

Residency Manual

Texas A&M Veterinary Medical Teaching Hospital in Affiliation with Texas A&M College of Pharmacy

Purpose:

Residency Program Purpose: Veterinary Pharmacy Residency program provides postdoctoral training in veterinary clinical pharmacy and therapeutics.

Description:

Texas A&M Veterinary Medical Teaching Hospital (TAMU-VMTH), in conjunction with Texas A&M Irma Lerma Rangel College of Pharmacy (TAMU-COP), is offering a Post Graduate Year veterinary pharmacy residency program designed to build on Doctor of Pharmacy (PharmD) education and outcomes. The veterinary pharmacy residency is a twelve-month program designed to expose residents to a comprehensive veterinary environment. The resident will build a working knowledge and skill set, design and conduct a clinical research project and develop leadership, teaching and practice management skills. The resident will provide pharmacy services to the Veterinary Medical Teaching Hospital in both the Large and Small Animal Hospitals. These services will encompass duties in the pharmacy and the clinic floors. The resident will also complete an Academic Training Program conducted in coordination with the Texas A&M University Irma Lerma Rangel College of Pharmacy.

Overview

Our program is a 12-month post graduate curriculum that offers training opportunities in veterinary medicine.

The program is designed to develop the following competencies:

- Veterinary pharmacology and therapeutics
- Clinical research
- Leadership
- Veterinary drug regulations
- Compounding
- Pharmacy management/ administration
- Antimicrobial stewardship
- Teaching, Education, and Dissemination of Knowledge
- Drug information

The residency is designed to offer an individualized training plan for each resident based on their interests, goals and past experiences. Residents will be required to complete core rotations in order to build a strong knowledge base and have the opportunity to select elective rotations in different fields of interest.

Program Structure

TAMU-VMTH offers rotational, longitudinal and concentrated learning experiences throughout the year.

Residents will have 13 required rotations and 2 elective rotations. Rotation length will be depending on the rotation type. The residents will have a two 2 week blocks that are scheduled for time to compile research and conference travel.

Required rotations:

- Orientation (6 weeks)
- Small Animal Internal Medicine (4 weeks)

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- Large Animal Internal Medicine (4 weeks)
- Food Animal Medicine and Surgery (2 weeks)
- ER/ ICU (4 weeks)
- Dermatology (4 weeks)
- Anesthesia and Surgery (2 weeks)
- Oncology (2 weeks)
- Cardiology (2 weeks)
- Infectious Disease (2 weeks)
- Primary Care (2 weeks)
- Research (2 weeks)

Elective Rotations:

- Neurology
- Ophthalmology
- Large Animal Lameness
- Hospital Administration

Longitudinal Experiences:

- Staffing (on call every other weekend starting in late August)
- Antimicrobial stewardship plan development
- Academic training program (through TAMU-COP)
- Research project
- Patient Discharge Counseling
- Protocol Development
- Mentor/precept pharmacy and veterinary students, in the classroom and on the floor

Required Activities:

- Drug information services
- Teach classroom curriculum as requested to the 2VM and 3VM students
- Teaching Assistant for the COP sterile compounding lab (Fall Semester)
- Present research project at Grand Rounds and SVHP annual meeting
- Involvement in residency recruitment
- Staff development series
- Attendance to all Pharmacy and Therapeutics (P&T) meetings
- (4) Required Journal Club Presentations
- (4) Case Presentations

Schedule:

- Your residency is not a 9-to-5 type experience. In order to achieve all the objectives of the residency program, you will often exceed a 40-hour work week.
- Late arrivals or early departures require prior approval from Resident Coordinator and current preceptor.
- Residents are expected to focus on their assigned learning experiences, attend meetings with preceptors and participate in clinical activities while on a rotation.
- Time to work on research, projects and multidisciplinary rounds may be limited to after hours or when the resident's tasks/assignments have been completed for that day.
- Residents are expected to follow ASHP Duty Free Hours guidelines (see Duty Hours)

Application and Appointment

The resident must have received a Doctor of Pharmacy degree from an accredited school of pharmacy. Residents are required to become registered pharmacist in any state by August 31st as outlined in their resident agreement contract.

Administration of the Residency Program

Organizational and Advisory Structure

The Residency Program Director is responsible for overseeing all aspects of the residency program. Program objectives and requirements will be the responsibility of the program director in conjunction with the University Coordinator.

Residency Advisory Committee

The Residency Advisory Committee is a committee including residency preceptors, the College of Pharmacy Liaison, and the Residency Program Director. This group advises the program director throughout the residency process. They will participate in resident selection, give guidance on objectives, progress, research and any other projects. This group also helps to determine the overall plan for the year and how we restructure for subsequent years. This group will meet only when necessary.

Small Animal Pharmacist	Madeline Droog, PharmD
Small Animal Internist	Alison Diesel, DVM
Large Animal Internist	Michelle Coleman, DVM
Internist, Pharmacology	Carly Patterson, DVM
Pharmacologist	Virginia Fajt, DVM
College of Pharmacy Liaison	Joy Alonzo, PharmD
Residency Program Director	Amy Savarino PharmD

Residency Preceptors

Residency Preceptors are pharmacists and veterinarians on clinical rotations that oversee the resident. Preceptor input is expected and appreciated at the completion of each rotation.

****The rotation preceptors are responsible for scheduling the resident's activities, assuring the resident's progress toward meeting the objectives of the rotation, and identifying potential problems with the resident's competencies or the residency objectives****

Responsibilities of the Preceptor

Pharmacist

- Introduce resident to unit/clinic, team members and area staff
- Discuss the clinical activities/responsibilities of the clinical pharmacist in area
- Instruct resident how to verify orders, review profiles, identify and make interventions
- Discuss how to identify ADR's and how to report
- Review pharmacokinetics, antibiotic monitoring, formulary interventions, etc.
- Respond to drug information questions and resolve medication related problems

Veterinarian

- Include resident into the team
- Discuss the clinical responsibilities and potential contributions of the resident
- Allow resident to verify orders, review profiles, identify and make interventions
- Respond to drug information questions and resolve medication related problems

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Project Advisor

Resident must select a project advisor that is an expert in the subject matter of the specific project. Project advisor assumes the primary responsibility to guide the resident in completing the required research project. The advisor assists the resident in selection, planning and implementation of the project to ensure successful outcomes. Residents are required to present the results of their project at the Society of Veterinary Hospital Pharmacists Annual Meeting and during the House Officer Seminar Series. The project's final manuscript must be submitted for final review two weeks prior to the end of the residency year.

Rotation Schedule

Each rotation has its own objectives and schedule, all determined by the preceptor.

Residents are expected to function independently and demonstrate proficiency throughout the rotation. Preceptors are responsible for ensuring rotation and program objectives are met based on the standards set forth by ICVP Accreditation.

Rotation schedule will be determined during the first month of the residency program based on the resident's interests at the beginning of residency. In the event that there is a change to the residents' interests, the resident may request a schedule change. The RPD will make every attempt to adjust the schedule to accommodate the resident and preceptors. Any changes will be documented in customized training plan.

The first rotation for the residency program is hospital/departmental orientation which is six weeks in length. Program director may extend orientation if it is determined the resident needs additional orientation time.

For the four-week requirements they can be completed in two-week blocks.

Resident should focus on *medication therapy management*. The resident will conduct comprehensive medication reviews, identify/prioritize medication related problems, and intervene as necessary. They will create a medication related action plan and medication lists for the patient.

Resident should focus on *improving caregiver knowledge*. The resident, where appropriate, will provide education about current medications to the 4th year veterinary students for relay to the clients.

Resident will be the *drug information resource/ expert*. Present current disease state guidelines and medication updates to nursing staff as part of staff development process.

Resident will mentor/ precept P4 pharmacy students and 4th year veterinary students.

PGY1 Residency Evaluation Process

There are three types of required assessments for our PGY1 program to monitor resident's progress and program effectiveness. Residents will be evaluated by rotation preceptors, the program director, the and themselves.

Summative evaluation: performed by the preceptor at the end of the rotation.

Quarterly evaluation: performed by the RPD each quarter. The RPD will determine if the resident has demonstrated consistency throughout their learning experiences and mark Achieved for Residency accordingly.

Self-evaluations: resident completes a self-evaluation for each summative evaluation.

Preceptor (Summative) Evaluation of Residents' Attainment of Objectives

- Preceptors will provide appropriate orientation to the learning experience, including review of educational objectives, learning activities, expectations and evaluation schedule.
- Preceptors will provide ongoing feedback throughout each learning experience. Preceptor should meet with the resident 2-3 times a week in order to keep communication ongoing.
- Written formative evaluation is encouraged. Examples to review include patient monitoring forms, care plans, monographs, MUE's.
- Formative evaluation will also be completed by multiple 'snapshots' throughout each experience, at least weekly.
- Summative evaluation will be completed by the preceptor no later than 1 week after the last day of the learning experience. For longitudinal rotations the evaluation must be done quarterly.
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any objective for which progress is "needs improvement" or Achieved.
 - o NI: Needs Improvement
 - Resident's level of skill on the objective does not meet the preceptor's standards of achieved or satisfactory progress.
 - Resident was unable to complete assignments on time and/or required significant preceptor oversight
 - Resident's aptitude or clinical abilities were deficient
 - Unprofessional behavior was noted
 - o SP: Satisfactory progress
 - Resident's skill levels has progressed at a rate that will result in full mastery by the end of the residency program
 - Resident is able to perform with some assistance from the preceptor
 - Improvement is evident throughout the experience
 - o ACH: Achieved
 - Resident has fully mastered the objective based on their residency training
 - Resident has performed the skill consistently with little or no assistance from the preceptor
 - o Achieved for Residency: ACHR
 - RAC including the RPD will determine if the resident has demonstrated the objective has been achieved for their program over multiple learning experiences with consistency, independence, and professionalism.
- Summative evaluations must be discussed with the resident and both parties must cosign and acknowledge any additional comments.
- All evaluations are delivered to the RPD.
- At the end of the residency year, the residency committee will meet to consider residents' progress and ultimate achievement of the program's objectives.

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Residents' Self Evaluation of Their Attainment of Objectives

- Residents will complete a self-assessment at the end of each learning experience and at quarterly intervals and will be reviewed by the RPD.
- Residents should review their progress during their learning experience and should explain any objective that is deemed "needs improvement"
- Residents must review and sign the preceptors' evaluation.
- At the end of the year, each resident should review their objectives and self-evaluate their achievement.

Residents' Evaluation of the Preceptor and Learning Experience

- Residents will complete the program's evaluation form no later than one week after the learning experience has been completed or quarterly for longitudinal rotations.
- Completed evaluations will be discussed with the preceptors and signed by each party.
- Completed and signed evaluations will be forwarded to the residency program director for review.

Resident's Evaluation of the Residency Program

- In June of each residency year the current residents will complete a program evaluation based on their personal experiences on all aspects of the program.
- The feedback will be used to improve and direct the program for the following year.

Requirements for completion of residency program

Policy

In order to receive the Residency Completion Certificate representing successful completion of the residency program, the residency program director will complete the Requirements checklist.

Purpose

Residents, preceptors, and the residency director have the professional responsibility to ensure proper achievement of all objectives including all subsequent tasks required residency outcomes.

Procedure

The Requirements checklist will be a continuous document being updated for each resident as the residency year progresses. The checklist will be reviewed with each quarterly customized plan meeting.

After all evaluations have been completed for the program, the residency program director will finalize the Requirements checklist and make the final recommendation for receipt of the residency completion certificate.

Requirement	Achieved: Place "Check" in box below
Successfully completes both hospital and departmental orientations	
Achievement of ICVP required educational objectives	
Completes all learning experiences	
Completes all required evaluation tools	
Achieves each required outcome and objective at least once during residency program	

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Required to achieve 100% of objectives in PATIENT CARE by end of program.	
Attend SVHP Annual Meeting	
Completion of research project presented for SVHP	
Submission of a written manuscript to program director 2 weeks before residency program end date	
Completion of Academic training program	
Completes 4 journal clubs	
Presents a topic at Pharmacy Pharmacotherapy Grand Rounds	
Presents 6 case presentations	
Leads P&T meeting	
Presents a minimum of two presentations outside of the department	
Maintains good standing with department of pharmacy with adherence of department policies and procedures	
Completes required service/staffing hours	
Receives acceptable performance evaluations as outlined in job description	

All requirements must be met and deemed satisfactory by the program director and director of pharmacy by a predetermined date. Once completion of requirements has been documented, an ASHP approved program certificate will be awarded to the residents

Journal Club

Purpose

Journal clubs are educational interventions that can improve reading habits, knowledge of clinical epidemiology and biostatistics, and the use of medical literature in clinical practice for postgraduate pharmacists in training.

Policy & Procedure

During the course of the program, the resident will be responsible for presenting at least 4 Evidence-Based Medicine Journal Club meetings on a topic related to veterinary medicine specifically related to pharmacy. This experience fulfills several objectives of the residency curriculum such that at its conclusion each resident will be able to:

1. Design effective educational activities
2. Use effective presentation and teaching skills to deliver education
3. Use effective written communication to disseminate knowledge

Expectations

Resident will be assigned a date for your presentation each quarter. You will be responsible to find an article to present. This article must be approved by your primary preceptor and then submitted to the RPD for final approval. Any problems with either assignment (article, date or preceptor) should be brought to the attention of the Residency Program Director as early as possible. The primary responsibility for the Journal Club rests with the presenting resident.

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Responsibilities

1. Once you have read and reviewed the article, ensure that the article is distributed to the residents and preceptors at least 1 week prior to the date of your presentation. This can be done electronically via email to the residency team.
2. Pick 1-3 supporting articles to go with the primary article. Supporting articles might include up-to-date reviews, classic articles on the subject or studies that support or refute the results of the primary article.
3. Read, analyze and evaluate the article.
4. Develop your presentation and produce a final critique.

Presentation

Aim to complete your presentation within 30 allotted minutes, as there should be time for a few questions from the attendees. Try not to consume excess time or get too over-involved in one aspect of the article (e.g., application of statistical methods). If this cannot be resolved quickly, it's your duty to indicate this and move on.

Create a 1-2-page handout that is not a copy of PowerPoint® slides (PP slides not required). Use the template provided. This handout should be copied for the day of the presentation to distribute to the attendees.

Case Presentations

Purpose

Case Presentations are educational interventions that can improve presentation skills, knowledge of clinical epidemiology and veterinary pharmacotherapy for postgraduate pharmacists in training.

Policy & Procedure

During the course of the program, each resident will be responsible for presenting a minimum of six formal case presentations that they have worked on during rounds. This must be a comprehensive treatment review based on the patient specific data while they were in care of the hospital. The resident will also present about the chief disease state. This experience fulfills several competency areas of the residency curriculum such that at its conclusion each resident will be able to:

1. Patient Care
2. Teaching, Education, and Dissemination of Knowledge

Expectations

You will be responsible to select your Case to present. Any problems with the assignment should be brought to the attention of the primary preceptor or Residency Program Director as early as possible. The primary responsibility for the case rests with the presenting resident and the preceptor.

Presentation

Aim to complete your presentation within 30 allotted minutes, as there should be time for a few questions from the attendees. Try not to consume excess time or get too over-involved in one aspect of the article (e.g., application of statistical methods). If this cannot be resolved quickly, it's your duty to indicate this and move on.

Create a 1-2-page handout that is not a copy of PowerPoint® slides (PP slides not required). Use the template provided. This handout should be copied for the day of the presentation to distribute to the attendees.

Residency Project

Background

Participating in research is essential in developing a well-rounded practitioner and it is part of our mission at Texas A&M. The Pharmacy Residency program requires the resident to participate in a research project with the goal to educate the resident on the many phases involved with scientific research. The resident will learn about developing a project proposal, collecting data, IRB submission and presenting their findings accordingly. The resident may decide to do original research, identify a process improvement or establish a new service. Preceptors and residents will collaborate to identify a research question, create a project proposal and establish a timeline to ensure success.

Project Idea Generation

In mid -summer preceptors will be surveyed to generate a list of project ideas as potential research projects for incoming residents. Each idea will require the following information to proceed: 1. Project Advisor/Team 2. Title/Idea of the project 3. Rational and brief description of the proposed project

Project Selection

Based on the resident's interests and professional goals, they will select from the list of projects or propose an idea of their own. If the resident develops their own project it must be approved by the RPD and Administration team. Residents should select projects with topics or patient populations of interest to them to ensure a successful outcome.

Once the project is selected and/or approved, the resident must meet with their project advisor to begin outlining specifics about how to begin their research.

Research Proposal

The resident will be responsible to develop a formal research proposal which is reviewed and approved by the project advisor. The proposal should outline project goals, objectives and methods used to analyze the data once collected. The proposal should have the following sections:

1. Research question: should be well defined and feasible to answer in the allotted time
2. Objectives: be specific, you will need to refer back to these at the end to ensure they have been addressed. You may have both primary and secondary objectives depending on your question.
3. Hypotheses: should be stated as a null hypothesis. What do you expect to happen?
4. Background. Literature review of the question.
5. Methods. What is the study design, what are you going to measure?
6. Data analysis. How are you going to analyze the results?
7. References

Project Timeline

Project Idea: July-September

Project Proposal: September-October

IRB Submission (if applicable): October

Preliminary Slides for review: March-April

Grand Rounds Presentation: April-June

SVHP Presentation: June

Manuscript Due: 2 weeks prior to last day of program

Resident Grand Rounds

Purpose

At the completion of this program, the resident will demonstrate proficiency in the delivery of a formal verbal presentation including the development of a handout and the effective use of visual aids. A secondary objective is for the sharing of research project to outside Hospital staff, faculty and students.

Procedure

Time and dates TBD

4th Year Student Mentoring

Policy

The Resident will oversee the 4th year Pharmacy (P4) and 4th year Veterinary (4VM) students' pharmacy experience.

Purpose

Resident will have direct supervision and communication with the 4th year students. Resident will orchestrate the 4th year presentations, orientations and evaluations.

Procedure

Using the provided syllabus, Resident will manage the 4th year students (P4 or 4VM) during their time on rotation with Pharmacy.

Dress Code

All residents must wear a laboratory coat with their identification badge when engaged in direct patient contact and when providing service on nursing units or other hospital areas. **Professional attire should be worn for all required presentations.** Residents are allowed to wear hospital provided scrubs on all other days.

Travel

All travel dates and arrangements must be approved 30 days in advance. Travel support for the SVHP annual meeting will be provided by SVHP as a stipend. Other travel will be elective and the resident's responsibility.

Meetings

Residents will be required to attend a variety of meetings throughout the year. These may be departmental, administrative, committee, or clinical meetings. Preceptors, pharmacy administration, or the program director will request your attendance to other specific meetings to broaden your educational experience or assist with project development.

Required Attendance

- 1. Semi-monthly meeting with Residency Program Director (RPD) or Pharmacy Preceptor**
- 3. Pharmacy and Therapeutics (P&T) Committee**
 - a. Required involvement in P&T**
 - b. Required to lead one P&T meeting**
- 4. Infection Prevention meetings**

Residency program director meeting to be held every 2 weeks. These meetings serve to keep both the resident and RPD informed of the status of the program, to refocus objectives and to discuss problems

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or changes that need to be made. In addition, appointments can be made upon request of either RPD or resident to resolve issues that require immediate action.

Residency Dismissal and Extension Policy

Purpose

The purpose of this policy is to outline criteria for extension of a residency or dismissal of a resident from the residency.

Policy

Dismissal from the residency program may occur if the resident fails to obtain licensure by August 31st following the start of the residency program, violates any policies or procedures, or fails to meet the objectives of the residency program.

Extension of a residency may be granted to a resident for delay in licensure, an incomplete major project, or an approved leave of absence. A leave of absence may only be approved for a maximum of 90 days in order to fulfill the requirements of the residency program.

Any residency extension or dismissal will be reviewed on an individual basis and must be approved by the Residency Program Director, and Residency Committee.

Procedure

I. Residency Extension

A. Incomplete Major Project

i. While not grounds for dismissal, a resident will not receive a Certificate of Completion at the end of the residency year if the Major Project is not completed to the satisfaction of the Residency Committee.

ii. The resident may request an extension of the residency program to successfully complete the residency. If such request is granted by the Residency Committee, the extension will be voluntary and the resident will not be compensated for time worked during the extension. The extension period may not exceed six (6) months.

B. Leave of Absence

i. If a resident requires or requests a leave of absence and meets criteria set forth by Residency Committee, the resident may request an extension of the residency year. The extension must be approved by the Residency Program Director and Residency Committee. The time away during leave does not count towards the 12 month completion criteria needed to complete the residency. A leave of absence may only be approved for a maximum of 90 days in order to fulfill the requirements of the residency program.

C. Failure to pass NAPLEX or MPJE

i. If a resident does not pass the NAPLEX or MPJE they will automatically be placed on an unpaid leave of absence with TAMU VMTH. The resident will be allowed to retake the examination, so long that licensure is prior to August 31 of the residency year. If resident cannot be licensed by August 31, resident will be dismissed from the program at the time of NAPLEX or MPJE failure.

II. Dismissal from Residency

A. Failure to Obtain Licensure by August 31

i. In the event that the resident does not become licensed by August 31, the resident will resign from employment from VMTH.

B. Violation of Policies and Procedures

- i. The resident must adhere to all policies and procedures as set forth by the site, residency program, or University.
- ii. Violation of any policy or procedure from site or University is grounds for dismissal from the residency program.

C. Failure to Meet the Objectives of the Residency Program

- i. Failure to meet the objectives of the residency program is defined as the inability to meet the objectives of any single learning experience after two attempts (as described below); or, the inability to meet the objectives of two different learning experiences on first attempt.
- ii. A resident fails to meet the overall objective of a specific rotation/learning experience if he/she is unable to attain an appropriate level of competence in > 75% of the rotation-specific objectives attempted, as determined by the preceptor. In this event, the resident, preceptor, and Residency Program Director will develop a remedial plan, with a reasonable time frame, to enable the resident to meet the rotational objectives. Once the remedial plan is accomplished, the resident will proceed to the next rotation/learning experience.

If the resident fails to complete the remedial plan, or if the resident fails to accomplish the objectives in a second learning experience, he/she will be subject to dismissal from the residency program, as determined by the Residency Committee and Residency Program

Attendance Policy

Purpose

Attendance and punctuality are essential to the efficient operation of the residency. Good attendance and punctuality are also essential components of each resident's performance and are measured by objective standards. Poor attendance and tardiness disrupt productivity and place an undue burden on others who must perform additional duties.

Policy

The program is a complete 12-month program encompassing all aspects of pharmaceutical care through various clinical and administrative learning experiences.

In order to complete all requirements of the program, the residency position is a full-time commitment consisting of at least a 40 hour work week. On occasion, Residents may have reasons to be absent from work. On these occasions, Residents are expected to call and speak to the Residency Program Director and preceptor two (2) hours prior to the start of their shift on the first, and each subsequent day of absence. Residents must also indicate the reason and probable duration of the absence. Subject to applicable law, including the ADA and FMLA, excessive absenteeism or tardiness will result in disciplinary action and possible termination. Patterns of absenteeism, tardiness, or failures to call in at the expected notification time prior to the shift's start time, will be addressed on an individual basis.

Definitions

Subject to the above, the following are key definitions and guidelines comprising the basis for attendance and punctuality guidelines:

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Occurrence – Any absence or tardy will result in one occurrence. Attendance and Punctuality occurrences are combined and will be documented together on the same rolling 12-month cycle. Although Residents are responsible for arriving at the correct time and being present for the entire scheduled shift, we recognize that illness and unforeseen situations may occur. This is why we allow for a limited number of occurrences before disciplinary action is taken.

Absence – An absence occurs when a Resident, who is scheduled to work, does not report for work, but notifies their Program Coordinator & RPD prior to the beginning of the scheduled shift. Residents are responsible for notifying their Program Coordinator & RPD of their absences for each scheduled shift of work. Absences of one or more consecutive days for the same reasons will be documented with supervisor approval as a single occurrence unless they are the result of imprisonment.

Tardiness/Punctuality – Arriving five (5) minutes after the start of a scheduled residency duty, or leaving five (5) minutes or more prior to the end of a duty, is considered an occurrence. Residents' duties may be replaced if they have not reported or called within five (5) minutes of the scheduled start of their duty. Patterns of failing to return from breaks or lunches in a timely manner will be addressed under the Standard Residency Evaluations.

A residency is not a 9-5 (40hr/week) experience. Residents should be physically present at their site at a minimum from 8:00am to 5:00pm unless approved by RPD or RPC. However, residency responsibilities may require resident arriving to site before 8:00am or staying late to allow for preparation and/or follow-up.

Leaving Early-At times, a resident may need to leave early for a variety of personal reasons. Residents are responsible for gaining approval for an early leave time with RPD/RPC and Preceptor. Residents must submit for PTO for any time that they are not at hospital during normal working hours.

No Call/No Show - A Resident who does not report for work and fails to notify their Program Coordinator and/or RPD prior to the start of their shift will be documented for a "No Call/No Show". Resident's shifts may be replaced if they have not reported or called within (5) minutes of the scheduled start of their shift. Tardy Residents whose shift has not been filled will be allowed to complete their shift, resulting in documentation for one occurrence, but NOT for a "No Call/No Show", regardless of whether the Resident notified their Program Coordinator and/or RPD.

A tardy Resident who fails to notify RPD/RPC and Preceptor prior to the start of shift and whose shift has already been filled will not be permitted to work, resulting in a "No Call/No Show". Excluding extenuating circumstances, Residents who have a "No Call/No Show" will be documented as "Probationary" rating for the first offense and one occurrence. Residents who fail to report for their scheduled shifts and who do not notify their Program Coordinator and/or RPD for two (2) consecutive days will be considered terminated from employment. Any two "probationary" ratings received within a rolling 12-month period, for the same or different areas of accountability will result in termination.

The following will not be counted as an occurrence:

1. Resident requests a schedule change at least forty-eight (48) hours in advance and Site Coordinator and/or RPD approves the request.
2. Resident finds a qualified replacement for his/her scheduled shift and his/her Program Coordinator and/or RPD approve the request (as needs permit).

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3. Resident receives an approved military, personal, or medical leave of absence.
4. Resident is on approved vacation, personal holiday, jury duty, or funeral leave.
5. Resident with a qualifying absence under the ADA. Residents should request to have any chargeable absence or occurrence excused as a reasonable accommodation if they meet the requirements under the ADA.
6. Resident has extenuating circumstances and an exception is approved by Program Coordinator and/or RPD and supported by Human Resources.

Note: "Serious health condition" is defined as an illness, injury, impairment, or physical or mental condition involving inpatient care in a hospital, hospice, or residential medical care facility or continuing treatment by a health care provider. In order to qualify as an FMLA absence, a serious health condition involving "continuing treatment" must include a period of more than three (3) consecutive calendar days. Also, continuing treatment includes treatment by a health care provider at least once and then a course of prescription medication or therapy requiring special equipment.

A "serious health condition" includes a "flare-up" of a chronic condition where the Resident is not incapacitated for more than three (3) days and does not visit a health care provider during the leave. (For example: A Resident with asthma may take FMLA leave for a "serious health condition" if this health care provider advises him or her to stay home when the pollen count is high. A pregnant woman may take FMLA leave for a "serious health condition" when she has pregnancy complications.) In addition, a "serious health condition" includes conditions which are not ordinarily incapacitating, but which would be so in the absence of medical intervention or treatment. (For example: dialysis for kidney disease or physical therapy for severe arthritis.) To take leave for this reason, the "serious health condition" must require multiple treatments.

"Serious health conditions" do not ordinarily include:

1. Common cold
2. Flu
3. Ear aches
4. Upset stomachs
5. Minor ulcers
6. Headaches (other than migraines)
7. Routine dental or orthodontic problems

Procedure

When applicable, as described below, incidents of punctuality or attendance should be documented in writing on an Attendance/Punctuality form (Appendix I). Such documentation should include the specific date(s), time(s), and circumstance(s) of the occurrence. The Resident and his/her Site Coordinator or RPD (whichever is applicable) should sign and date the document. Should the Resident refuse to sign the form, it should be noted and witnessed by another member of the residency team. The Resident should then receive a copy of the documentation.

Attendance and punctuality occurrences are combined and will be documented together on the same rolling 12-month cycle. The level of appropriate discipline will be based on the number of incidents that have occurred within the current 12-month period.

No. of Occurrences	Disciplinary Action
One	Policy Review & Documented Verbal Warning
Two	Written Warning
Three	Probation
Four	Termination
No call/No show	
One	Probation
Two	Termination

Duty Hours

Policy

Although *not* accredited, the Residency Program abides by the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.

Purpose

Residents, preceptors, and the residency director have the professional responsibility to ensure they are fit to provide services that promote patient safety.

Procedure

Residents, preceptors, and the residency director will read the document titled, "Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies." The Residency Program Director will ensure understanding of the document. Some highlights that are relevant to this program include:

- 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. (Interpretation: Your residency is not a 9 to-5 type experience. In order to achieve all objectives of the residency program, you will often exceed a 40-hour work week.)
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). (Interpretation: You may be expected to work on a Saturday or Sunday on a regular basis.)
- Residents should have 10 hours free of duty between scheduled duty, and must have a minimum of 8 hours between scheduled duty periods. (Interpretation: If you moonlight at the hospital until 12 midnight, you cannot start any residency activity until 8am.)
- Duty hours do not include reading and preparation time spent away from the hospital

On Call/ Staffing Policy

Purpose

Resident is required to complete a pharmacy practice component of the residency program which includes being on call and staffing.

- To develop pharmacy practice skills and gain experience in distribution, department policies and procedures, drug procurement, medication safety and leadership opportunities
- The program must be committed to and responsible for promoting patient safety and resident well-being while supporting an educational environment

Policy

On call/ staffing guidelines

a. Service will begin once the resident has successfully completed hospital and department of pharmacy orientation

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- b. Resident will receive ongoing evaluation on their performance as a staff pharmacist by the RPD, Director of Pharmacy, and other staff in the pharmacy department
- c. Residents will be required to take call every other weekend for both hospitals
- d. If the resident requests PTO on their assigned weekend, resident must arrange for coverage and ensure all parties have approved the switch
- e. Residents are required to work two holidays during their residency year.
 - One winter holiday (Thanksgiving, Christmas Day or New Year's Day) and
 - One summer holiday (Memorial Day, Independence Day or Labor Day) and
 - Resident may arrange for coverage and ensure all parties have approved the switch but must communicate the switch with residency coordinator and RPD approval.
 - Residents may request all other holidays off, using PTO, based on policy. Requests must be approved by RPD
 - Final approval on time off resides with RPD
 - Resident cannot be on site more than 80 hours a week
 - Duty periods for Resident must not exceed 16 hours in a 24 hour period
 - Residents must be scheduled for a minimum of one off day every week averaged over a 4 week period
 - An effort should be made to provide a minimum of 10 hours between any two shifts scheduled in the pharmacy. In the case of an emergency or unusual circumstance/event, the department of pharmacy may require residents to work extended hours

Professionalism and Conduct Policy

Travel Professionalism

All residents will present themselves in a professional manner during travel while representing the Residency Program, Texas A&M Veterinary Medical Teaching Hospital and Texas A&M Rangel College of Pharmacy.

I. Attire

- a. Residents will dress with a minimum of business casual attire during the entire meeting including any evening receptions or dinners. Certain occasions will require formal professional dress.
- b. If the resident so chooses to participate in tourist/sight-seeing activities during their stay, casual attire is allowed, however judgment should be used to ensure quality casual attire.

Deadline Professionalism

Deadlines set forth by the RPD and rotation preceptors, as well as deadlines outlined in the residency manual, must be met by the resident.

Purpose

The intent of this policy is to enforce all residency deadlines (assignments, presentations, major project, evaluations, submissions, etc.) to ensure that all requirements of the residency continue on schedule and are completed by the end of the residency year.

Procedure

No. of occurrences: disciplinary action

One: Policy Review & Documented Verbal Warning

Two: Written Warning

Three: Probation

Four: Termination/Dismissal from Program