans to determine safety, efficacy, appropriateness, and complexity of medication regimen. The trainee works with providers and family to identify and resolve problems that arise during the visit. The trainee often interacts with other trainees including fellows, medical residents and occupational therapy students while precepting first year pharmacy residents. The trainee has interprofessional involvement through participation in the hospitals Geriatric Journal club, where the trainee has the opportunity to learn and interact with psychiatrist, neurologist, and other medical residents. The trainee has the opportunity to evaluate and present two articles at the Geriatric Journal Club throughout the year.
PGY-2 – Pain & Palliative Care Pharmacy

Program Overview
The PGY-2 pain management and palliative care pharmacy residency program aims to produce a pharmacist specialist who functions as a practice leader, and focuses on patient centered care through interprofessional team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the program will be primed for practice leadership to serve as experts in medication prescribing in the areas of pain management, palliative care, and opioid addiction recovery.

ASHP Code: 63055 Pre-Candidate status
NMS Code: 795473

Experience
Required Rotations
- Orientation
- Comprehensive Pain Center
- Palliative Care
- Inpatient Pain Management
- Addiction Recovery Services/MAT

Required Longitudinal Rotations
- Primary Care Pain/Opioid Safety
- Research (pain emphasis)
- Practice Management
- Research & Project Management
- Chief Resident

Elective Rotations
- Inpatient Mental Health
- Outpatient Mental Health
- Pain Management Long-Term Care
- Inpatient Acute Rehab
- Spinal Cord Injury

Benefits/Stipend
The PGY-2 annual stipend is $48,110. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line.
Pain Management/Palliative Care/Opioid Reduction
The MVAHCS is dedicated to providing comprehensive pain management in both outpatient and inpatient care settings. In addition, the MVAHCS has prioritized the provision of high-quality care in the areas of palliative care, opioid safety, and addiction recovery. The resident will gain expertise in these areas which are often closely aligned with primary care and mental health services. The MVAHCS is also highly recognized as a leader in pain research and trainees will have the opportunity to participate in ongoing research projects. Upon completion of the program, the trainee will be a practice leader capable of implementing clinical pain management concepts, identifying factors that contribute to pain outcomes, and manage clinical comorbidities associated with pain.

The Comprehensive Pain Center (CPC)
The Comprehensive Pain Center located within the Minneapolis VA Medical Center consists of interdisciplinary staff with specialized training in pain management who are committed to a multimodal treatment approach of acute, chronic, and malignant pain. The Comprehensive Pain Center also supports interventional pain procedures and a four-week CARF accredited residential Chronic Pain Rehab Program. Projects will require trainees to manage project scope, optimize interprofessional collaboration, and facilitate organizational change. Pain Center team members are located in the same clinic area and readily have access to one another. As a member of this team, the pharmacy resident will manage a patient panel, staff the inpatient pain consult team, and join the CARA high-risk opioid review team.
Requirements to Successfully Complete PGY-1

**Requirements to Successfully Complete Minneapolis Veteran Affairs HCS PGY-1 Residency and earn PGY-1 Certificate.**

The PGY1 Pharmacy Resident is expected to “Achieve” attainment of 80% of required residency objectives. Any objectives not fully achieved must meet the “Satisfactory Progress” criteria. The Residency Advisory Committee (RAC) in conjunction with the Residency Program Director (RPD) and Chief, Pharmacy Service are responsible for ascertaining that all MVAHCS PGY-1 Residency graduates meet these requirements.

If performance does not meet these expectations, the resident will be given ample opportunity to improve. Many goals are measured throughout the year allowing for repetition to strive to achieve the goal. The expectation is that residents will master some goals early in the year, and make satisfactory progress in the other goals (ex. Outcome R2 patient care related goals require repetition to develop knowledge, skills and abilities to achieve) throughout the year. A key to success is the gradual achievement in reaching these goals and continued progress in others. If a resident is having difficulty achieving a goal, required rotation(s) may be extended or additional time or rotations may be set up to concentrate on goal attainment. If the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not receive a certificate of completion from the residency program. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year period in accordance with MVAHCS Pharmacy Policy M-36.

**Overall Requirements to Successfully Complete Residency and Receive Residency Certificate:**

- Meet all MVAHCS PGY1 Residency Requirements with a goal of achieving 80% of required objectives.
- A resident may receive a certificate of completion with >20% of objectives in the satisfactory progress range with the consensus of RPD and RAC. RAC must develop a stepwise plan to assist the resident in achieving these goals in their next career endeavors.
  - In recognition that achievement of 100% of the objectives can be difficult for even a seasoned clinician (if evaluated in a candid sense), it will be judgment of the RPD and RAC that continued progress to the level expected of a resident graduate can occur as the resident continues to gain experience in areas marked as Satisfactory Progress.
- Satisfactory completion of all rotations. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and RPD.
- Completion of and presentation of a major pharmacy project to a designated group (i.e. Midwest Pharmacy Residents Conference).
- Completion of a final manuscript suitable for submission to a biomedical journal of the major project.
- Completion and presentation of a MUE or DUE to a multidisciplinary group (ex. P&T) or pharmacy staff meeting.
- Completion of assignments and projects as defined by the preceptors and RPD.
- Compliance with all institutional and departmental policies as well as expectations set forth in the MVAHCS Pharmacy Residency Program Manual.
- Attendance: The residency is a full-time temporary appointment of 1 year in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the RPD and preceptor must approve the time off and procedures for leave must be followed (please refer to MVAHCS Pharmacy Policy M-18).
Profiles of Current Residents

PGY-1 General Pharmacy Practice Residents

**Esther Njau**, Pharm.D., completed her Doctor of Pharmacy at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences after obtaining a Bachelor of Science at the University of Colorado Denver. During pharmacy school, she worked as a pharmacy intern at St. Anthony Medical Campus and as an ambulatory care research intern at the University of Colorado Hospital/Uptown Primary Care. She was involved in ASHP, CSSHP, SNPhA and Phi Lambda Sigma Alpha Xi Chapter. She was also involved in the Dedicated to Aurora Wellness & Needs (DAWN) clinic; a student-run free clinic dedicated to the underserved and underinsured population of Aurora, CO where she served as a pharmacy clinic volunteer, clinic manager and pharmacy visionary board representative. Her professional interests include: internal medicine and palliative care/pain management. Outside of work, she enjoys going to concerts, traveling, film festivals and brunch.

PGY-1 Project: Evaluation of Appropriate Antimicrobial Therapy in Total Joint Arthroplasty Pre-Operative Prophylaxis for Patients with Penicillin/Cephalosporin Allergy

**Desmond Cariveau**, Pharm.D., completed his Doctor of Pharmacy degree at the University of North Carolina Eshelman School of Pharmacy (Asheville Campus), after obtaining a Bachelor of Science degree in Neuroscience from the University of Minnesota. Throughout pharmacy school, Desmond created interprofessional learning experiences as chair of the Asheville Executive Committee, organized student networking events through the Carolina Association of Pharmacy Students and worked to improve student wellness as a team leader for the school’s Resiliency and Wellbeing Task Force. He was also an intern at Mission Hospital and volunteered alongside medical residents to provide care at a local free clinic. His professional interests include ambulatory care, mental health, and opioid stewardship. When not working, Desmond enjoys running, playing with his dog (an energetic Border Collie), lake activities, watching Minnesota sports (and UNC basketball), and trying new restaurants.

PGY-1 Project: Developing a Benzodiazepine Deprescribing Initiative for Providers Treating Patients with PTSD
Profiles of Current Residents

PGY-1 General Pharmacy Practice Residents, Continued

Emily Harder, Pharm.D., completed her Doctor of Pharmacy degree at University of Minnesota after obtaining a Bachelor of Science in Molecular Biology at University of Minnesota – Duluth. During her time as a pharmacy student, Emily worked as a pharmacy intern at Essentia Health in the 1st St Clinic and St Mary’s Medical Center. She was involved in MPSA Operation Heart running free clinics for patients in need in the Duluth/Superior area. Her professional interests include geriatrics and precepting. Outside of work, she enjoys reading, gardening, baking, and long-distance running.

PGY-1 Project: Improved diabetes control in the CLC

PGY-1 Rural/Ambulatory Care Practice Resident

Rebecca Rosdahl, Pharm.D., completed her Doctor of Pharmacy degree and her Bachelor of Arts in biology at the University of Minnesota – Twin Cities. She worked at her family’s independent pharmacies for over 10 years before and during pharmacy school. During pharmacy school she also worked at Abbott Northwestern Hospital and Lake Elmo Compounding Pharmacy as a pharmacy intern. As a student pharmacist, she was involved in ACCP, GenerationRx, Phi Delta Chi professional fraternity, and served as the immunization coordinator at the Philips Neighborhood Clinic. Her professional interests include ambulatory care, primary care, and women’s health. Becky enjoys exploring new restaurants, traveling, and spending time with family and friends.

PGY-1 Project: Implementation of experiential learning and shadowing experiences in a hospital-based pharmacy student internship program
Profiles of Current Residents

PGY-1 Mental Health Resident

**Andra Trakalo**, Pharm.D., completed her Doctor of Pharmacy degree at the University of Minnesota – Twin Cities after obtaining a Bachelor of Arts with a major in biology at Gustavus Adolphus College. During her time as a pharmacy student, Andra worked as a pharmacy intern at the Fairview Clinics and Surgery Center/Fairview University outpatient pharmacies and at the Fairview Ridges Hospital inpatient pharmacy. She served as a teaching assistant for psychiatric pharmacotherapy and pharmacokinetics courses, was the co-president of the Pay It Forward Organization, and was involved with the student-run Phillips Neighborhood Clinic, Phi Delta Chi Professional Fraternity, Student Ambassadors, and Rho Chi Honor Society. Her professional interests include psychiatric pharmacy, interprofessional collaboration, and precepting/teaching. Outside of work, Andra enjoys spending time with friends, family, and her horse Baxter, hiking, exploring new restaurants, and traveling.

PGY-1 Project: Opioid Withdrawal Treatment in the MVAHCS Emergency Department

PGY-2 Psychiatric Pharmacy Resident

**Josh Brockbank**, Pharm.D., completed his Doctor of Pharmacy degree at University of Utah and PGY1 residency at the MVAHCS. During his time as a pharmacy student, Josh was involved in projects addressing medication adherence and improving interprofessional relationships; he was also crowned “Mr. Pharmacy” at his college’s fundraising pageant! Throughout school, he worked as a pharmacy intern at Huntsman Cancer Hospital in Salt Lake City and served as the hospital’s Lead Intern in his final year of school. His professional interests include psychiatry, addressing heath disparities experienced by LGBTQ+ people, and delivering care to patients using a whole health approach. Outside of work, Josh enjoys listening to music, singing in choirs, and practicing yoga.

PGY-1 Project: Improving Gender-Affirming Hormone Prescribing through CPRS Order Set and Resident Physician Education

PGY-2 Project: Expanding Pre-Exposure Prophylaxis for HIV at MVAHCS
Profiles of Current Residents

PGY-2 Geriatric Pharmacy Resident

**Meagan Gartner**, Pharm.D. completed her Doctor of Pharmacy degree at the University of Minnesota-Duluth and PGY-1 rural health/ambulatory care residency at the MVAHCS. Prior to pharmacy school, Meagan received her Bachelor of Science degree in Microbiology at the University of Minnesota-Twin Cities. During her time as a pharmacy student, Meagan was involved in Minnesota Pharmacy Student Alliance (MPSA), serving as Vice President of Community Outreach, as well as the Education and Policy Committee, Student Ambassador Program, and Phi Delta Chi professional fraternity. Throughout school, she worked as a casual pharmacy inpatient intern at Children’s Minnesota, as well as a teaching assistant for the patient education section of pharmacy laboratory courses. Her professional interests include ambulatory care, transitions of care, patient education, and geriatrics. Outside of work, Meagan enjoys hiking, fishing, downhill skiing, watching hockey, and spending time with family and friends.

PGY-1 Project: Evaluation of Liraglutide Utilization and Veteran Candidacy for Empagliflozin Use

PGY-2 Project: Deprescribing Unnecessary and/or High-Risk Medications in Geriatric Patients

PGY-2 Pain Pharmacy Resident

**Ashley Fike**, Pharm.D., completed her Doctor of Pharmacy degree at the University of Minnesota and a PGY1 residency at Regions Hospital in St. Paul, MN with an emphasis on acute and critical care medicine. Prior to pharmacy school, Ashley worked as a Team Lead/Supervisor for a biotechnology company in Minneapolis, Minnesota. Throughout school, Ashley worked as a pharmacy intern at the Essentia Health 3rd Street Pharmacy in Duluth, MN providing patient services for medication delivery and counseling at hospital discharge. Academically, she also worked to supplement her pharmacy degree with a focus on public health with an interest in opioid medication and pain management. Her professional interests include critical care, infectious disease, pain management, and addiction medicine. Outside of work, Ashley enjoys cooking/baking, trying new restaurants with friends, traveling, and attending the Minnesota Opera.

PGY-1 Project: A Pharmacist-Driven Implementation of Carbapenem Antibiotic Timeouts

PGY-2 Project: Evaluation of CARA Review recommendations for High Risk Opioid Patients
Profiles of Selected Preceptors

Program Directors

**Tessa Kemp,** Pharm. D., BCACP, BCPP, BCGP completed her Doctor of Pharmacy degree from the University of Minnesota School of Pharmacy in 2005. Following graduation, she joined the Minneapolis Veterans Affairs Health Care System as a PGY-1 geriatric resident. After completing her residency she continued on with the VA and is now a clinical pharmacy specialist in outpatient cardiology, hepatology, and infectious disease. She is also the PGY-1 pharmacy resident program director. Dr. Kemp is also actively involved with the University of Minnesota, North Dakota State University, and Creighton University as a preceptor for 4th year pharmacy students. She enjoys starting and expanding clinical services. New services she has implemented include a pharmacist lead heart failure clinic, electrophysiology clinic, PrEP clinic, travel medicine clinic and insomnia clinic. In the past, she expanded services into geropsychiatry and helped develop shared medical appointments for diabetes and tobacco cessation. Previously she served on several committees, including the VA falls committee, VA peer review committee and MSHP mid-year planning committee.

**Kara Wong,** Pharm. D., BCPP joined the Minneapolis Veterans Affairs Health Care System in 2013 as the inpatient mental health clinical pharmacy specialist and the PGY-2 psychiatric pharmacy residency program director. Within the VA she leads several mental health quality improvement initiatives relating to psychotropic use and expansion of mental health pharmacy services, and serves on the Clinical Pharmacy Practice Office Mental Health Subject Matter Expert Workgroup. Dr. Wong is also actively involved in the College of Psychiatric & Neurologic Pharmacists, and has served on the Business Development Committee (2012-2013), the Publications and Online Products Committee (2013-2014), the Psychiatric Pharmacotherapy Review Course Medication Table Editorial Board (2014) and the BCPP Recertification Editorial Board (2015 - Present). She received her Doctor of Pharmacy degree from the University of Wisconsin-Madison School of Pharmacy, and completed her PGY-1 pharmacy practice residency at the Veterans Affairs Puget Sound Health Care System in Seattle, WA as well as her PGY-2 psychiatric pharmacy residency at Center for Behavioral Medicine in Kansas City, MO.
Profiles of Selected Preceptors

Program Directors, continued

**Melissa Atwood**, Pharm.D., BCPS, CDE, BCACP is an Home Based Primary Care Pharmacist who serves as the Residency Program Director for the PGY-2 Geriatrics pharmacy program. She serves as a preceptor for both PGY-1 general and PGY-2 geriatric residents for home based primary care rotations, GRECC rotations and longitudinal patient care rotations. She is a Clinical Assistant Professor for the University of Minnesota College of Pharmacy. She received her Pharm. D. degree from the University of Minnesota and completed a residency with the University of Minnesota and Ridgeview Medical center. In addition to precepting residents, she also precepts APPE students. Her interest/practice areas include geriatrics, diabetes, nephrology and primary care. Her research interests are in interprofessional care.

**Vinh Dao**, Pharm.D., BCPS is the Minneapolis VA Pain Pharmacist. He received his Pharm. D. from the University of Minnesota-Twin Cities. After starting as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2009. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2010. His hobbies include sports, watching movies, and saltwater aquariums.

Preceptors

**Missy Bell**, Pharm.D., BCPS, BCACP is an anticoagulation clinical pharmacy specialist and a core preceptor for the rural health PGY-1 residency and the preceptor for the elective PGY-1 anticoagulation management rotation. She received her Doctor of Pharmacy Degree in 2007 from Drake University and completed a PGY-1 residency with the University of Minnesota Ambulatory Care Residency program with her practice site being at the St. Cloud VA Health Care System. Her clinical interests include primary care chronic disease management with a special interest in anticoagulation. Her personal interests include spending time with her family, cross country skiing, running and reading.
Preceptors, continued

**Jeremy T. Boehme**, Pharm.D., BCACP is a clinical pharmacy specialist servicing the Rice Lake and Hayward, Wisconsin Community Based Outpatient Clinics. Jeremy graduated from Idaho State University College of Pharmacy, and worked in a community based retail clinic in rural Idaho. He completed his ambulatory care focused PGY-1 residency at the Lincoln, NE VA clinic, and during his residency his research focused on immunization effectiveness for healthcare workers. Jeremy’s interests include, academics, teaching, and student and resident training. During his residency he completed a teaching certificate, and also taught in the academic skills lab at Creighton University. His continued interests include diabetes, immunization, ambulatory care medicine, and integrating clinical pharmacy into the pharmacy patient-aligned care team (PACT).

**Amanda Boese**, Pharm.D., BCPS is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated from North Dakota State University in 2012, then completed a general PGY-1 residency within the Mayo Clinic Health System. Upon completion of residency, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA. She serves on the Residency Advisory Committee and contributes to several subcommittees. In her free time, she enjoys home improvement, trying new foods, and spoiling her dogs.

**Lindsey Chezik**, Pharm.D., BCACP is clinical pharmacist in specialty care (Renal, Metabolic/Endocrine, Pulmonology and Rheumatology) at the Minneapolis VA Medical Center. She received her Pharm. D. from the University of Minnesota Duluth and completed a Pharmacy Practice Residency at the Minneapolis VA. She serves as a preceptor for the ambulatory care rotations for 4th year APPE students and for PGY1 Pharmacy Residents. She is also one of the primary providers involved in a diabetes shared medical appointment at the Minneapolis VA.
Profiles of Selected Preceptors

Preceptors, continued

**Lisa Drogemuller**, RPh, BCPP is the outpatient mental health clinical pharmacist specialist, and the preceptor for longitudinal and block rotations centered on SMI team for both PGY-2 psychiatric pharmacy resident and PGY-1 pharmacy residents. She graduated from the University of Minnesota School of Pharmacy in 1988 and has spent her entire professional career at Minneapolis Veterans Affairs Health Care System. She began as a staff pharmacist, and was given opportunity to initiate and develop clinical pharmacy services in mental health at this facility which evolved into current role specialized in outpatient psychiatry from 1997 to the present. She initially became board certified in psychiatry in 1998 and has maintained certification to date. She has collaborative practice agreements with several psychiatrists and manages clinical care for over 200 psychiatric patients. She was involved in grant writing proposal for current PGY-2 and PGY-1 psychiatric pharmacy residencies, and has a passion for patient-centered care provided in the interprofessional model that is the core of her training rotations.

**Eric Geurkink**, Pharm.D., BCPS, BCPP, MBA is an Ambulatory Care Clinical Pharmacy Specialist. He graduated from the University of Wisconsin School of Pharmacy in 1999, and then completed a post-graduate year one residency with Medicine Shoppe and the University of Wisconsin. From 2000 to 2001 he was Managing Pharmacist of ThedaCare Pharmacy in Shawano, Wisconsin. He came to the Minneapolis VAMC as a staff pharmacist in June 2001. At the Minneapolis VA he has held various positions, including inpatient clinical pharmacist, antimicrobial computer decision support pharmacist, spinal cord injury unit inpatient pharmacist, and Associate Chief of Pharmacy. He received his MBA from the University of Minnesota in 2010. He is board certified in pharmacotherapy and psychiatric pharmacy. His chief interests are pharmacy practice model advancement, maximizing use of technicians and automation, documenting value of clinical pharmacist services, and integrating student and resident pharmacists into pharmacy practice.

**Alex Hennen**, Pharm.D. is one of the preceptors for the PGY-1 geriatric rotations as well as a primary preceptor for the PGY-2 geriatrics residency. He received his Doctor of Pharmacy Degree in 2014 from the University of Minnesota College of Pharmacy: Twin Cities Campus and completed an ambulatory care focused PGY-1 residency at the St. Cloud VA Health Care System. He went on to work at the Denver VA Medical Center before returning to Minnesota and becoming the Extended Care and Rehab program manager and clinical pharmacist for the Community Living Center at the Minneapolis VA Health Care System. His clinical interest include chronic disease management with a special interest in providing comprehensive pharmaceutical care for geriatric patients. His personal interests include running marathons, golfing, following Minnesota sports teams, and traveling.
Profiles of Selected Preceptors

Preceptors, continued

Rachel Hokeness, Pharm.D. is an inpatient rotational pharmacist and staffing preceptor for the MVAHCS PGY-1 residency program. She graduated from South Dakota State University in 2014 and completed a general PGY-1 residency at Avera McKennan Hospital & University Health Center. Following residency she stayed at Avera McKennan as an inpatient rotational pharmacist until moving to the Twin Cities and accepting a job as a rotational pharmacist at the Minneapolis VA in 2016. In her free time, she enjoys anything sports related, being outdoors, and spending time with her husband and daughter Josie.

Elzie ‘EJ’ Jones, Pharm.D. is an Ambulatory Care Clinical Pharmacy Specialist and Primary Care Pain Management Pharmacist at the MVAHCS. He obtained his Pharm. D. from North Dakota State University and completed a PGY1 Residency at the VA Medical Center in Denver, CO. His previous appointments include being an Ambulatory Care Clinical Specialist at the Puget Sound VA Medical Center and being an Ambulatory Care and Anticoagulation Specialist at the Portland, OR VA Medical Center. His clinical interests are Ambulatory Care and Pain Management. He is the winner of the 2013 VISN 23 Network Star Award and his personal interests include family, hiking, biking, cooking, sports, and live music.

Rebecca Marraffa, Pharm.D., BCPS is an Ambulatory Care Clinical Pharmacist in the Academic PACT (Patient Aligned Care Team) at the Minneapolis VA Medical Center. She received her Pharm. D. degree from the University of Minnesota and completed a Pharmacy Practice Residency at the Minneapolis VA. Following completion of her residency, she worked in ambulatory care at Memorial Hermann – Texas Medical Center in Houston, specializing in anticoagulation management. Now back at the Minneapolis VA, she works closely with medical resident physicians within the Academic PACT, and precepts pharmacy students and PGY-1 residents in longitudinal case management and ambulatory care rotations. Her clinical practice interests include diabetes management, tobacco cessation, and an interdisciplinary approach to primary care.

Emily Milliren, Pharm.D., BCACP is a clinical pharmacy specialist for a primary care Patient Aligned Care Team (PACT) at the Minneapolis VA Medical Center. She serves as a preceptor for ambulatory care rotation for 4th year APPE students and PGY1 Residents. She graduated from Drake University in 2014 and completed a PGY-1 Community Residency through the St. Louis College of Pharmacy at L&S Pharmacy in Charleston, MO. Her clinical interests include diabetes, tobacco cessation, and medication therapy management. She serves as one of the primary providers involved in a diabetes shared medical appointment at the Minneapolis VA. Her personal interests include spending time with family and traveling.
Profiles of Selected Preceptors

Preceptors, continued

Todd Naidl, Pharm.D., BCPS is an Ambulatory Care Clinical Pharmacist working in one of our primary care clinics with three Patient Aligned Care Teams (PACT). He received his Pharm. D. from the University of Minnesota-Twin Cities. After working several years as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2005. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2006. In 2009, he was awarded the Civil Servant of the Year award. His clinical practice interests include pain, comprehensive medication management, tobacco cessation, and holistic and integrative medicine. He enjoys spending time outdoors with his friends and family.

Kytara Neustadter, Pharm.D. is a rotational inpatient staff pharmacist, and is the preceptor for the inpatient pharmacy staffing experience for the PGY-1 residency program. She graduated from Purdue University in West Lafayette, IN in 2014 and completed a PGY-1 pharmacy practice residency at NorthShore University Health System following graduation before joining the Minneapolis VA Pharmacy team in 2016. Her hobbies outside of work include cooking and traveling.

Lawrence Patnaude, Pharm.D., is currently serving as the Chief of Pharmacy Services for the Minneapolis VA Health Care System (MVAHCS) and co-preceptor of the administration rotation. He received his Doctor of Pharmacy degree in 2001 from North Dakota State University. Larry has served in many different roles in pharmacy practice. These include positions as a Clinical Pharmacist, Associate Chief Pharmacist, Chief Pharmacist, and Chief Executive Officer in the Indian Health Service as well as Chief of Pharmacy Services at the Fargo VA Health Care System. He has also served as an Assistant Professor of Practice and Director of Experiential Outreach and Assessment in the School of Pharmacy at North Dakota State University.

Jacob W Schultz, Pharm.D., BCPS is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. He graduated from University of Minnesota in 2015, then completed a general PGY-1 residency here at the Minneapolis VA as one of the general PGY-1. Upon completion of residency, he accepted a position as a admit/discharge pharmacist at the Minneapolis VA, and later converted to the Green Inpatient Clinical Pharmacist position. He has helped revise the current Drug Reconciliation on Admit process and stayed involved in a variety of subcommittees including transitions of care and inpatient tobacco cessation. He goes by Jake typically, although he uses Jacob when making reservations at a restaurant or checking in at the doctor’s office. Jake is an avid gamer. He also enjoys watching Minnesota sports, spending time at the cabin during the summer, exploring new foods and restaurants. His favorite burger in Minneapolis is at Parlour Bar. However, his favorite Juicy Lucy is from Matt’s Bar.
Profiles of Selected Preceptors

Preceptors, continued

**Anna Sciegienka**, Pharm.D., BCPS is a lead outpatient pharmacist and preceptor for the outpatient pharmacy staffing experiences of the PGY-1 residency programs. She graduated from the University of Iowa in 2013 and completed a PGY-1 pharmacy practice residency at the Iowa City VA. After residency, she moved to the Twin Cities and joined the Minneapolis VA Pharmacy family in 2014. After work, Anna enjoys hanging out on the patios of various fine Twin Cities eating establishments, preferably with her dog, Piper.

**Kellianne Tang**, Pharm.D., BCPS is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated in 2008 from the University of Georgia and went on to complete a pharmacy practice residency at the Medical University of South Carolina. Following residency, she stayed at MUSC and worked on the inpatient hematology/oncology team before coming to the Minneapolis VA in 2013. Her personal interests include avoiding cold weather and watching Netflix with her awesome dog, Maddie.

**Kim Thumser**, Pharm.D., BCPS is an inpatient clinical pharmacist and a preceptor for the PGY1 internal medicine rotation. She received her Pharm.D. from Drake University and completed a PGY1 residency at Mayo Clinic Hospital - Rochester. Her clinical practice interests include GI/liver conditions, infectious diseases, and transitions of care. In her free time, she enjoys reading, playing the piano, and collecting vinyl records.

**Elizabeth Welch**, Pharm.D., BCACP is the clinical pharmacy specialist at the Maplewood VA Community Based Outpatient Clinic in Maplewood, MN. She received her Pharm.D. degree from the University of Minnesota Twin Cities and completed a PGY-1 residency at the Minneapolis VA Health Care System following graduation. After rotating as a clinical staff pharmacist for 3 years, Elizabeth made the transition to the Maplewood VA CBOC as their first CPS. In October of 2017, Elizabeth’s role shifted to include supervising all of the PACT CBOC clinical pharmacy specialists. Her clinical interests include CPS integration into PACT, working with learners and facilitating a whole health model approach to help care for our veterans. Outside of work Elizabeth enjoys staying active with her husband and two sons, scrapbooking, cooking and trying new restaurants.
Profiles of Selected Preceptors

Preceptors, continued

Carrie Wenner, Pharm.D. is the preceptor for the Critical Care and Advanced Critical Care experiences for the PGY-1 general and mental health residents. She graduated from North Dakota State University College of Pharmacy. After graduation, she completed a General Practice Pharmacy Residency at the Minneapolis Veteran Affairs Medical Center. She worked at United Hospital in St Paul, MN as clinical specialist in ICU/Heart-Lung areas for 4 years prior to coming back to the VA Medical center to be a critical care specialist. She holds a Clinical Instructor appointment through the University of Minnesota College of Pharmacy.

Anders Westanmo, Pharm.D., MBA is a clinical pharmacy informaticist who specializes in quality and data. He received his Pharm.D. from the University of MN in 2003 and completed a PGY1 general practice residency at Fairview University Residency program in 2004. He became BCPS certified in 2005 and went on to complete an MBA in 2009, Project Management Professional certification in 2010, and Lean Six Sigma Black Belt certification in 2011. The first five years of his practice were focused on clinical and management aspects of pharmacy practice, but for the past decade he has been working on using data to improve health and business outcomes.

Other preceptors: Simon Akerman, Beth DeRonne, Kelli Hall, Murray Leraas, Travis Liebhard, Lindsey Pritchard, Lisa Shivnarine, Elizabeth Trayers, Jennifer Zenker

1. Where is the Minneapolis VAHCS located?
   Our address is One Veterans Drive, Minneapolis, MN 55417. We are located a few blocks west of the Mississippi River and conveniently on both the light rail and bus lines. (Intersection of MN HWY 55 and 62, just north of the MPLS/St. Paul Airport and Mall of America). Free on-site parking is available.

2. What is the purpose statement of the pharmacy residency program?
   A. PGY-1 Pharmacy Residency: PGY-1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY-2) pharmacy residency training.

   B. PGY-2 Pharmacy Residency Programs: PGY-2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY-2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings.
Residents who successfully complete an accredited PGY-2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

3. Is the residency program ASHP accredited?
Our PGY-1 Pharmacy Residency has been accredited since 1963 and is recognized as 1 of 12 original ASHP accredited pharmacy program sites. Our PGY-1 general with an interprofessional experience in mental health is a component of our PGY-1 Pharmacy Residency program and thus is accredited. Our PGY-2 Psychiatric Pharmacy position has been accredited since 2013 (est. 2013). Our PGY-2 Geriatrics Pharmacy position was recently established in 2018 and is currently a candidate for ASHP accreditation. Our PGY-2 Pain and Palliative Care Pharmacy position was recently established in 2019 and is currently a candidate for ASHP accreditation.

4. How many residents are recruited?
A total of 7 residents: We are currently recruiting four PGY-1 residents (one with an interprofessional experience in mental health), one PGY-2 Psychiatric Pharmacy resident, one PGY-2 Geriatrics Pharmacy resident, and one PGY-2 Pain and Palliative Care resident.

5. What are the pharmacy residency application requirements and how do I apply?
We Utilize PhORCAS for the application process
A. Register with ASHP Resident Matching Program
B. Doctor of Pharmacy degree from an ACPE accredited school of pharmacy
C. U.S. citizenship
D. Pharmacy licensure or test eligible

6. What benefits are residents eligible for?
A. Health insurance, life insurance, dental insurance, vision insurance
B. Residents accrue 4 hours of sick leave and 4 hours of vacation each 2 week pay period
C. Residents are not scheduled to work on federal holidays
D. Travel and registration reimbursement may be provided for national and local meetings

7. What is the resident stipend?
A. PGY-1 Resident: $44,408
B. PGY-2 Resident: $48,114
8. Does the Minneapolis VAHCS interview interested candidates?
Yes. After all applications are received, we carefully review the submissions and contact a selection of candidates for an onsite interview.

9. Are site tours offered before interview?
Yes! We believe if you are unable to complete rotations at our facility as a student, it is important to visit our facility before applying. We will be offering two scheduled tour dates, one in the fall (late October) and one in the winter (winter break). If you are interested in scheduling a tour, please contact PGY-1 residents.

10. Does the Minneapolis VAHCS pharmacy residency program participate in the match?
Yes.

11. Are residents able to complete rotations at other sites?
Due to the structure and funding of our residency program, we are unable to offer rotations offsite. However, we do our best to accommodate residents with specific goals and desired experiences during their elective rotations and through focused longitudinal experiences.

12. Is BLS/ACLS mandatory?
All residents will undergo BLS/ACLS training as part of residency orientation.

13. What is the staffing requirement?
A. PGY-1 Pharmacy Residents traditionally have been required to staff the inpatient pharmacy 1 out of every 4 weekends and 1 evening shift every 4 weeks. Staffing requirements may be adjusted based on departmental needs or quality improvement initiatives. Any staffing modifications will be bound by the ASHP Pharmacy Specific Duty Hours Requirements: http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx

B. PGY-2 Psychiatric Pharmacy Resident: This resident staffs an inpatient 1 out of every 8 weekends. During these shifts, the resident works admit-discharge. Staffing requirements may be adjusted based on departmental needs or quality improvement initiatives.

14. What are some of your past residents doing now?

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Program</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>Jennifer Bolduc</td>
<td>PGY-1</td>
<td>VISN 23 Academic Detailing Program Manager</td>
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<tr>
<td></td>
<td>Inna Rubinshteyn</td>
<td>PGY-1</td>
<td>Inpatient Clinical Pharmacist, Surgery, MVAHCS</td>
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<td></td>
<td>Daniel Mansour</td>
<td>PGY-1 Geriatrics</td>
<td>Relocation to Maryland: Works with HIV population</td>
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<td>Period</td>
<td>Name</td>
<td>PGY</td>
<td>Position</td>
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<td>2007-2008</td>
<td>Lindsey Bervig</td>
<td>PGY-1</td>
<td>Staff Clinical Pharmacist, MVAHCS</td>
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<td></td>
<td>Grace Kim</td>
<td>PGY-1</td>
<td>Relocation to Seattle, WA, Clinical Pharmacist</td>
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<td>2008-2009</td>
<td>Jocelyn Mohs</td>
<td>PGY-1</td>
<td>Oncology Clinical Pharmacy Specialist, St. Cloud VAMC</td>
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<td></td>
<td>Meredith Elertson</td>
<td>PGY-1</td>
<td>Clinical Pharmacist in Cardiology, Mayo Clinic</td>
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<td>Rebecca Marraffa</td>
<td>PGY-1</td>
<td>Ambulatory Care Clinical Pharmacy Specialist, MVAHCS</td>
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<td>2009-2010</td>
<td>Joey Thorson</td>
<td>PGY-1</td>
<td>Inpatient Clinical Pharmacy Program Manager, MVAHCS</td>
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<td>Elizabeth Welch</td>
<td>PGY-1</td>
<td>Ambulatory Care Clinical Pharmacist Specialist, Maplewood CBOC, MVAHCS</td>
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<td></td>
<td>Kate Hansen</td>
<td>PGY-1</td>
<td>Clinical Pharmacist Providence Health &amp; Services – Oregon Regional, Portland, OR</td>
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<td>2010-2011</td>
<td>Preethi Krishnan</td>
<td>PGY-1</td>
<td>Prime Therapeutics PBM, Eagan, MN</td>
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<td>Beth DeRonne</td>
<td>PGY-1</td>
<td>Clinical Pharmacist - Research, MVAHCS</td>
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<td>Megan Nelson</td>
<td>PGY-1</td>
<td>Medical Science Liaison</td>
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<td>Jema Marsolek</td>
<td>PGY-1</td>
<td>Rural Health/Ambulatory Clinical Pharmacist Specialist, VISN 23</td>
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<td>2011-2012</td>
<td>Amita Shenai</td>
<td>PGY-1</td>
<td>Medical Science Liaison, AstraZeneca</td>
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<td>Lindsey Chezik</td>
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<td>Duyen Truong</td>
<td>PGY-1</td>
<td>Clinical Pharmacist, Regions Hospital, St. Paul, MN</td>
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<td>2012-2013</td>
<td>Jacob Held</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, MVAHCS</td>
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<td>Lisa Shivnarine</td>
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<td>Clinical Pharmacist Evening Supervisor, MVAHCS</td>
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<td>Michael Macmillan</td>
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<td>Clinical Pharmacist, WLA VAHCS</td>
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<td>Andyrose Fernandes-Reese</td>
<td>PGY-1</td>
<td>Ambulatory Clinical Pharmacy Specialist, MVAHCS</td>
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<td>2013-2014</td>
<td>Nicholas O'Rourke</td>
<td>PGY-1</td>
<td>Inpatient Clinical Pharmacist, Mayo Health Care Systems</td>
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<td>Samantha Bartusek</td>
<td>PGY-1</td>
<td>Staff Clinical Pharmacist, Fairview Health Systems Ridges</td>
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<td>Lindsey Hall</td>
<td>PGY-1</td>
<td>Clinical Pharmacist, Medication Management Services</td>
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<td></td>
<td>Rachelle Kunde</td>
<td>PGY-1</td>
<td>Clinical Pharmacist, Marshall Regional Medical Center</td>
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<td></td>
<td>Jacob Held</td>
<td>PGY-2</td>
<td>Inpatient Psychiatric Pharmacist, Regions Hospital</td>
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<td>2014-2015</td>
<td>Carrie Albrecht</td>
<td>PGY-1</td>
<td>Evening Staff Pharmacist, Allina, MN</td>
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<td>Sara Bellefeuille</td>
<td>PGY-1</td>
<td>Prime Therapeutics PBM, Eagan, MN</td>
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<td>Kori Berg</td>
<td>PGY-1</td>
<td>PGY-2 Administration Pharmacy Resident, Palo Alto VA</td>
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<td>Van Nguyen</td>
<td>PGY-1</td>
<td>Clinical Pharmacist Palo Alto VA</td>
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<td>PGY-1</td>
<td>PGY-2 Psychiatry Resident, South Texas VA</td>
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# Frequently Asked Questions

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<tr>
<th>Name</th>
<th>PGY Year</th>
<th>Specialty</th>
<th>Location</th>
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<tbody>
<tr>
<td>Chris Ploenzke</td>
<td>PGY-1</td>
<td>Rural Health/Ambulatory Clinical Pharmacist</td>
<td>Chippewa Falls VA CBOC</td>
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<tr>
<td>Amy Sams</td>
<td>PGY-2</td>
<td>Psychiatry</td>
<td>Fairview Health System, MN</td>
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<td><strong>2015-2016</strong></td>
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<tr>
<td>Amy Awker</td>
<td>PGY-1</td>
<td>Ambulatory Clinical Pharmacist, Ramsey VA CBOC</td>
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<tr>
<td>Sara Schroedl</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, Reno VA</td>
<td>Clinical Pharmacy Specialist-Mental Health, Reno VA</td>
</tr>
<tr>
<td>Jake Schultz</td>
<td>PGY-1</td>
<td>Inpatient Clinical Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Erica Dimitropoulos</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Emily Mattson</td>
<td>PGY-1</td>
<td>Clinical Pharmacist, Black Hills VA</td>
<td></td>
</tr>
<tr>
<td>Kristen Neumeister</td>
<td>PGY-2</td>
<td>Inpatient Psychiatric Pharmacist, John Peter Smith hospital Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td><strong>2016-2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randa Fahim</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Lindsey Garner</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatry, San Antonio VA</td>
<td>Clinical Pharmacy Specialist-Mental Health, San Antonio VA</td>
</tr>
<tr>
<td>Travis Liebhard</td>
<td>PGY-1</td>
<td>Inpatient Clinical Pharmacist-Cardiology, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Martin Bloch</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Ashley Lane</td>
<td>PGY-1</td>
<td>IHS Pharmacist, White Earth Indian Health Service</td>
<td></td>
</tr>
<tr>
<td>Erica Dimitropoulos</td>
<td>PGY-2</td>
<td>Clinical Pharmacy Specialist-Mental Health, Addiction Recovery Services, MVAHCS</td>
<td></td>
</tr>
<tr>
<td><strong>2017-2018</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emilie Hudalla</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Jason Schneider</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Keri Enyi</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Kevin Rauwerdink</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Bill Bruneau</td>
<td>PGY-1</td>
<td>Ambulatory Clinical Pharmacist, Yale, New Haven, CT</td>
<td></td>
</tr>
<tr>
<td>Martin Bloch</td>
<td>PGY-2</td>
<td>VISN 23 Academic Detailing &amp; Mental Health Clinical Pharmacy Specialist</td>
<td></td>
</tr>
<tr>
<td><strong>2018-2019</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annette Do</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, San Diego VAMC</td>
<td></td>
</tr>
<tr>
<td>Andrea Hegland</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Lissette Martinez</td>
<td>PGY-1</td>
<td>Rotational Staff Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Meagan Gartner</td>
<td>PGY-1</td>
<td>PGY-2 Geriatric Resident, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Josh Brockbank</td>
<td>PGY-1</td>
<td>PGY-2 Psychiatric Pharmacy, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Kevin Rauwerdink</td>
<td>PGY-2</td>
<td>Ambulatory Clinical Pharmacist, MVAHCS</td>
<td></td>
</tr>
<tr>
<td>Jordan Michaels</td>
<td>PGY-2</td>
<td>Ambulatory Clinical Pharmacist, MVAHCS</td>
<td></td>
</tr>
</tbody>
</table>
**Frequently Asked Questions**

**15. Who are the current residents and may I contact them with questions?**
Our current residents will be happy to help answer any questions you might have!

**Andra Trakalo Pharm.D.**  
Mental Health Track PGY-1  
Andra.Trakalo@va.gov

**Ashley Fike Pharm.D.**  
Pain & Palliative Care Pharmacy PGY-2  
Ashley.fike@va.gov

**Desmond Cariveau Pharm.D.**  
General Pharmacy Practice PGY-1  
Desmond.cariveau@va.gov

**Josh Brockbank Pharm.D.**  
Psychiatric Pharmacy PGY-2  
Josh.brockbank@va.gov

**Emily Harder Pharm.D.**  
General Pharmacy Practice PGY-1  
Emily.harder@va.gov

**Meagan Gartner Pharm.D.**  
Geriatric Pharmacy PGY-2  
Meagan.gartner@va.gov

**Esther Njau Pharm.D.**  
General Pharmacy Practice PGY-1  
Esther.njau@va.gov

**Rebecca Rosdahl Pharm.D.**  
Rural Health/Ambulatory Care PGY-1  
Rebecca.rosdahl@va.gov
Pharmacy Service Policy and Procedure Manual

SUBJECT: Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave

1.0 PURPOSE: To outline departmental policy for Pharmacy Resident absence and leave.

2.0 POLICY: Absence and leave will be administered on a uniform and equitable basis consistent with Minneapolis VAHCS policy (Policy # HR-07D), appropriate laws, regulations, and related requirements. Pharmacy resident preference shall be given consideration. Residents are encouraged to use their annual leave for rest and relaxation.

3.0 PROCEDURE:
- Veterans Affairs Time and Attendance System (VATAS) is the computer program for requesting and approving leave.
- Refer to the attachment for detailed information on leave, excused absence, maternity, paternity, adoption, Family and Medical Leave Act, Family Friendly Leave Act and the Voluntary Leave Transfer Program. Actions that violate this policy may be grounds for disciplinary action up to and including removal from VA Residency program.

4.0 RESPONSIBILITIES:
A. Residents are responsible for observing leave and excused absence policies and regulations which affect them personally, including:
   1. Being at their post of duty during official duty hours unless on approved leave or excused absence without charge to leave.
   2. Observing the time and attendance policies and procedures and using leave for the purpose for which it is intended.
   3. Requesting prior approval for annual leave and prior approval for sick leave for a medical, dental or optical examination or treatment when possible
      a. When advanced leave is requested, the request must be submitted to the Residency Program Director. If possible, a verbal and electronic mail message is requested.
      b. If approved by Program Director, the request will then be entered into VATAS and is forwarded to the time-keeper for official approval.
      c. Leave is charged in 15-minute increments.
   4. A leave request shall not be entered for scheduled resident weekend hours, but the resident must inform inpatient pharmacy of their sick leave. Residents are allotted authorized absences as described below; these requests must be submitted to the Residency Program Director, but shall not be entered as leave through VATAS. The following authorized absences are allotted for residents annually:
      a. Veterans Health Administration (VHA) Interviews: 2 days are granted to residents to interview at other VA sites
      b. Conference Days: 10 days are granted for residents to attend conferences
   5. Making timely reports of absences not previously approved. Reporting, or having a responsible person report, incapacitation for duty as early as practicable. Generally, this will be at the beginning of the tour of duty but not later than two hours thereafter, unless mitigating circumstances exist. If Occupational Health or your personal health provider determines that you are incapacitated for work, you must communicate this with the Residency Program Director by providing the medical certification (if requested) and request leave to cover the period of incapacitation.
a. To be called in to the Program Director who will then inform the timekeeper via email. If the Program Director is not available a Pharmacy supervisor will be contacted.

b. Requests through VATAS must be made upon return to duty.

6. Informing Program Director if reason for Incapacitation for duty is a contagious illness so the health of coworkers can be monitored; and providing medical clearance for return to duty.

7. Submitting accurate statements about absences, applications for and use of sick leave; transferred leave; family and medical leave; and furnishing medical certificates when required, e.g., when absence is for more than three consecutive workdays and when an employee is on medical certification. Completing requests through VATAS, or if needed, on an OPM-71 form.

8. Having accrued sufficient leave to cover approved requests when they occur.

B. Supervisors (Residency Program Director) are responsible for administering the absence and leave policies and regulations on a uniform and equitable basis, to the extent delegated in the attachment. This includes:

1. That pharmacy residents are trained in proper use of leave, kept informed on leave matters and of the name or title of the leave-approving supervisor and time-keeper.
   a. When pre-planned leave is requested, the request must be submitted to the Residency Program Director. If possible, a verbal and electronic mail message is requested. The preceptor of the current rotation should be informed by the pharmacy resident of days the pharmacy resident will be on leave.
   b. If approved, the leave request entered in VATAS will be forwarded to the time-keeper for official approval.

2. Acting promptly on requests for leave and determining the necessity for or acceptability of sick leave medical certificates.

3. Maintaining control over attendance, leave and excused absence. Determining whether an employee's absence from regular duties constitutes official duty, approved leave, excused absence without charge to leave, or absence without leave, and ensuring that the unit timekeeper is promptly notified of all leave requests.

4. Consulting with Human Resources Management (HRM) for advice concerning, and interpretation of, leave regulations.

C. HRM is responsible for the general administration of the leave program. This includes interpreting leave policies and regulations for operating officials, and providing for employee orientation on leave provisions and supervisory training in leave administration.

E. Timekeepers (Pharmacy Program Assistant(s)) are responsible for:

1. Posting attendance and leave information daily.

2. Prompt attention to and corrections of errors on time cards.

3. Obtaining employees’ certification of leave and absences or having an OPM 71 on file.

4. Ensuring completeness prior to certification by leave approval officials.

5. Posting, or having employees post, necessary remarks for FFLA, FMLA, and use of leave in lieu of another leave category (e.g., AL or SL), OWCP, or AA. Posting correct codes for AWOL, jury duty, suspension, etc.

6. Sending the certified time cards to Payroll by 9:00 AM on the second Friday morning of the pay period.

7. Notifying HRM as soon as it becomes known that an employee has been or will be in a non-pay status for seven consecutive days or more.

8. Maintaining a record of leave for employees with marginal leave balances (e.g., balance of 80 hours or less) in order to prevent overdrawn leave.
5. REFERENCES: Minneapolis VAMC Policy # HR-07D, Absence and Leave, 5 U.S.C. Chapter 63; 5 CFR Part 630; VA Handbook 5011 Part III; MP-6, Part V, Supplement 2.2; Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees; Negotiated Agreements between the Minneapolis VA Medical Center and AFGE 1969 and 3669.

6. RELATED POLICIES: Fair Labor Standards Act #HR-02; Tours of Duty #HR-05; Compressed Work Schedules #HR-06; Overtime #HR-08; Limited Duty #HR-09; Weather and/or Other Emergency Situations #HR-20; Outpatient Scheduling Process and Clinic Operations #TX-08F, and Time and Attendance for Physicians, Dentists and Podiatrists #HR-23.

7. RECISSION DATE: March 2022

8. FOLLOW-UP RESPONSIBILITY: Clinical Pharmacy Program Manager/Residency Program Director

ATTACHMENT:
A. Reference Sheet for Approving Authorities, Appropriate Uses for Leave and Leave Programs

APPROVE:

Lawrence A. Patnaude
494804

Digitally signed by Lawrence A. Patnaude 494804
Date: 2019.03.18 14:50:20 -05'00'

DATE

Lawrence Patnaude
Chief, Pharmacy Service
## Attachment A: Reference Sheet for Residents and Leave

<table>
<thead>
<tr>
<th>TYPE OF LEAVE</th>
<th>EXPLANATION</th>
<th>APPROVING AUTHORITY</th>
<th>REQUIREMENTS for LEAVE REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave - Accrued</td>
<td></td>
<td>Program director</td>
<td>E-mail request to RPD and VATAS request for timekeeper</td>
</tr>
<tr>
<td>Sick Leave – Accrued</td>
<td></td>
<td>Program director</td>
<td>Phone call notification to RPD Followed by VATAS request (medical certification may be required if absence is greater than three consecutive days)</td>
</tr>
<tr>
<td>Sick Leave under Family Friendly Leave Act (FFLA) also referred to as Federal Employees FFLA (FEFFLA)</td>
<td>Use of sick leave to bereave or care for an ill family member, transport family members to medical appointments, etc. Contact HRM - for limits</td>
<td>Program director (Must be tracked by Chief, Pharmacy Service)</td>
<td>VATAS (CB code) must include relationship and situation under Remark</td>
</tr>
<tr>
<td>Leave without Pay (LWOP) not to exceed 30 calendar days</td>
<td>Expectations are for 1 year commitment or 2080 hours but not to exceed 90 days past 1 year. If residency goals, objectives and requirements are all met and the need for LWOP encompasses difficult circumstances, consideration will be given to granting certificate. If residency goals, objectives and requirements are not all met, make up time will be pursued with Human Resources. If unable to make up time and thereby fail to meet Residency goals/objectives, Minneapolis VA maintains the right to withhold program certificate.</td>
<td>Case by Case basis between RPD, Chief, Pharmacy, and Human Resources. The Residency Advisory Board will also be involved</td>
<td>VATAS with full explanation; Medical certificate may be required if leave is for health reasons</td>
</tr>
<tr>
<td>Leave without Pay (LWOP) in excess of 30 calendar days</td>
<td>Not typically allowed in Residency. Expectations are for 1 year commitment or 2080 hours but not to exceed 90 days past 1 year. If the needs for</td>
<td>Case by Case basis between RPD, Chief, Pharmacy, Human Resources and OAA. The Residency Advisory Board will also be involved</td>
<td>SF 52, OPM 71, medical cert (if reason for request) and memo of request with recommendations</td>
</tr>
</tbody>
</table>
An employee may be given authorized absence without charge to leave when:

1) The activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, or
2) The activity will clearly enhance an employee's ability to perform the duties of the position presently occupied or may be expected to prospectively occupy, or
3) The basis for excusing the employee is clearly consistent with prevailing practices of other Federal establishments in the area concerning the same or similar activities.

<table>
<thead>
<tr>
<th>Training/Conference Education/Off-site</th>
<th>Advanced Sick Leave - Emergency (up to one hour)</th>
<th>Advanced Annual Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy does not allow this</td>
<td>Pharmacy does not allow this</td>
<td>pharmacy does not</td>
</tr>
<tr>
<td>RPD</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>(more than one hour</td>
<td>Require Medical Center Director approval)</td>
<td></td>
</tr>
<tr>
<td>AA is the code for VATAS</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Reason giving specific</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

LWOP encompass consideration will be given to allow making up time up to 10 days in order to achieve attainment of all residency goals, objectives, and requirements and the granting of certificate. This will need to be approved by Human Resources. Resident will need for the stipend to be extended in the event of an OAA funding issue. The residency goals, objectives, and requirements are not all met and unable to maintain the right to withstand program, certification.
ABSENCE WITHOUT LEAVE (AWOL)
Absence without leave (AWOL) is an unauthorized absence from duty including leave that is not approved until required documentation is submitted, or for which a leave request has been denied. The employee receives no pay for such absence. The leave-approving official should document the reason/s for charging absence to AWOL at the time the decision is made. The employee should be informed about the charge to AWOL and provided copies of any documentation. Neither the denial of leave nor the reporting of AWOL is punitive. It may be the basis of counseling and may result in disciplinary action. It is not, in itself, a disciplinary action.

If AWOL is later excused because the circumstances surrounding the absence are such that the absence would have been approved, the charge should be changed to authorized absence without charge to leave if appropriate, or to sick or annual leave, or LWOP as appropriate. Contact HRM concerning any issues and further details regarding this program.
Pharmacy Service Policy and Procedure Manual

SUBJECT: Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System

1. PURPOSE: The purpose of this policy is to establish guidelines and procedures for correcting unacceptable behavior and/or unsatisfactory performance in the workplace or while conducting official government business (i.e. while on travel). This policy also sets forth procedures for dismissal from the program.

2. POLICY: The Chief, Pharmacy Service, Resident Program Director, and Residency Preceptors (Residency Advisory Committee) will review reports of unacceptable behavior or unsatisfactory performance. Based on the results of this official review and severity of infraction, a pharmacy resident may be provided verbal counseling with documentation, written counseling, or be dismissed from the program.

3. PROCEDURE:

   A. Pharmacy Residents

      a. Pharmacy residents are responsible for understanding and following all rules of conduct of the Pharmacy Residency Program that are outlined in this policy while in the workplace or conducting official government business (i.e. while on travel).

      b. Pharmacy residents must adhere to rules and policies of the Veteran Affairs Administration and the Minneapolis VA Health Care System.

      c. Pharmacy residents are expected to conduct themselves in a professional manner at all times; demonstrate a high level of integrity and honesty in dealing with colleagues, supervisors, patients, and other staff; and project an image of respectability and trustworthiness.

      d. In the event of disciplinary action, the resident has the right to address the Residency Advisory Committee either in person or in writing.

      e. Should the Residency Advisory Committee provide follow-up action items for the resident to address disciplinary actions, the resident may elect to not complete these items. At this time, the resident may be dismissed from the residency.

   B. Pharmacy Residency Preceptors:

      a. Inform pharmacy resident of behavior or conduct that is considered inappropriate and/or does not meet departmental standards. Preceptors are to provide corrective counseling with the goal of resident improvement.

      b. Inform pharmacy resident of performance that is unacceptable (as defined by ASHP goals and competencies that inform their respective program) and provide corrective counseling with goal of resident improvement.

      c. Inform Residency Program Director when pharmacy resident behavior/professional conduct has been inappropriate and/or does not meet departmental standards. Inform the Residency Program Director when pharmacy resident performance is determined to be unacceptable to the standards of a pharmacy resident (as defined by ASHP goals and competencies that inform their respective program).
C. Pharmacy Residency Program Director:

a. Inform the pharmacy resident of the contents of this policy and potential implications.
b. If issues arise, inform pharmacy resident of any perceived unacceptable behavior/professional conduct or unacceptable performance.
c. Based on the severity of unacceptable behavior, counsel and allow the pharmacy resident to correct such behavior and bring performance to an acceptable level.
d. Inform the pharmacy resident when performance is lacking and program managers and/or preceptors feel this may contribute to patient risk.
e. Respond to and document the seriousness of the pharmacy resident’s conduct or performance when the pharmacy resident fails to respond to corrective counseling.
f. Inform the Chief of Pharmacy for informational purposes.

D. Residency Advisory Committee:

a. Should the pharmacy resident fail to correct inappropriate behavior or conduct or improve performance after receiving counseling from the Residency Program Director and preceptors, the Residency Program Director then forwards the ongoing concern to the Residency Advisory Committee.
   i. The overall emphasis and goal of all disciplinary action is the correction and/or improvement of resident behavior or performance.
   ii. If an infractions is considered egregious or severe, the Residency Program Director will forward this to the respective Residency Advisory Committee for immediate consideration for action without allowing the resident time to improve.
   iii. No definitive action will be taken until the resident is informed of the grounds for dismissal.
b. The Residency Advisory Committee consists of the Director of Pharmacy, Residency Program Managers and representative group of Residency Preceptors. For residency disciplinary proceedings, the inpatient and outpatient pharmacy supervisors and other relevant staff will be invited.
c. The Residency Advisory Committee will meet to review concerns and investigate the matter further. The Residency Advisory Committee will recommend appropriate actions to the Residency Program Director and Chief of Pharmacy. Appropriate action based on violation may include any of the following with documentation in pharmacy residents file:
   i. additional verbal counseling, remedial advice, coursework, or other training for resident improvement.
   ii. written warning, counseling with remedial advice, coursework, or other training to improve
   iii. adjustment of resident schedule (re-training, repeat learning experience)
   iv. dismissal from the program.
d. If action merits dismissal from the program, Human Resources Service will be consulted and involved.

E. Types of violations: Violations may be classified as minor, major or critical and are defined below. Disciplinary measures for unacceptable behavior, conduct or performance that is not listed below will be determined by the Residency Program Director and Residency Advisory Committee.
a. Minor Violations: – results in a verbal counseling for the first offense with documentation; the following are specific examples:
   i. Dishonest behavior, deliberately lying.
   ii. One episode of failure or refusal to perform assigned duties.
   iii. Engaging in activity detrimental to the operations of the medical center.
   iv. Rude or discourteous behavior.
   v. Unauthorized or inappropriate use of telephone, computer, e-mail, or other office/business equipment.
   vi. Failure to call in an absence or tardiness according to departmental procedures.
   vii. Unauthorized absence from an assigned work area (includes repetitive tardiness).
   viii. Negligent use of property resulting in damage or loss.
   ix. Failure to follow proper standards relating to personal hygiene and grooming.
   x. Presence in an unauthorized area.
   xi. Inability to make satisfactory progress in achieving required goals and objectives associated with residency.
   xii. A professional license must be provided as soon as possible to pharmacy and Human Resources. VetPro requirements (proof of licensure must be met). Failure to produce professional license in a timely manner; prior to July 31st of resident year.

b. Major Violations - results in a written counseling for the first offense and potentially early dismissal for repeated violations; the following are specific examples:
   i. Repetitive failure or refusal to perform assigned duties or engaging in any activity detrimental to the operations of the medical center.
   ii. Use of profane or abusive language.
   iii. Engaging in any behaviors or activities that are disruptive to the operations of the medical center and/or creates a work environment that is disruptive.
   iv. Violation of posted safety, security, health, or fire prevention rules, or otherwise causing a safety hazard.
   v. Sleeping while on duty, or hiding with the obvious intent of sleeping while on duty.
   vi. Harassment/discrimination including advances, verbal, sexual, and/or physical conduct, with regard to all applicable laws covering the medical center’s EEO policies, when submission or rejection of such harassment is used as a basis for employment decisions, or where harassment has the purpose or effect of interfering with an employee’s work performance or creating an intimidating, hostile or offensive work environment.
   vii. Reporting to work while under the influence of any intoxicant, hallucinogens, or narcotic.
   viii. Unauthorized use of property.
   ix. Smoking in non-designated areas.
   x. Continued inability to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.

c. Critical – can warrant immediate early dismissal on first offense per decision of Residency Program Director, Residency Advisory Committee or Chief of Pharmacy. The following are specific examples of violations that would be considered as critical:
i. Deliberate inattention to patient care, or engaging in any conduct detrimental to patient care (including patient abuse).

ii. Fighting, issuing threats or verbal abuse, or other disorderly conduct on the premises, or while engaged in official government business.

iii. Violation of security access – patient information policy or deliberately releasing confidential information covering medical center business, patient information, employee information, etc.

iv. Violation of the medical center policy by falsifying information, records or documents.

v. Unauthorized possession of a firearm, explosives, or other weapon on the premises.

vi. Theft of property or willfully causing damage to, waste of, or loss of property.

vii. Failure to submit to an alcohol/drug examination.

viii. Absence from work for three (3) consecutive scheduled days without notifying appropriate supervisor during the absence for illness or accident preventing the employee from working (as evidenced by written certification of a medical doctor if requested by management), or other satisfactory reason for such absence, as determined by appropriate management, will be considered job abandonment.

ix. Violating ethics or laws of pharmacy practice

x. Violations of patient boundaries, including violations of boundaries with patient family members. This includes but is not limited to acceptance of gifts, romantic or sexual relationships, business transactions and associations, accessing medical records of family or friends and failure to report suspected boundary issues.

xi. Unauthorized possession or use of an intoxicant, hallucinogens, or narcotic while on the premises.

xii. Persistent failure to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.

xiii. Performance that caused significant harm to a patient or a "near miss" situation that cannot risk being repeated.

ix. Failure to gain professional licensure by September 31st of resident year is grounds for dismissal from the program.

4. RECESSION DATE: December 2021

5. REFERENCES: Policy RI-09C

6. FOLLOW-UP RESPONSIBILITY: Clinical Pharmacy Program Manager/Residency Program Director

APPROVED:

Lawrence A. Patnaude
494804

DATE

Lawrence Patnaude, PharmD
Chief, Pharmacy Service
Duty Hour Requirements for Residents

Definitions:

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

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal; also known as “dual appointment”), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

Resident Rights & Responsibilities:

1. Residents have the professional responsibility to ensure they are fit to provide services that promote patient safety.
2. 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.
3. Moonlighting (internal and external) is allowed during the residency year; however, must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
   A. Maximum moonlighting hours: residents will not exceed 16 moonlighting hours per week.
      i. Hours in excess must be approved by the Residency Program Director (RPD) and Residency Advisory Committee (RAC).
      ii. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
   B. External moonlighting:
      i. The resident must request approval from the RPD prior to any moonlighting activities at an external site (e.g., Walgreens Pharmacy, CVS Pharmacy, etc.). This request must outline which hours and days of the week that the resident is requesting to moonlight.
      ii. The RPD will provide verbal or written permission for the resident to moonlight at any external site.
4. Notification of duty hours and moonlighting:
   A. Written documentation of all duty hours and moonlighting is required on a weekly basis.
      i. The spreadsheet for documentation is located on the Pharmacy Shared Drive.
ii. The RPD(s) will routinely monitor hours to ensure compliance with the above-stated limits. Additionally, RPD(s) will ensure that discussion of the potential impact of moonlighting on resident performance is part of the PGY1 or PGY2 RAC meetings.

B. Verbal notification of moonlighting to current preceptors is required on a weekly basis.
   i. Preceptors will notify the resident and RPD(s) in writing if they believe the resident’s participation in moonlighting is affecting his/her judgment and ability to provide safe patient care.
      a. RPD(s) will meet with resident to review report and collaborate on a strategy to improve performance.
   ii. RPD(s) have the right to restrict moonlighting activity or discontinue agreements for external moonlighting if it is believed to be affecting the resident’s wellbeing, judgment, and ability to provide safe patient care.

C. Other circumstances: residents will notify their RPD in writing immediately if they are approaching maximum duty hours allowed within a week (within 8 hours of limits) or if they identify a scheduling issue that may conflict with the duty hour policy.

5. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

6. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

7. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

References:
