

**Pharmacy Residency
Postgraduate Year One
(PGY1)**

Veterans Health Care System of the Ozarks
(VHSO)
Fayetteville, Arkansas

**RESIDENCY PROGRAM HANDBOOK
2020 – 2021**

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VHSO PGY1 Pharmacy Practice Residency

Program Purpose

ASHP: PGY1 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 (PGY2) pharmacy residency training.

VHSO: Prepare pharmacist clinicians for any of the following patient care positions: adult ambulatory or hospital settings, adjunct faculty positions, or PGY2 training in Ambulatory Care or Psychiatry.

Program Goal

The goal of the VHSO Pharmacy Practice Residency program is to provide high-quality, compassionate pharmaceutical care in a variety of practice environments.

Residents will assume personal responsibility for their own growth and development and for impacting positive change. Residents are expected to develop and apply problem-solving skills to actual clinical situations through the use of sound clinical judgment, effective use of medical informatics, and by applying investigative and research techniques. Residents will function as an integral member of the health care team, demonstrating maturity and effective interpersonal skills. Residents will be able to confidently educate other health professionals, patients, students, and the community regarding medication therapy issues. Residents will demonstrate personal drive and enthusiasm to become a leader in pharmacy and to serve as a role model to others by demonstrating the highest ethical standards of professional practice.

VHSO Mission, Vision, and Core Values:

<https://www.fayettevillear.va.gov/about/index.asp>

Mission

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

Vision

VHSO 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 (ICARE)

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

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. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

VHSO Pharmacy Service Mission, Vision, and Statement of Values:

Pharmacy Mission

The mission of Pharmacy Service is to provide pharmaceutical care to all patients through the responsible provision of medication-related therapy, for the purpose of achieving positive outcomes that improve the quality of life of our patients. This mission is accomplished by the effective integration of clinical practice with distributive services.

Pharmacy Vision

The vision of Pharmacy Service at Veterans Health Care System of the Ozarks is to consistently provide the right drug to the right patient to treat the right condition, at the right time and at a cost-effective price.

Pharmacy Statement of Values

VHSO's Pharmacy Service values safety, accuracy, efficiency, quality, innovation, and cost-effectiveness.

Pharmacy Resident Licensure

All pharmacy residents must be licensed no later than September 30th of the residency year, and will have the license validated by VHSO Credentialing and Privileging Office. Residents must be registered as a pharmacy intern prior to starting the residency program and until such time that pharmacist licensure is official. The Pharmacy Intern License can be from the resident's home state, it is not necessary to obtain a license in the state of Arkansas. If licensure as a pharmacist is not obtained by September 30th, disciplinary actions will be taken according to the Disciplinary Actions and Dismissal Policy (Attachment C, Section 4f).

Professional Development

Professional development of residents is enhanced through membership and participation in local and national organizations. Membership in American Society of Health-System Pharmacists (ASHP) is required. Residents are encouraged to consider membership in the Arkansas Pharmacists Association (APA), Arkansas Association of Health-Systems Pharmacists (AAHP), American College of Clinical Pharmacy (ACCP), and the Arkansas College of Clinical Pharmacy. Residents are **required** to attend one state or regional pharmacy organization meeting and one national pharmacy organization meeting as approved by the Residency Program Director (RPD) and Chief of Pharmacy.

Benefits

General

Parking, laboratory coats, office space, and pagers are furnished. Computers are available for use by the residents in the resident's office, pharmacy, and clinic areas.

Pay

Residents are paid at the rate of \$41,641 per year. The resident's stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ASHP guidelines for duty hours (Attachment D) must be observed (see also "Duty Hours" on Page 8). No additional compensation is available. Funding for travel and related meeting expenses are reimbursed at the discretion of the of the facility, and depending on the availability of funds.

Attendance

The residency is a full-time, temporary appointment of 12 months in duration. The resident is expected to be onsite for 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time will be necessary to complete assignments and projects in a timely manner. When the resident will not be onsite during the assigned tour, the RPD and preceptor must approve the time off or away, and procedures for leave must be followed (listed below – see also Attachment E). At times, the resident will be expected to attend other residency-related conferences or experiences off site during regular working hours. The resident will be scheduled for learning experiences and staffing assignments and is expected to be in attendance at the location as scheduled.

If an extended absence occurs (e.g., extended family, sick leave, military leave, etc.), extension of the residency program may be necessary. If the resident's need for leave exceeds the allotted sick leave (SL) and annual leave (AL) of 4 hours of each per pay period, an extension of the program would be required in order to complete the program. Opportunity to extend the program with pay will depend on the decision of the National Director of Residency Programs and Education. The RPD will also inform the local Chief of Pharmacy of the potential extension. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program. With an approved extension of the residency program, completion of all requirements of the residency and the number of hours that exceeded that allotted leave must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave). For military leave, Veterans who are called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 12 month appointment within 1 year of the initially scheduled date of completion. Such exemption will be considered on an individual basis in collaboration with the local Residency Program Director if the Veteran has been on active duty for the time of absence from the residency program.

Just as attendance is critical, so is adequate time away from the facility. To assure adequate time off, this program complies with the ASHP standards and the ASHP duty hours regulations.

Annual Leave

Residents accrue annual leave at the rate of 4 hours per pay period. Annual leave must be requested electronically via the hospital time and attendance system as far in advance as possible (<https://vatas.va.gov/webta/>). An Outlook email should also be sent to the RPD with the date(s) and type of leave requested in the subject line. Scheduled leave must be approved by the RPD. Approval by the preceptor should be obtained *prior* to submitting leave request to the RPD. The resident should consider what impact the use of leave has on his/her educational experience before scheduling. Absences of more than 6 days in any 6-week learning experience or 4 days in any 4-week learning experience (80% of assigned days) may result in the need to repeat the learning experience. Need to repeat will be determined by discussion with RPD and the learning experience preceptor. See Attachment E for additional information.

Travel Authorization and Authorized Absence

Travel authorization or authorized absence to attend professional meetings is granted at the discretion of the Chief, Pharmacy Service. Authorized absence request must be submitted electronically to the Chief of Pharmacy and the RPD at least two weeks prior to the scheduled event. Travel authorization requires a Travel and Training Request (available at <https://dvagov.sharepoint.com/sites/VHAFav/fiscal/Shared%20Documents/VHSO%20Travel%20Request%20Form.pdf>), a copy of the meeting agenda, and a copy of the registration form to be submitted to the RPD for signature. Chief of Pharmacy is also required to sign. See Attachment E for additional information.

Sick Leave

Residents accrue sick leave at the rate of 4 hours per pay period. Sick leave for scheduled doctor's appointments or elective procedures must also be electronically requested at least two weeks in advance. For unplanned sick leave, notice should be made to the Pharmacy Service Office (479-587-5990) prior to the start of the tour of duty, or as soon as possible thereafter, but no later than two hours after the resident is scheduled to report for duty unless mitigating circumstances can be established (Attachment E). It is also recommended to contact the RPD and current preceptor. The RPD may be contacted by text or phone call at the following number: 501-231-6992. Entry of leave into the hospital time and attendance system (<https://vatas.va.gov/webta/>) should be completed as soon as possible upon return to work. See Attachment E for additional information.

Family Friendly Leave (CB)

Family leave or bereavement leave policies dictate that each employee can use up to 104 earned hours of family leave each year (Attachment E). Family leave must be requested via the hospital time and attendance system (<https://vatas.va.gov/webta/>) prior to planned event or immediately upon employee return if an emergency. RPD approval is required. Family leave will be deducted from the Sick Leave balance. Notification should follow guidelines set forth under Sick Leave. See Attachment E for additional information.

Emergencies

Personal emergencies/accidents during tour of duty should be reported to the RPD as soon as possible so that appropriate action can be taken.

Inclement Weather

The hospital's inclement weather policy (Attachment E) is that all personnel are required to report to work in the event of inclement weather. If you are unable to report for duty due to weather conditions, you will be charged the appropriate amount of annual leave.

Holidays

The RPD may excuse the residents from working on the paid federal holidays as appropriate.

General Procedures

Residents will uphold the highest degree of professional conduct at all times. Dress code for employees is outlined in **MCM 17-137-06** (Attachment F). In brief, it requires professional attire; footwear should be appropriate for the work environment. Lab coats will be provided to you during residency training and should be kept clean and pressed. Name badge must be worn at all times and should be clearly visible, located above the waist.

Qualifications of the Resident

All applicants must have a PharmD or be enrolled in an ACPE-accredited college of pharmacy with anticipation of receiving their PharmD degree prior to the start of the residency program. Qualifications set forth in this document are based on the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (Attachment A).

Minimum Qualifications of the Residency Program Director and Preceptors

Residency Program Director

Must have completed an ASHP-accredited PGY1 residency program followed by a minimum of 3 years of pharmacy practice experience or have completed ASHP-accredited PGY1 and PGY2 residencies with 1 or more years of pharmacy practice experience, or without completion of an ASHP-accredited residency have 5 or more years of pharmacy practice experience. The RPD will serve as Chair of the Residency Advisory Committee (RAC).

Preceptors

Must have completed an ASHP-accredited PGY1 residency followed by a minimum of 1 year of pharmacy practice experience, or have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of 6 months of pharmacy practice experience, or without completion of an ASHP-accredited residency have 3 or more years of pharmacy practice experience.

Residency Program Director and Preceptors are both also expected to make positive contributions to the profession of pharmacy.

Confidentiality

Development of professional ethics and awareness of a patient's need for confidential and private counseling are important components of your clinical education. Residents will receive training on HIPAA guidelines. It is your responsibility to never mention patients by name. You should never discuss patients with team members while in stairwells or on elevators. Paperwork containing patient or employee personal information must be placed in appropriate containers for shredding. The U.S. Government computer system is for official use only. The files on this system include federal records that contain sensitive information. All activities on this system may be monitored to measure network performance and resource utilization; to detect unauthorized access to or misuse of the system or individual files and utilities on the system, including personal use; and to protect the operational integrity of the system. Use of this system constitutes your consent to such monitoring. Misuse of or unauthorized access of this system may result in criminal prosecution and disciplinary, adverse, or other appropriate action.

Duty Hours

The information contained in this section is designed to reinforce the ASHP *Duty-Hour Requirements for Pharmacy Residencies* document (Attachment D). Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. (*Pharmacy Residents: note this information pertains to VHSO staffing requirements as well as any additional jobs outside of VHSO*).

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period (including moonlighting hours both internal and external).

- a. Standard tour of duty for all residents is 8:00 AM to 4:30 PM, Monday through Friday. This 8.5 hour tour of duty allows for two 15 minute rest periods and one 30 minute lunch break.
- b. Some learning experiences may require a change in tour. A request for the tour change must be submitted to the RPD for consideration before the change is made. The RPD will then send an Outlook email to VHAFVPHARM TIME email group to request the change. See Attachment E for additional information
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period.
 - a. VHSO assigned staffing responsibilities are one 8-hour shift every other Sunday. Residents may not staff more than one 8-hour shift per 2 week pay period.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods.
4. Residents are allowed to moonlight, both internally (at VHSO) and externally (outside of VHSO), but moonlighting hours must be counted towards the 80-hour per week limit set forth by ASHP (Attachment D) and approved by the RPD.
 - a. Residents who choose to moonlight, either internal or external, will provide schedules to the RPD for approval in advance of the moonlighting hours to be worked.
 - b. The Resident will document all moonlighting hours (and the site where the hours were completed) in the Resident Review and Self-Reflection evaluation associated with the Education longitudinal learning experience in PharmAcademic.

Program Description

This residency is a 12-month program designed to meet the standards set forth by ASHP for Post-Graduate Year One Residencies (PGY1). Completion of the residency leads to a Certificate of Residency.

Requirements to Receive Residency Certificate

- Contribute to optimal patient care and achieve the mission and goals of VHSO
- Compliance with all institutional and departmental policies
- Resident must have at least 75% of the ASHP Required Educational Objectives marked as Achieved for the Residency for successful completion of the program (Attachment B). A minimum of Satisfactory Progress is required for those Educational Goals not marked as Achieved for the Residency. If any Educational Goals are marked as Needs Improvement, appropriate remedial work must be completed as determined by the RAC and RPD (see Attachment C – Disciplinary Actions and Dismissal Policy for discussion of remediation procedures).
- Completion of all assignments and projects as defined by the preceptors and Residency Program Director. Assignments and projects include, but are not limited to:
 - Poster Submission for the American Society of Health-System Pharmacists Midyear Clinical Meeting
 - Submission for the American College of Clinical Pharmacy’s Virtual Poster Symposium
 - OR
 - Submission for the FedReC Resident Project Forum (RPro4)
 - Completion of the UAMS College of Pharmacy Teaching Certificate Program. This includes at least one semester of Therapeutics Recitation and/or Supplemental Instruction.
 - Completion and formal presentation of a residency project.
 - Presentation of at least two separate 1-hour disease-state or treatment related continuing education programs. It is not necessary to arrange ACPE credit for these programs.
 - Routine participation in Pharmacy Journal Club and presentation of at least one journal club every 3 months.
 - Routine participation in the Medication Use Evaluation (MUE) Committee, participation in at least one MUE through the MUE Committee, and presentation in at least one MUE Committee meeting.

- Routine participation in the Pharmacy and Therapeutics (P&T) Committee and presentation in at least one P&T Committee meeting.
- Attend at least one professional local, state or regional meeting and one national meeting.
- Participation in residency recruitment activities for the residency.
- Quarterly submission of the updated Resident Development Plan.
- Prescription processing as assigned.

Obligations of the Resident to the Program

- The resident will be committed to attaining the program’s educational goals and objectives and will support the organization’s mission and values.
- The resident’s primary professional commitment must be to the residency program.
- The resident shall be committed to the values and mission of the training organization.
- The resident shall be committed to completing the educational goals and objectives established for the program.
- The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors.

Residency Disciplinary Actions and Dismissal Policy

Please review the VHSO Pharmacy Residency Program “Disciplinary Actions and Dismissal Policy” in its entirety (Attachment C). This must be signed and will be placed in the resident’s folder.

Scope of Practice

What is a Scope of Practice or Collaborative Practice Agreement?

Clinical pharmacy specialists may have a range of practice privileges that vary with their level of authority and responsibility. The specific practice should be defined within a scope of practice document or protocol developed by the health care institution. This protocol should define the activities that pharmacists will provide within the context of collaborative practice as a member of the interdisciplinary team, as well as any limitations that may be needed. Quality of care review procedures and processes to assure professional competency should also be included in the scope of practice.

At VHSO, all clinical staff (excluding licensed independent practitioners like MD’s or DO’s) that prescribe treatment in the medical record (dietitians, nurses, pharmacists, podiatrists, physician assistants, social workers, physical therapists, audiologists, speech/language pathologists and respiratory therapists) will function under a scope of practice approved by the Physician’s Professional Standards Board (PPSB). Pharmacy Service has a peer review process in place to assure high quality care is provided and that clinical pharmacy specialists continue to perform duties that are within their scope of practice.

In order to be granted prescriptive authority, clinical pharmacy specialists must possess:

A current state license, and

1. Be a Master or Doctor of Pharmacy (PharmD) graduate who has completed an accredited residency, and is a specialty board-certified pharmacist, or a pharmacist with equivalent experience.

VHSO Pharmacy Service has clinical pharmacists practicing in a wide variety of clinical settings and has various protocols in place to cover these activities. No Scope of Practice will be granted for pharmacy residents during the PGY1 Pharmacy Residency program.

What is a pharmacist/resident WITHOUT a Scope of Practice ALLOWED to do?

Upon receiving a pharmacist’s license, a resident can perform any function typically performed by a pharmacist such as processing prescriptions written by providers, pulling refills, discontinuing medications, limited partial prescriptions, providing patient education, and documenting patient allergies.

All activities must be accomplished within the guidelines, policies and procedures set forth by the hospital and Pharmacy and Therapeutics (P&T) Committee. Residents will document their activities in the patient medical record with a progress note that will need to be cosigned by the preceptor.

What is a pharmacist/resident WITHOUT a Scope of Practice PROHIBITED from doing?

A Scope of Practice is required for writing (most prescriptions at the VA are electronically entered not written) or renewing prescriptions and ordering labs. A pharmacy resident may perform these functions under the supervision of their learning experience preceptor but must be cosigned. Progress notes that document these activities must be electronically signed by the supervising pharmacist in a timely manner. This is accomplished by the addition of a cosigner to the note.

Note: prescriptions for antineoplastic agents and controlled substances are excluded and shall not be written by pharmacists unless specifically granted privilege by a Scope of Practice.

References

VHA Directive 2012-030 [Credentialing of Health Care Professionals \(Dated October 11, 2012\)](#)

VHA Handbook 1100.19 [Credentialing and Privileging \(Dated October 15, 2012\)](#)

VHA Handbook 1108.11 [Clinical Pharmacy Services \(Dated July 1, 2015 – Amended June 29, 2017\)](#)

[VHSO Medical Center Charter 00-04 Peer Review Committee](#)

VA PBM Guidance: [Clinical Pharmacist Scope of Practice \(Dated October 2019\)](#)

VA PBM Guidance: [Professional Practice Evaluations for VHA Pharmacists with a Scope of Practice \(Dated April 2017\)](#)
[Board of Pharmacy Specialties 2020 Candidate's Guide](#)

Pharmacy Residency Advisory Committee

The Pharmacy Residency Advisory Committee (RAC) is chaired by the RPD and composed of 6 additional voting members. All other Clinical Pharmacy Specialists (CPS) and Pharmacy Management serve as ad hoc members of the RAC. The goals established for the Pharmacy RAC are as follows:

1. To assure that each resident meets the goals and objectives of the pharmacy residency over the course of the year.
2. To assess and improve the residency program, including the program guide, required activities and elective offerings.
3. To assure that the residency meets and surpasses the standards as set by the ASHP.

The RAC will meet at least quarterly to review quarterly reports, learning experience evaluations, project proposals, and evaluate resident progression. Residents may be asked to attend these meetings when items pertinent to their current program are to be addressed. Residents may also be asked to meet with the RAC midway through the year to review progress, based on the discretion of the RAC.

RAC members take an active role in the professional development of the resident and serve as mentors to the pharmacy resident throughout the residency year. Mentors will assist the resident in developing a learning plan and will meet with the resident on a periodic basis to assure the resident is achieving personal goals. Residents are expected to take an active role in meeting their program goals and assessing their learning experiences.

Residency Mentor Program and Responsibilities

Members of the RAC will serve as mentors for residents. Mentors will be assigned to the resident by the RPD based on discussion and recommendations from the residents.

Mentors will serve as a role model to the resident, both professionally and personally, and assist the resident in identifying and achieving both short and long term personal professional goals. Mentors also assist in areas of residency development when needed.

Resident responsibilities:

- Set routine meetings with the mentor to foster an appropriate professional relationship and to allow the mentor opportunities to assess your progress and well-being. These should occur at least quarterly but are otherwise at the discretion of both parties.
- Demonstrate respect for the mentor by giving sufficient notice for meetings and sufficient time for the mentor to make comments on presentations and projects before the due date.
- Communicate anticipated presentation dates with the mentor to facilitate their participation when possible.

Mentor responsibilities:

- Provide guidance and support to the resident throughout the year to help the resident maximize his/her residency experience. This includes receiving feedback from the resident on his/her experiences and ensuring completeness of communication with RPD and RAC.
- Keep meetings with the resident to assess progress and well-being, as well as serving as a guide in the profession of pharmacy.
- Attend all formal presentations of the resident mentee, unless a prior engagement precludes his/her attendance. Inability to attend a formal presentation should be communicated to the resident prior to the presentation.
- Assist the resident with self-reflection throughout the year and in development of an individual and appropriate plan for work/life balance. This is especially related to the residency year, but should also assist the resident for a time once a clinical practice has been established.

Learning Experiences and Activities

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

Required 6-week Learning Experiences

There are 5 required 6-week learning experiences. The resident will select a 6th required selective 6-week learning experience will be chosen by the resident. Options available for this required selective are as follows: Acute Care, Mental Health, Oncology or PACT. The required 6-week learning experiences are as follows:

- Orientation
- Acute Care
- Home-Based Primary Care (HBPC)
- Mental Health
- Patient-Aligned Care Team (PACT)
- Selective (to be chosen by Resident): Acute Care, Mental Health, Oncology or PACT

Required Longitudinal (12 Month) Learning Experiences

The following 12-month longitudinal learning experiences are all required for successful completion of the residency program:

- Drug Information
- Education
- Evaluation of Medication-Use Systems
- Pharmacy Management
- Residency Project
- Staffing

Elective 4-week or 6-week Learning Experiences

The resident is responsible for selecting and arranging the elective learning experiences with the desired preceptor and the RPD. It is recommended that this be accomplished as early as possible in the

residency year in order to facilitate appropriate planning and preparation for all parties involved. Examples of possible elective learning experiences are as follows:

- Academic Detailing
- Drug Information
- Hepatitis C Clinic
- Anticoagulation
- PACT Clinical Video Telehealth
- Substance Use Disorder

These elective learning experiences are not the only options available to the resident but do represent those learning experiences for which there are already learning experience descriptions available. The RPD will gladly work with the resident to develop a new elective learning experience that is not listed above, based on availability in the area. If a non-VA elective learning experience is desired an Arkansas Pharmacists License may be required.

Please note that regardless of the learning experience the VHSO Inclement Weather Policy will be utilized.

Residency Assessment Strategy

Residents are assigned to preceptors for training and guidance. Preceptors will meet with the resident on a regular basis and review the resident's accomplishments and provide timely, criteria-based feedback to aid in resident improvement. The following are recommendations for provision of feedback through the course of the residency:

- Preceptors are encouraged to formally document, PharmAcademic™ (www.pharmacademic.com), formative feedback at least once (usually early) in the learning experience.
 - Formative evaluations should be utilized to document resident performance on an individual project or patient interaction.
- Midway through a learning experience the preceptor will determine if the resident is likely to meet all goals and objectives of the learning experience. If not, the preceptor will discuss specific and actionable steps the resident can implement to progress through the learning experience.
- At the conclusion of the learning experience, the resident will complete the required evaluations. These include a learning experience evaluation and a preceptor evaluation. Preceptors will also perform a summative evaluation at the end of the learning experience.
 - For longitudinal learning experiences, the previously mentioned evaluations will be completed on a quarterly basis.
 - Summative evaluations are used to document resident performance for the learning experience as a whole.
- All formal evaluations will be documented in PharmAcademic™ (www.pharmacademic.com).
- For all evaluations completed in PharmAcademic™, the resident and preceptor will independently complete the assigned evaluation and "save as draft". The resident and the preceptor will then discuss the evaluations. This discussion will provide feedback for both the resident and the preceptor. Evaluations should be signed and completed in PharmAcademic™ following this discussion.

Residency Assessment Definitions

For completion of any evaluation utilizing the assessment scale of 1 to 5, the following definitions will apply:

- **1 = Functioning at the level of a pharmacy student (Fundamental Awareness).**
 - Further Description: Resident may be at this level for orientation rotation and the first residency rotation, if limited previous exposure to this clinical area. This objective is a significant challenge for the resident and may interfere with progression if significant improvements are not made.
 - Preceptor Roles: primarily direct instruction/teaching/role modeling.

- Graduated Level of Responsibility: During direct instruction, the preceptor is physically present in the same room while the resident is engaged with health care services.
 - Action: The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident. Formative (mid-point) evaluations that include a rating of 1 or 2 must include a documented action plan in PharmAcademic that will target “satisfactory progress” (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.
- **2 = Functioning at the level of an advanced pharmacy student (Novice).**
 - Further Description: The resident needs significant guidance from preceptor. Clinical work requires regular preceptor review/intervention. The resident should improve skills in order to appropriately handle the situation. This objective constitutes a weakness that should be improved within a few weeks or months.
 - Preceptor Roles: direct instruction/teaching/role modeling with some coaching.
 - Graduated Level of Responsibility: During direct instruction and modeling, the preceptor is physically present in the same room while the resident is engaged with health care services.
 - Action: The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident. Formative (mid-point) evaluations that include a rating of 1 or 2 must include a documented action plan in PharmAcademic that will target “satisfactory progress” (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.
- **3 = Functioning as an entry level resident (Intermediate)**
 - Further Description: The resident needs some guidance from preceptor (coaching). Clinical work requires some preceptor review/intervention. The resident demonstrates a sufficient range of skills for handling the situation and providing the desired outcome. This should be considered a satisfactory outcome.
 - Preceptor Roles: primarily coaching; may have initial modeling when introduced to a new clinical area or workflow
 - Graduated Level of Responsibility: During modeling, the preceptor is physically present in the same room while the resident is engaged with health care services. During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans.
 - Action: This rating is considered satisfactory progress but will not count towards “achieved” for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target “achieved” (rating of 4 or higher) by the end of the learning experience.
- **4 = Functioning as an advanced resident (Function Independently with Facilitation)**
 - Further Description: The resident functions with some autonomy and needs minimal guidance from preceptor. Clinical work requires minimal preceptor review. The resident demonstrates the full range of skills appropriate for handling a situation and providing an ideal outcome.
 - Preceptor Roles: primarily facilitation; may require some coaching in unfamiliar situations
 - Graduated Level of Responsibility: During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans. During facilitation, the preceptor’s presence is not required during provision of health care services. The preceptor is

immediately available by phone or pager and able to be physically present as needed for the services provided.

- Action: This rating is considered “achieved” for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target further improvement by the end of the learning experience.

- **5 = Functioning as a 1st year clinical pharmacist (Achieved)**
 - Further Description: The resident functions with a high level of autonomy and skills leading to self-directed learning. The resident demonstrates an exemplary skill set, showing a particularly sophisticated approach to handling the situation. The preceptor needs to give very little corrective actions, although the resident may still ask for input from preceptors.
 - Preceptor Roles: primarily facilitation; may also model and coach for other learners
 - Graduated Level of Responsibility: During facilitation, the preceptor’s presence is not required during provision of health care services. The preceptor is immediately available by phone or pager and able to be physically present as needed for the services provided.
 - Action: This rating is considered “achieved” for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target further improvement by the end of the learning experience.

Weekly Schedule for 2020-2021 Residency Year

Please note that meeting dates are subject to change based on COVID-19.

WEEK	Monday	Friday	Anna Parker		Trenton Terry		
			Learning Experience	Preceptor	Learning Experience	Preceptor	
1	1-Jul	3-Jul	Orientation*	Waymack / Stark / Costner	Orientation*	Waymack / Stark / Costner	Holiday: Friday, July 3rd
2	6-Jul	10-Jul					
3	13-Jul	14-Jul	Teaching Certificate Training (Remote)				*5-week learning experience. RAC concerned for workload with 6-week length.
3	15-Jul	17-Jul	Orientation*	Waymack / Stark / Costner	Orientation*	Waymack / Stark / Costner	
4	20-Jul	24-Jul					
5	27-Jul	31-Jul	PACT	Michelle R.	Acute Care	Cole	
6	3-Aug	7-Aug					
7	10-Aug	14-Aug					
8	17-Aug	21-Aug					
9	24-Aug	28-Aug					
10	31-Aug	4-Sep	Acute Care	Cole	Mental Health	Chapman	Holiday: Monday, September 7th
11	7-Sep	11-Sep					
12	14-Sep	18-Sep					
13	21-Sep	25-Sep	Acute Care	Cole	Mental Health	Chapman	
14	28-Sep	2-Oct					
15	5-Oct	7-Oct	AAHP Fall Seminar - Little Rock				
16	12-Oct	16-Oct	Acute Care	Cole	Mental Health	Chapman	Holiday: Monday, October 12th
17	19-Oct	23-Oct					
18	26-Oct	30-Oct	Mental Health	Chapman	PACT	Clarice	Holiday: Wednesday, November 11th
19	2-Nov	6-Nov					
20	9-Nov	13-Nov					
21	16-Nov	20-Nov					
22	23-Nov	27-Nov					
23	30-Nov	4-Dec	ASHP Midyear Clinical Meeting				
24	7-Dec	9-Dec	Projects				
24	10-Dec	11-Dec					Holiday: Friday, December 25th
25	14-Dec	18-Dec					Holiday: Friday, January 1st
26	21-Dec	25-Dec					
27	28-Dec	1-Jan					
28	4-Jan	8-Jan	HBPC**	TBD	Required Selective**	TBD based on LE selected	Holiday: Monday, January 18th
29	11-Jan	15-Jan					
30	18-Jan	22-Jan					
31	25-Jan	29-Jan					
32	1-Feb	5-Feb					
33	8-Feb	12-Feb	Required Selective	TBD based on LE selected	HBPC	TBD	Longitudinal LEs = Resident Project Drug Information Staffing Eval of Med Use Systems Anna Parker: MUE then P&T Trenton Terry: P&T then MUE
34	15-Feb	19-Feb					
35	22-Feb	26-Feb	ELECTIVE	TBD	ELECTIVE	TBD	
36	1-Mar	5-Mar					
37	8-Mar	12-Mar					
38	15-Mar	19-Mar	ELECTIVE	TBD	ELECTIVE	TBD	
39	22-Mar	26-Mar					
40	29-Mar	2-Apr	ELECTIVE	TBD	ELECTIVE	TBD	Education Pharmacy Management
41	5-Apr	9-Apr					
42	12-Apr	16-Apr					
43	19-Apr	23-Apr					
44	26-Apr	30-Apr	ELECTIVE	TBD	ELECTIVE	TBD	Holiday: Monday, May 25th
45	3-May	7-May					
46	10-May	14-May	ELECTIVE	TBD	ELECTIVE	TBD	
47	17-May	21-May					
48	24-May	28-May					
49	31-May	4-Jun	ELECTIVE	TBD	ELECTIVE	TBD	
50	7-Jun	11-Jun					
51	14-Jun	18-Jun					
52	21-Jun	25-Jun					
53	28-Jun	29-Jun	Learning Experience Completion & Residency Closeout				
53	30-Jun						

Attachments:

- Attachment A – [ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#)
- Attachment B – [Required Competency Areas, Goals, and Objectives For Postgraduate Year One \(PGY1\) Pharmacy Residencies](#)
- Attachment C – [Disciplinary Actions and Dismissal Policy](#)
- Attachment D – [ASHP Duty-Hour Requirements for Pharmacy Residencies \(dated March 4, 2015\)](#)
- Attachment E – [MCM 16-05-13: Leave and Absence \(dated July 28, 2016\)](#)
- Attachment F – [MCM 17-137-06: Issue and Wear of Employee Uniforms \(dated January 23, 2017\)](#)

ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAMS

Introduction

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) 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 (PGY2) pharmacy residency training.

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation.

Throughout the Standard use of the auxiliary verbs *will* and *must* implies an absolute requirement, whereas use of *should* and *may* denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The *ASHP Regulations on Accreditation of Pharmacy Residencies*¹ describes the policies governing the accreditation program and procedures for seeking accreditation.

Overview of the Standards for PGY1 Pharmacy Residencies

The following explains the rationale and importance of the areas selected for inclusion in the standards.

Standard 1: Requirements and Selection of Residents

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

Standard 2: Responsibilities of the Program to the Resident

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

Standard 3: Design and Conduct of the Residency Program

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: Requirements of the Residency Program Director and Preceptors

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: Requirements of the Site Conducting the Residency Program

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: Pharmacy Services

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

Standard 1: Requirements and Selection of Residents

- 1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.
- 1.2 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.
- 1.3 Applicants to pharmacy residencies must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- 1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure in the state or jurisdiction in which the program is conducted.
- 1.5 Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.
- 1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.
 - 1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

Standard 2: Responsibilities of the Program to the Resident

- 2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.
 - 2.1.a. Non-traditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.
- 2.2 Programs must comply with the ASHP duty hour standards².
(<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx> - link no longer active, see Attachment D)
- 2.3 All programs in the ASHP accreditation process must adhere to the *Rules for the ASHP Pharmacy Resident Matching Program*³, unless exempted by the ASHP Commission on Credentialing.

- 2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.
 - 2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.
 - 2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.
- 2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.
- 2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.
- 2.7 The RPD will award a certificate of residency only to those who complete the program's requirements.
 - 2.7.a. Completion of the program's requirements must be documented.
- 2.8 The certificate provided to residents who complete the program's requirements must be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*¹, and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.
 - 2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.
- 2.9 The RPD must maintain the program's compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies*¹ throughout the accreditation cycle.

Standard 3: Design and Conduct of the Residency Program

3.1 Residency Purpose and Description

The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD.) 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 (PGY2) pharmacy residency training.

3.2 Competency Areas, Educational Goals and Objectives

- 3.2.a. The program's educational goals and objectives must support achievement of the residency's purpose.
- 3.2.b. The following competency areas and all associated educational goals and objectives⁴ are required by the Standard and must be included in the program's design:
 - (1) patient care;
 - (2) advancing practice and improving patient care;
 - (3) leadership and management; and,
 - (4) teaching, education, and dissemination of knowledge.
- 3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.

3.3 Resident Learning

3.3.a. Program Structure

- 3.3.a.(1) A written description of the structure of the program must be documented formally.
 - 3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.
 - 3.3.a.(1)(b) Elective experiences must also be listed in the program's design.
- 3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives.
- 3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.
- 3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.
- 3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).
- 3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.

3.3.b. Orientation

Residency program directors must orient residents to the residency program.

3.3.c. Learning Experiences

- 3.3.c.(1) Learning experience descriptions must be documented and include:
 - 3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;
 - 3.3.c.(1)(b) expectations of residents;
 - 3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;
 - 3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement; and,
 - 3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.
- 3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.
- 3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.
- 3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

3.4 Evaluation

The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

3.4.a. Initial assessment

- 3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.
- 3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

3.4.b. Formative (on-going, regular) assessment

- 3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.
- 3.4.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

3.4.c. Summative evaluation

- 3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.
- 3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

- 3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.
- 3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.
- 3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.
- 3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.
- 3.4.d. Residents' development plans
 - 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.
 - 3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted.
 - 3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

3.5 Continuous Residency Program Improvement

- 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.
- 3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.
- 3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.
 - 3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

Standard 4: Requirements of the Residency Program Director and Preceptors

4.1 Program Leadership Requirements

- 4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
- 4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
- 4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s))] administrative duties/activities for the conduct of the residency program.
- 4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
 - 4.1.d.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
 - 4.1.d.(2) The agreement must include definition of:
 - 4.1.d.(2)(a) responsibilities of the RPD; and,
 - 4.1.d.(2)(b) RPD's accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors' Eligibility

RPDs must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

4.3 Residency Program Directors' Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:

- 4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- 4.3.b. demonstrating ongoing professionalism and contribution to the profession;
- 4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,

4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

- 4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
- 4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
- 4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
- 4.4.d. evaluation, skills assessment, and development of preceptors in the program;
- 4.4.e. creating and implementing a preceptor development plan for the residency program;
- 4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,
- 4.4.g. working with pharmacy administration.

4.5 Appointment or Selection of Residency Program Preceptors

- 4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
- 4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- 4.7.a. contribute to the success of residents and the program;
- 4.7.b. provide learning experiences in accordance with Standard 3;
- 4.7.c. participate actively in the residency program's continuous quality improvement processes;
- 4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- 4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
- 4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f.

- 4.8.a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
- 4.8.b. the ability to assess residents' performance;
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
- 4.8.d. an established, active practice in the area for which they serve as preceptor;
- 4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and, 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

4.9 Preceptors-in-Training

- 4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:
- 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
 - 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

- 4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
- 4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

- 5.1 As appropriate, residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting.
- 5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards.
- 5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.
- 5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.
 - 5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.
 - 5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.
 - 5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.
 - 5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.
 - 5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard 6.
- 5.4 Multiple-site residency programs must be in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*⁵.

Standard 6: Pharmacy Services

The most current edition of the ASHP *Best Practices for Health-System Pharmacy*, available at www.ashp.org, and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g., NIOSH, OSHA, EPA) that apply to specific practice sites will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

6.1 Pharmacist Executive

The pharmacy must be led and managed by a professional, legally qualified pharmacist.

- 6.2 The pharmacy must be an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following:
 - 6.2.a. the scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site;
 - 6.2.b. the practice site includes pharmacy in the planning of patient care services;
 - 6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;
 - 6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;
 - 6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,
 - 6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

- 6.3 The pharmacist executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.

- 6.4 The pharmacist executive must ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):
 - 6.4.a. a pharmacy mission statement;
 - 6.4.b. a well-defined pharmacy organizational structure;
 - 6.4.c. current policies and procedures which are available readily to staff participating in service provision;
 - 6.4.d. position descriptions for all categories of pharmacy personnel, including residents;
 - 6.4.e. procedures to document patient care outcomes data;
 - 6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;
 - 6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,
 - 6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).

- 6.5 Pharmacy leaders ensure pharmacy's compliance with:
 - 6.5.a. all applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,
 - 6.5.b. current national practice standards and guidelines.

- 6.6 The medication distribution system includes the following components (as applicable to the practice setting):
 - 6.6.a. effective use of personnel (e.g., technicians);
 - 6.6.b. a unit-dose drug distribution service;
 - 6.6.c. an intravenous admixture and sterile product service;
 - 6.6.d. a research pharmacy including an investigational drug service;
 - 6.6.e. an extemporaneous compounding service;
 - 6.6.f. a system for handling hazardous drugs;
 - 6.6.g. a system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound-alike, emergency preparedness programs, medical emergencies);
 - 6.6.h. a secure system for the use of controlled substances;
 - 6.6.i. a controlled floor-stock system for medications administered;
 - 6.6.j. an outpatient drug distribution service including a patient assessment and counseling area; and,
 - 6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system technologies.

- 6.7 The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients:

- 6.7.a. membership on interdisciplinary teams in patient care areas;
- 6.7.b. prospective participation in the development of individualized medication regimens and treatment plans;
- 6.7.c. implementation and monitoring of treatment plans for patients;
- 6.7.d. identification and responsibility for resolution of medication-related problems;
- 6.7.e. review of the appropriateness and safety of medication prescriptions/orders;
- 6.7.f. development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;
- 6.7.g. participation as a provider of individual and population-based patient care services and disease state management, initiating and modifying drug therapy, based on collaborative practice agreements or other treatment protocols;
- 6.7.h. a system to identify appropriately trained and experienced pharmacists and ensure quality care is provided, including when pharmacists are practicing under collaborative practice agreements (e.g., complete credentialing and privileging for pharmacists providing patient care service);
- 6.7.i. documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients' permanent medical records;
- 6.7.j. medication administration consistent with laws, regulations, and practice site policy;
- 6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);
- 6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,
- 6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):
 - 6.7.m.(1) developing and maintaining an evidence-based formulary;
 - 6.7.m.(2) educating health care providers on timely medication-related matters and medication policies;
 - 6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
 - 6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
 - 6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.

6.8 The pharmacy practice must have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy's:

- 6.8.a.(1) facilities are designed, constructed, organized, and equipped to promote safe and efficient work;
- 6.8.a.(2) professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,
- 6.8.a.(3) resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).

6.9 Continuous Quality Improvement

- 6.9.a. Pharmacy department personnel must engage in an on-going process to assess the quality of pharmacy services.
- 6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.
- 6.9.c. The pharmacy department's assessment and improvement process must include assessing and developing skills of the of pharmacy department's staff.

Glossary

Assessment. Measurement of progress on achievement of educational objectives.

Certification. A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

Clinical pharmacist. Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in health care settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care. (*American College of Clinical Pharmacy*)

Competency area. Category of residency graduates' capabilities.

Complex condition. Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

Criteria. Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Educational Goal. Broad statement of abilities.

Educational Objective. Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

Evaluation. Judgment regarding quality of learning.

Formative assessment. On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

Interdisciplinary team. A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. *Health professions education: a bridge to quality*. Washington, DC: The National Academy Press; 2001.)

Multiple-site residency. A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.

1. To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:
 - a. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);
 - b. quality of preceptorship is enhanced by adding multiple sites;
 - c. increased variety of patients/disease states to allow wider scope of patient interactions for residents;
 - d. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;
 - e. synergy of the multiple sites increases the quality of the overall program;

- f. allows the program to meet all of the requirements (that could not be done in a single site alone); and,
 - g. ability to increase the number of residents in a quality program.
2. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.
3. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes:
- a. designating a single residency program director (RPD);
 - b. establishing a common residency purpose statement to which all residents at all sites are trained;
 - c. ensuring a program structure and consistent required learning experiences;
 - d. ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;
 - e. ensuring a uniform evaluation process and common evaluation tools are used across all sites;
 - f. ensuring there are consistent requirements for successful completion of the program;
 - g. designating a site coordinator to oversee and coordinate the program's implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
 - h. ensuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

Non-traditional residency: Residency program that meets requirements of a 12-month residency program in a different timeframe.

Pharmacist executive. The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings this person is referred to, for example, as the *director of pharmacy*, the *pharmacist-in-charge*, the *chief of pharmacy services*) In a multiple-site residency, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

Preceptor. An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents' performance.

Preceptor-in-training. Pharmacists who are new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become full preceptors within two years.

Residency Program Director. The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

Resident's Development Plan. Record of modifications to residents' program based on their learning needs.

Self-evaluation. A process of reflecting on one's progress on learning and/or performance to determine strengths, weaknesses, and actions to address them.

Service commitments. Clinical and operational practice activities. May be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

Single-site residency. A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident's training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences off-site.

Site. The actual practice location where the residency experience occurs.

Site Coordinator. A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:

1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
2. practice at the site at least ten hours per week;
3. have the ability to teach effectively in a clinical practice environment; and,
4. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

Sponsoring organization. The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents' experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

Staffing. See "Service commitments."

Summative evaluation. Final judgment and determination regarding quality of learning.

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Approved by the ASHP Board of Directors September 19, 2014. Developed by the ASHP Commission on Credentialing. This standard replaces the previous *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved by the ASHP Board of Directors on September 23, 2005. For existing programs this revision of the accreditation standard takes effect July 1, 2016. Until that time the current standard, which was approved September 23, 2005, is in force.

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REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs*. The first four competency areas are required and the others are elective.

The required competency areas, including all of the goals and objectives falling under them, must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas contained in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals falling under the program's selection of program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

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

Competency Area: Categories of the residency graduates' capabilities.

Competency areas fall into one of three categories:

Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).

Additional: Competency area(s) other than the four areas required for all program that programs may select to add as required for their specific residency program.

Elective: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objective: Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

Criteria: Specific, qualitative comments that describe competent performance for each objective. Preceptors should aim to ensure residents can meet, and residents should aim to achieve, all criteria listed for each objective. If all are not met, this should be reflected in the rating of the resident on that objective. Comments should indicate which criteria require more work.

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

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.

Criteria:

- Professional relationships with interprofessional health care teams:
 - Are cooperative, collaborative, communicative, respectful.
 - Reflect use of skills in negotiation, conflict management, consensus building.
 - Demonstrate advocacy for the patient.
- Professional relationships with patients, families or family members, and caregivers:
 - Are respectful and collaborative.
 - Use effective communication skills.
 - Show empathy.
 - Empower patients to take responsibility for their health.
 - Demonstrate cultural competence.

Objective R1.1.2: (Analyzing) Collect information on which to base safe and effective medication therapy.

Criteria:

- Uses effective methods of collecting and organizing patient-specific information for analysis, including effective use of technology, to gain the appropriate information (allows pharmacist to prevent, detect, and resolve medication-related problems and make appropriate medication therapy recommendations):
 - Appropriately utilizes technicians/ancillary staff for tasks such as collecting and organizing information.
- Collects relevant information about medication therapy, including:
 - History of present illness.
 - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
 - Social history.
 - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
 - Laboratory values.
 - Pharmacogenomics and pharmacogenetic information, if available.
 - Adverse drug reactions.
 - Medication adherence and persistence.
 - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available.
- Recording system is functional for subsequent problem solving and decision making.

Objective R1.1.3: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria:

- Conducts accurate prospective evaluation of patient medication regimens on a routine basis.
- Accurately assesses each medication for appropriateness, effectiveness, and safety before preparing or permitting the distribution of the first dose.
- Accurately assesses health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and other aspects of care.
- Accurately assesses immunization status and the need for preventive care and other health care services, where appropriate.
- Identifies medication therapy problems, including:
 - Lack of indication for medication.
 - Medical conditions for which there is no medication prescribed.
 - Medication prescribed or continued inappropriately for a particular medical condition.
 - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).

- Therapeutic duplication.
- Adverse drug or device-related events or potential for such events.
- Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
- Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
- Patient not receiving full benefit of prescribed medication therapy.
- Problems arising from the financial impact of medication therapy on the patient.
- Patient lacks understanding of medication therapy.
- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Laboratory monitoring needed.
- Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.4: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:

- Specifies evidence-based, achievable therapeutic goals.
 - Goals reflect consideration of:
 - All relevant patient-specific information including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient's disease state(s).
 - Medication-specific information.
 - Best evidence.
 - Ethical issues involved in the patient's care.
 - Quality-of-life issues specific to the patient.
 - Integration of all the above factors influencing the setting of goals.
 - Goals are realistic.
 - Goals are measurable.
 - Chart documentation exhibits the following characteristics:
 - Written in time to be useful.
 - Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.
 - Recommended plan is presented clearly.
- Designs/redesigns regimens that:
 - Are appropriate for the disease states being treated.
 - Reflect:
 - The therapeutic goals established for the patient
 - The patient's and caregiver's specific needs
 - Consideration of:
 - Compliance.
 - Any pertinent pharmacogenomic or pharmacogenetics.
 - Best evidence.
 - Pertinent ethical issues.
 - Pharmaco-economic components (patient, medical, and systems resources).
 - Culture and/or language differences.
 - Adhere to the health system's medication-use policies.
 - Integrate patient-, disease-, and medication-specific data.
 - Consider humanistic goals (e.g., quality-of-life issues).
 - Reflect patient preference and patient-specific considerations, including physical, mental, emotional, cultural, and financial factors affecting adherence to the regimen.
 - Consider pharmaco-economic principles.
 - Follow applicable ethical standards.
 - Address wellness promotion and lifestyle modification.

- Support the organization's or patient's formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and self-management.
- Include chart documentation that exhibits the following characteristics:
 - Written in time to be useful.
 - Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.
 - Recommended plan is presented clearly.
- Designs/redesigns monitoring plans that:
 - Effectively evaluate achievement of therapeutic goals.
 - Ensure adequate, appropriate, and timely follow-up.
 - Establish parameters that are appropriate measures of therapeutic goal achievement.
 - Reflect consideration of best evidence.
 - Select the most reliable source for each parameter measurement.
 - Have appropriate value ranges selected for the patient.
 - Have parameters that measure efficacy.
 - Have parameters that measure potential adverse drug events.
 - Have parameters that are cost-effective.
 - Have obtainable measurements of the parameters specified.
 - Reflects consideration of compliance.
 - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
 - When applicable, reflects preferences and needs of the patient.
 - Include chart documentation that exhibits the following characteristics:
 - Written in time to be useful.
 - Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.
 - Recommended plans are presented clearly.

Objective R1.1.5: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Criteria:

- Recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team.
 - Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.
 - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
 - Creates an atmosphere of collaboration.
 - Skillfully defuses negative reactions.
 - Communication conveys expertise.
 - Communication is assertive not aggressive.
 - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
 - Chart documentation exhibits the following characteristics:
 - Written in time to be useful.
 - Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.
 - Recommended plans are presented clearly.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.

- Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Documents direct patient care activities appropriately including:
 - Appropriate selection of information for documentation.
 - Use of effective communication practices.
 - Relevant supporting evidence and rationale for plan.
 - Appropriate information in each section of the documentation.
 - Clear and concise documentation in patient's permanent medical record.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.6: (Applying) Demonstrate responsibility to patients.

Criteria:

- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.

Criteria:

- Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
 - Identifying, verifying, and correcting any medication order errors.
 - Clarifying anything incomplete in the medication order.
 - Identifying problems in a manner that reflects consideration of complete patient-specific information.
 - Identifying all existing or potential drug therapy problems.
 - Determining an appropriate solution to an identified problem.
 - Securing consensus from the prescriber for modifications to therapy.
 - Ensuring that the solution is implemented.
 - Documenting changes to medication orders that exhibit the following characteristics:
 - Written in time to be useful.
 - Following the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.
 - Recommended plan is presented clearly.
- Prepares medication using appropriate techniques and following the organization's policies and procedures, including:
 - When required, accurately calibrates equipment.
 - Prepares medications using appropriate technique according to the health system's policies and procedures and applicable professional standards.
 - Prepares medications so they are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
 - Adheres to appropriate safety and quality assurance practices.
 - Prepares labels that conform to the health system's policies and procedures.
 - Medication contains all necessary and/or appropriate ancillary labels.
 - Inspects the final medication before dispensing.
- When dispensing medication products:
 - Follows the organization's policies and procedures.
 - Ensures the patient receives the medication(s) as ordered.
 - Ensures the integrity of medication dispensed.
 - Provides any necessary written and/or verbal counseling.
 - Ensures the patient receives medication on time.
 - Documentation of dispensing follows the organization's policies and procedures.
- Maintains accuracy and confidentiality of patients' protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.
- Follows the organization's policies and procedures and quality assurance standards, and regulations and laws governing pharmacy practice, for the preparation of medication, to ensure safety, effectiveness, and the integrity of medication dispensed throughout the organization.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Criteria:

- Ensures formulary decisions consider medication safety.
- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.

- Demonstrates commitment to medication safety in medication-use process.
- Effectively prioritizes work load and organizes work flow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Participates in relevant and accurate medication-use evaluations.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

(Note: Each resident must participate in at least one quality improvement or research project.)

Residents must do a quality improvement or research project that includes one or more of the following: a medication-use policy recommendation (e.g., drug class review, treatment guidelines, protocols, utilization management guidelines), treatment guideline/protocol for individual or population-based patient care, or an improvement to the medication-use process or organizational patient care improvement initiative.

Ideally, objectives R2.1.1-R2.1.4 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative. For example, objectives 2.1.1 and 2.1.2 may be taught and evaluated on one quality improvement initiative and objectives 2.1.3 and 2.1.4 may be taught and evaluated through a different initiative.

Objective R2.1.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care and/or the medication-use system.
- Uses best practices to identify opportunities for improvements in the medication-use system (e.g., root cause analysis, failure mode and effect analysis).
- Opportunity for improvement identified is of significance to the medication-use system.
- Accurately assesses medication shortage data to determine if adjustments in procurement, formulary changes, treatment guidelines, restrictions, or protocols must be made.
- Comparative reviews, treatment guidelines, and/or protocols used to evaluate the medication-use system and needs for change are objective, evidenced-based, consult relevant sources, consider medication-use safety and resource utilization or other patient care quality improvement initiative, and use the appropriate format.
- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events and medication errors using accepted institutional resources and programs.
- Demonstrates a working knowledge of currently available technology and automation that supports a safe medication-use process.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.1.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.

Criteria:

- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately to identify opportunities to improve the medication-use process (e.g., operational change, adverse event reporting, medication error reporting, changes in medication policy processes, treatment guideline, protocol).
- Follows the organization's policies and procedures for maintaining and revising a formulary (if the responsibility of the organization includes maintaining and revising the formulary).
- Ensures formulary decisions consider medication safety.
- Develops and follows appropriate procedures for exceptions to the formulary, if applicable, in compliance with policy.
- Follows organization's policies and procedures for managing medication shortages when developing plan for substitution, or for other formulary actions (e.g., restrictions).
- Safely selects and obtains alternate medications during drug shortages.
- Steps in plan are defined clearly.
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles to guidelines/protocols, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Writes drug class reviews, monographs, treatment guidelines, or protocols that are evidence-based and use an accepted format.
- Plan to improve defect in operations and distribution systems, medication safety system, or error reporting system is based upon appropriate tracking and trending data.
- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, as applicable for planned changes in order sets, dosing rule guidance, ordering practices, and other forms of decision support.
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

Objective R2.1.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
- Gains necessary commitment and approval for use of treatment guidelines/protocols.
- Effectively communicates changes to the formulary, including those resulting from drug shortages.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

Objective R2.1.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:

- Outcome of change to medication-use system is evaluated accurately and fully.

- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change.
- Correctly identifies modifications or if additional changes are needed.
- Accurately assesses the impact, including sustainability if applicable, of the project.
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.1.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:

- Outcome of change to medication-use system is reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
- Report includes implications for changes to/improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Criteria:

- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Criteria:

- Accurately summarizes one's own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Criteria:

- Identifies and explains factors that influence departmental planning, including:
 - Basic principles of management.
 - Financial management.
 - Accreditation, legal, regulatory, and safety requirements.
 - Facilities design.
 - Human resources.

- Culture of the organization.
- The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.
- Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
- Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
- Describes the governance of the healthcare system and leadership roles.

Objective R3.2.3: (Applying) Contribute to departmental management.

Criteria:

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manages one's own practice effectively.

Criteria:

- Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and "can-do" approach.
- Strives to maintain a healthy work-life balance.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates pride in, and commitment to, the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.

Criteria:

- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences' defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.
- Includes accurate citations and relevant references, and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive "ah's" and "um's").
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and advancement in knowledge or summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the reader (e.g., physicians, pharmacists, other health care professionals, patients, public).
- Creates one's own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve their effectiveness.

Goal R4.2: Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
 - Selects direct instruction when learners need background content.
 - Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
 - Selects coaching when learners are prepared to perform a skill under supervision.
 - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

Criteria:

- Instructs students, technicians, or others, as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on September 10, 2014. Endorsed by the ASHP Board of Directors on September 19, 2014. This is the document referenced in the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved on September 19, 2014, and is intended to be used in conjunction with that Standard.

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Attachment C

DISCIPLINARY ACTIONS AND DISMISSAL POLICY

1. **Purpose:**

To establish policy and procedures related to need for disciplinary action and procedures for dismissal of a Postgraduate Year 1 (PGY1) Pharmacy Program resident. Each resident is considered a temporary employee (with a one-year appointment) of the Veterans Health Care System of the Ozarks (VHSO). As such, the resident is bound by all the rules and regulations pertaining to all personnel at the medical center, in addition to the requirements for the residency program as set forth in the residency manual.

2. Policy: Pharmacy service has established pharmacy resident standards of conduct to promote efficient and congenial working conditions and employee safety. It is the policy of pharmacy service that such standards are enforced in a consistent and equitable manner, whereby the concept of progressive discipline be employed. Progressive discipline is designed to correct and improve behavior rather than punish. Residents may, however, be dismissed prior to completion of the year-long residency experience for unprofessional conduct or unacceptable performance.

3. Definitions: The definitions are intended to give examples, but are not limited to items listed.

a. Unprofessional Conduct: Residents are responsible for participating in the care of patients at VHSO as part of a multi-disciplinary team. The residents will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner as to jeopardize patient welfare, the safety of patients and/or staff, or to impair the medical center's ability to provide essential care may be considered for immediate dismissal. This includes, but is not limited to the following:

- Patient abuse
- Possession of a firearm, explosives, or other weapon on station
- Possession of illicit drugs or alcohol on government property
- Involvement with or participation in the use of illicit drugs
- Providing false information on application or during an official investigation
- Abandonment of duty
- Violating VA Medical Center policies and procedures
- Violating ethics or laws of pharmacy practice.

Less serious breaches of conduct, as described in the Employee Handbook, may require corrective action. Repeated offenses may lead to suspension (without pay) or dismissal.

b. Unacceptable performance: If a resident fails to meet the requirements of the Residency Program, as established by the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* and as set forth in the residency manual, disciplinary

action may be taken. Repeated failure to meet the requirements as established in the residency manual may lead to suspension (without pay) or dismissal. This includes, but is not limited to the following:

- Repetitive failure to complete assignments
- Being late for clinical assignments
- Providing false information on evaluation forms
- Failure to complete evaluations as scheduled
- Failure to develop proficiency in the skills necessary for clinical pharmacy practice
- Unwillingness to participate in remedial efforts when performance issues are identified.

4. Procedure

- a. **Awarding a residency certificate:** It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to complete the requirements of the residency as detailed in the Residency Handbook will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it should be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the Residency Program Director (RPD), Residency Advisory Committee (RAC), and the Chief of Pharmacy. The resident will be informed by the RPD and/or Mentor of this decision.
- b. **Remediation:** The Residency Program aims to develop advanced professional competence. Conceivably, a resident could be seen as lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the RPD, mentor, or RAC will help residents identify these areas and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree. Remediation will take place when a Pharmacy Resident receives one or more "Needs Improvement" score(s) on any one of their Evaluations of Performance in a Learning Experience. Conceivably, the problem identified may be of sufficient seriousness that the resident would not get credit for the residency unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the RPD at the earliest opportunity in order to allow the maximum time for remedial efforts. If remediation efforts are unsuccessful, the resident may be dismissed prior to completion of the residency. The steps of the remediation process are as follows:
1. When a preceptor identifies areas in either the resident's performance and/or conduct which "need improvement" as indicated in ASHP Residency Goals and Objectives, the preceptor will provide the resident with a written assessment of those goals and objectives needing improvement. The preceptor will provide suggested strategies to improve the performance and/or conduct of the resident. Feedback will be sought from the resident concerning their performance and/or conduct. The preceptor will schedule a follow-up meeting with the resident to discuss the resident's progress toward improving performance and/or conduct.
 2. At the follow-up meeting, the preceptor will evaluate the resident's progress in areas identified as needing improvement. If the resident has not demonstrated improvement in

performance and/or conduct then a formal process will be implemented to assist the resident in addressing these areas needing improvement.

3. The resident's preceptor will meet with the RPD and the resident's mentor to review the resident's performance evaluation.
4. The RPD and resident's mentor will then meet with the resident to discuss the areas needing improvement.
5. The RPD in conjunction with the RAC members will formulate an action plan to aid the resident in successfully obtaining the goals and objectives needing improvement. The plan will include specific objectives with related activities and/or conduct to be addressed, plan to improve, when and how often activities and/or conduct will be evaluated, and target date for successful attainment (defined as satisfactory progress OR achieved). The resident, RPD, and Residency Mentor will all sign the action plan thereby acknowledging their commitment to its achievement. The Chief of Pharmacy Service will be made aware of these actions.
6. The resident's progress toward fulfillment of the action plan will be presented to the RAC.
7. Failure to meet the action plan on target at a level of satisfactory progress or better may result in the resident's dismissal prior to completion of the residency.
8. If requirements are not fulfilled by the end of the resident's employment period, and the Residency Advisory Committee determines that the remaining deficiencies are achievable, the resident may be given the opportunity to complete requirements under a Without Compensation (WOC) appointment. In this case, all requirements would need to be completed within 90 days, and any time spent completing requirements would not result in payment of the resident. If all requirements were then completed to the satisfaction of the Residency Advisory Committee, a residency certificate would then be awarded.

c. Attitude: The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity with regards to all activities and responsibilities associated with the residency for its entirety. The resident shall demonstrate the ability to work and interact with all the staff and patients of the Medical Center in a productive and harmonious manner. Appropriate attire, personal hygiene and conduct are expected at all times. The resident will adhere to all the regulations governing the operations of the Department of Veterans Affairs Medical Center without exception.

d. Termination Without Prejudice: Residents making satisfactory progress may be allowed to voluntarily withdraw from the residency program due to illness or problems of a personal nature that would interfere with their satisfactorily completing the program. This action would be taken after the resident and their mentor/advocate had discussed the problem and explored possible solutions. On approval of the RPD, the resident would be allowed to terminate the program without prejudice and a letter of explanation offered to the resident stating that the withdrawal was not a disciplinary action. The resident will forfeit any future benefits or compensation.

e. Attendance: If the resident is late to work more than one time (unexcused tardiness), the resident may be considered absent without leave and a pay reduction will be assessed for the time missed. Prompt arrival and attendance is required at all clinics, conferences, meetings, rounds and other scheduled activities during each and every rotation throughout the term of the residency. Unexcused absences and or tardiness will not be tolerated and can be a basis for termination from the program. It is the responsibility of the resident to contact the RPD and/or preceptor or the pharmacy secretary within 2 hours of the start of the scheduled tour to report unavoidable absences or tardiness. If the resident desires to be absent for personal

reasons, the resident must follow VA Procedure requesting leave at least two weeks in advance of the planned absence. All such requests must be approved in the computer by the RPD as well as by the appropriate preceptor, before the absence will be considered excused. The resident is responsible for rescheduling or arranging alternate coverage for all activities which will occur during any planned absence.

In the event that extended medical or family care leave is required, the program will arrange for the program end date to be extended to a time when the resident is able to meet all of the requirements of the program. This extension may be with or without pay based on the availability of funds for the facility.

- f. **Licensure:** Residents are expected to have completed all necessary licensure obligations by September 30th. In the event of unforeseen circumstances (as determined by the RAC) and the resident is not licensed by September 30th, the resident may be given an additional 30 days to complete the licensure process. Failure to comply with the above licensure requirements shall be sufficient grounds for termination of residency training.

VHA Directive 1899(2), Health Care Professional Practice in VA
(https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=8794)

g. The normal steps in a disciplinary/dismissal action process are as follows:

1. Residents, when appropriate, may be given verbal counseling by their primary preceptor, mentor, or RPD if they fail to adhere to the residency requirements or VA policies and procedures. They may be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided by the involved primary preceptor, mentor, or RPD. This verbal counseling will also be documented in their Residency training file or can be written explicitly on the required residency evaluation forms by the involved primary preceptor, mentor, or RPD. The RPD must be informed of the action if they are not directly involved.
2. If a resident fails to correct his/her behavior, the RAC will meet and decide an appropriate disciplinary action for the resident (such as an additional project, removal from certain activities or working after normal hours, etc.). This action will be documented again in their residency training file and will be communicated to the resident by writing and to the residency preceptors. If the disciplinary action would affect patient care services (e.g. being removed from direct patient care), appropriate service managers/clinical coordinators should be consulted.
3. Unsatisfactory resolution of problems following the above will result in a final termination of the resident from the program. Final termination will be with a consensus of the Residency Board and the Chief of Pharmacy Service. Any benefits of compensation will be forfeited. A written notice of termination will be prepared and the resident given a copy. This termination is final and the resident will not be allowed to complete the residency program.

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

The above policy has been reviewed and discussed with the resident.

Resident Signature

Date

Residency Director Signature

Date

Duty-Hour Requirements for Pharmacy Residencies

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), 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.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. If the program implements any type of on-call program, there must be a written description that includes:
 - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

- A. 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.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

- A. 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.
- B. In-House Call Programs
1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.
- C. At-Home or other Call Programs
1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 3. Program directors must define the level of supervision provided to residents during at-home or other call.
 4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
 5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

Veterans Health Care System of the Ozarks

Medical Center Memorandum Number 16-05-13

July 28, 2016

Leave and Absence

1. Purpose:

To establish local policy, authority, and responsibility, and to outline procedures for administering the laws, rules, and regulations affecting employee absence and leave.

2. Policy:

a. To administer the leave programs on a uniform and equitable basis within the scope of applicable laws and regulations.

b. In the event of a conflict between negotiable provisions of this memorandum and provisions of the American Federation of Government Employees (AFGE) negotiated agreement, the provisions of the negotiated agreement shall prevail.

c. Title 38 includes physicians, dentists, podiatrists, chiropractors, optometrists, nurses, nurse anesthetists, physician assistants, and expanded function dental auxiliaries. All other employees fall under the General scheduled (GS) and Coordinated Federal Wage System (CFWS) categories.

3. Responsibilities:

a. The employee is responsible for observing absence and leave policies and regulations, including:

- (1) Observing time and attendance policies and procedures;
- (2) Notifying the supervisor when any illness, injury, or emergency prevents the employee from reporting for work when scheduled;
- (3) Planning and using approved leave in a prudent manner;
- (4) Using leave for the purpose for which it is provided;
- (5) Submitting requests for planned leave as early as possible;
- (6) Ensuring that there is sufficient accrued leave in the category of leave requested; and
- (7) Scheduling leave to avoid forfeiture or loss at the end of the leave year.

b. Supervisors are responsible for administering absence and leave policies and regulations for employees, including:

- (1) Administering absence and leave policies in a fair and equitable manner;

- (2) Scheduling employee attendance and work assignments to meet the operational needs of the medical center;
- (3) Ensuring that employees are trained in proper use of leave, informed on leave policies, and aware of the names and titles of the appropriate absence and leave approving authorities.
- (4) Giving employees the opportunity to take earned or justifiable absence and leave;
- (5) Acting promptly on employee leave requests and determining acceptability of sick leave certification;
- (6) Ensuring that the employee has sufficient accrued leave in the category of leave requested;
- (7) Monitoring employees' accrued leave accounts to prevent an employee's unintended loss or forfeiture of leave at the end of the leave year;
- (8) Acting promptly regarding violations or abuses of leave regulations;
- (9) Ensuring that the timekeeper is kept fully informed of the employee's use of leave and absences and that the employee's leave records are current and accurate;
- (10) Encouraging employees to take at least 2 consecutive weeks of annual leave each leave year for rest and relaxation; and
- (11) Controlling attendance of employees and maintaining control over authorized absence.

c. Service Chiefs are responsible for:

- (1) Ensuring that absence and leave policies and regulations are correctly administered by supervisor;
- (2) Ensuring that supervisors receive appropriate training in administering absence and leave policies and regulations;
- (3) Ensuring that absences and leave are scheduled in such a way that required manpower is available to meet the operational needs of the service; and
- (4) Ensuring that employees use leave and absences in a legal and justifiable manner.
- (5) Providing a justification to approve/disapprove employee's requests for advanced sick leave or annual leave.

d. The Chief, Human Resources Management Service (HRMS) is responsible for the general administration of the leave and absence program, including:

- (1) Being informed on, and interpreting absence and leave policies, regulations, and procedures for the entire medical center staff;
- (2) Arranging supervisors training in absence and leave administration;
- (3) Providing employee orientation on absence and leave policies, regulations, and

procedures;

(4) Furnishing advice and assistance to managers, supervisors, and non-supervisory employees upon their request regarding absence and leave issues; and

(5) Ensuring that a leave account is established and maintained for all employees.

e. The Fiscal Officer is responsible for advising and assisting operating officials in the maintenance of time and leave records.

f. The Medical Center Director is responsible for administration of the leave programs. This authority may be delegated as necessary except when specifically limited by competent authority.

g. Authority to approve leave is set forth in the chart located in Appendix B.

4. **Location of Information:** Information regarding the specific leave programs can be found on the pages of this memorandum as noted in Appendix A.

5. **Procedure:** This memorandum does not attempt to answer all questions that may arise concerning leave. VA Handbook 5011 should be consulted for answers to questions not covered. The Chief, HRMS, or designee, is available for advice and assistance.

a. Leave Accrual:

(1) Generally, to earn leave, an employee must be employed during a full bi-weekly pay period.

(2) If employment is continuous, but an employee's service is interrupted by a non-leave earning period, the employee may be credited with leave on a pro rata basis for the fraction of the pay period during which the employee was in a leave earning status.

b. Granting Leave:

(1) Leave will be granted in a uniform and equitable manner consistent with patient care needs and efficient medical center operations.

(2) While annual and sick leave are earned employee benefits, they must be requested and approved as outlined in this memorandum.

(3) **Denial or Cancellation:** Denial of a leave request or cancellation of approved leave normally must be based on urgent need for the affected employee's services. Leave should not be denied or canceled for arbitrary or capricious reasons or as a disciplinary or punitive measure. Employees will not be denied leave solely on their leave balance.

c. Charging of Leave:

(1) Both annual and sick leave are charged to an employee only for absence on regularly scheduled workdays or days on which the employee would have worked except for taking leave. Whenever practical, leave should be requested in advance using the Electronic Time & Attendance (ETA) timecard or SF-71. If the employee is unable to enter the request prior to leave usage, the leave request should be entered promptly upon return to duty. Entry in ETA system is not required for AWOL charges.

(2) One-quarter (1/4) hour is the minimum charge for either annual or sick leave. Additional leave should be charged in multiples of 1/4 hour for GS and CFWS employees or Title 38 employees who are nurses, nurse anesthetists, and physician assistants.

(3) The minimum charge for leave for Title 38 employees who are physicians, dentists, podiatrists, chiropractors, and optometrists is 1 day and multiples of 1 calendar day.

6. Annual Leave (AL):

a. Purpose: AL is provided and should be used to allow employees an annual vacation period for rest and recreation; and to provide periods of time off for personal and emergency situations.

b. Eligibility: Employees who are appointed to positions not limited to 90 days or less in duration earn AL upon completion of the first bi-weekly pay period worked.

c. Earning Rates:

(1) Full-time GS and CFWS employees earn AL on the following basis.

Length of Service	AL Earned Each Bi-Weekly Pay Period	Maximum Possible AL For the Year
Less than 3 Years	4 Hours	104 Hours (13 Days)
At least 3, but less than 15 years	6 Hours	160 Hours (20 Days)
15 Years of more	8 Hours	208 Hours (26 Days)

Note: Employees with at least 3, but less than 15 years of service earn 10 hours of annual leave during the last full pay period of the calendar year.

(2) Part-time GS, HYBRID TITLE 38 and CFWS employees earn AL on the following basis as long as they have a regularly assigned tour of duty on at least one day of each week in a bi-weekly pay period:

Length of Service	AL Earned Each Bi-Weekly Pay Period
Less than 3 Years	1 hour for each 20 hours in pay status
At least 3, but less than 15 years	1 hour for each 13 hours in pay status
15 Years of more	1 hour for each 10 hours in pay status

(3) Full-time Title 38 employees who are physicians, dentists, podiatrists, chiropractors, and optometrists earn AL at the rate of 26 days per leave year.

(4) Other full-time Title 38 employees earn AL at the rate of 8 hours for every full bi-weekly pay period worked.

(5) AL for part-time Title 38 employees is accrued at the rate of 1 hour for each 10 hours in pay status.

d. Accumulation, Carry-Over, and Forfeiture of AL:

- (1) Generally, full-time and part-time GS, HYBRID TITLE 38 and CFWS employees may accumulate AL and carry it over for later use in subsequent years up to a maximum of 240 hours.
- (2) Unused AL in excess of this maximum permissible carry-over amount normally will be forfeited by the GS, HYBRID TITLE 38 and CFWS employee at the end of the leave year.
- (3) Full time Title 38 employees who are physicians, dentists, podiatrists, chiropractors, and optometrists may carry forward not more than 86 days of accumulated AL at the end of any leave year.
- (4) Other full time Title 38 employees may carry over 685 hours of AL to the next leave year.
- (5) Part-time Title 38 employees may carry forward not more than 240 hours of accumulated AL at the end of any leave year except that a Title 38 employee converted to a part-time from full-time may carry forward more hours of unused AL.
- (6) Suspension of forfeiture (restoring AL): This forfeiture of AL in excess of 240 hours may be suspended (restored) if the GS and CFWS employee was subject to one of the following conditions:
 - (a) Administrative error beyond the employee's control which caused a loss of AL which would otherwise have accrued to the employee;
 - (b) Exigencies of public business which interfered with the employee taking AL which was scheduled in advance; or
 - (c) Sickness or injury which interfered with the employee taking AL which was scheduled in advance.
 - (d) For 3 (b) and (c) found in item 6 (d)(6) above to be in effect, the AL must have been scheduled in advance in writing prior to the beginning of the last pay period in the month of November.
 - (e) There must have been no reasonable alternative to the cancellation of such leave and rescheduling within the same leave year must have been precluded by the exigencies of the public service or the continued nature of the illness. Increased workloads resulting from the illness of the employee involved, or the other employees, will not in itself justify not rescheduling the cancelled leave for use later in the same leave year.
- (7) Use of restored AL: The restored AL for GS and CFWS employees will be maintained in a separate leave account. This AL must be used by the end of the second leave year following the year in which the administrative error was corrected, the exigency terminated, or the employee's illness or injury ended.

e. Requesting and Granting of AL:

- (1) AL is an absolute right of the employee provided by law and accrues automatically while an employee is in a pay status. However, AL must be requested, granted, and taken subject to the right of management to approve when leave may be taken, subject to the needs of the service, rather

than just the desires of the employee. Management will render timely decisions on employee leave requests.

(2) AL must be requested and approved in advance except in emergency situations that prevent the employee from making the request in advance. Approval of AL for emergencies will be considered on an individual basis and usually will be granted.

(3) Approval of an employee's request to take AL shall be granted when the employee has given his or her supervisor reasonable notice and the supervisor determines that the employee can be spared from the employee's duties.

(4) AL must be requested via the ETA system unless exception is approved.

(5) AL in conjunction with separation: No AL will be approved or granted when it is known in advance that the employee is to be separated from service or does not plan to return to duty upon expiration of the leave.

f. Cancellation of AL:

(1) Management recognizes the needs of employees to plan vacation and personal time off. Therefore, management will not cancel leave which has been approved without the consent of the employee, except for rare and unusual circumstances.

(2) If an employee refuses to return to work when leave is canceled by management for compelling reasons, the employee's absence may be charged as AWOL.

g. Involuntary AL:

(1) An employee normally may not be placed on involuntary AL as a disciplinary measure or during an advanced notice period of proposed separation, removal, or suspension for more than 30 days initiated by management.

(2) However, an employee may be placed on involuntary AL when the employee's conduct or physical or mental health condition poses a threat to the employee, fellow workers, patients, or the general public.

h. Disposition of Accumulated AL: At the time of separation or retirement, an employee will be paid a lump sum for all unused, accumulated AL.

i. AL in Lieu of Sick Leave (SL):

(1) Approved absences otherwise chargeable to SL may be changed to AL at the employee's request at any time before the employee has actually been charged with SL for the absence.

(2) However, AL may not be substituted for SL on a retroactive basis solely for the purpose of avoiding forfeiture of AL at the end of a leave year (see 6.d. above).

7. Sick Leave (SL):

a. Purpose: SL is provided and should be used:

(1) When an employee is incapacitated for the performance of duty because of sickness, injury, or pregnancy and confinement (see also Maternity);

(2) For medical, dental, or optical examinations or treatment and adjustment of prosthetic appliance;

(3) When a member of the employee's immediate family is afflicted with a contagious disease and requires the personal care and attendance of the employee; or

(4) When, through exposure to contagious disease, the presence of the employee at work would jeopardize the health of others.

(5) Note: Sick leave is also authorized under the provisions of the Family Friendly Leave Act (Paragraph "g" of this section)

b. Eligibility: All employees who are in a pay status without consideration of type of appointment.

c. Earning Rates:

(1) Full-Time GS, Hybrid Title 38, and CFWS Employees earn SL at the rate of 4 hours for each full bi-weekly pay period worked starting with the first pay period of employment, without consideration of length of service and with no qualifying period.

(2) Part-Time Employees with an established regular weekly tour of duty in a pay status earn SL at the rate of 1 hour for each 20 hours of duty worked, up to a maximum of 4 hours SL in any pay period.

(3) Full-Time Title 38 Employees who are physicians, dentists, podiatrists, chiropractors, and optometrists accrue SL at the rate of 13 days per year.

(4) Other Full-time Title 38 Employees accrue 4 hours of SL for each bi-weekly pay period worked.

d. Accumulation and Carry-Over: An employee may accumulate unused SL without limit and without forfeiture of SL. SL accrued in previous years shall be carried-over for use in succeeding years.

e. Requesting and Granting SL: All requests for SL must be entered into the ETA system and will be entered within 2 days after the employee's return to duty unless the leave was approved in advance.

(1) Medical, Dental, and Optical Appointments:

(a) SL must be requested and approved in advance for pre-arranged visits to physicians, dentists and opticians for the purpose of diagnostic examinations and treatment. In these cases, the employee will give their supervisor as much advance notice as possible.

(b) If more than 2 hours absence is required and previous arrangements have not been made with the leave approving official, a medical certification may be required.

(2) Sudden Illness or Injury:

(a) It is the responsibility of an employee who is incapacitated for duty to notify the employee's immediate supervisor or designee (or to have any responsible person make the notification for the employee) at the work site as soon as possible but not later than 2 hours after the beginning of the employee's tour of duty, unless mitigating circumstances exist.

(b) Failure to call within 2 hours may result in the absence being recorded as AWOL and appropriate disciplinary action may be taken.

(3) Reporting Estimated Time of SL Absence:

(a) The employee will be as specific as possible in requesting SL as to the estimated time that the employee expects to be absent.

(b) If a specific time for return to duty is established by the employee and the supervisor, the employee will not have to call each day requesting SL. In the case of extended illness, daily reports will not be required.

(c) If no approximate time for the employee's return to duty is established, the employee may be required to notify the supervisor before the employee's return to facilitate staffing.

(4) Reporting Nature of Illness: The employee will not routinely be required to reveal the nature of the illness as a condition of approval of SL, except that food handlers must disclose certain diseases or illnesses in order to prevent communication of the disease or illness to others.

(5) Medical Certification of SL:

(a) An employee on SL for more than 3 consecutive workdays must submit an appropriate request and upon return to duty, but not later than 15 days after return to duty, furnish satisfactory evidence (preferably a medical certificate) of the need for SL during the period of absence. An employee may justify the request for sick leave:

1) Medical certification should be from a physician or health care provider. Any contact with the employee's physician or health care provider concerning medical diagnosis will be made by the Occupational Health provider.

2) When it would be unreasonable to require a medical certificate because there is a shortage of physicians in the area, due to remoteness of locality, or because the nature of the illness did not require a physician's services, the employee's signed statement of reasons why other supporting evidence is not furnished may be accepted in lieu of a medical certificate. The supervisor may request clarification should the employee's written statement not be sufficient to support the request. The Service Chief will be the deciding official in these special cases.

3) An employee with a chronic medical condition that does not require medical treatment but does result in periodic absences from work will not be required to furnish a medical certificate on a continuing basis if the employee: (1) is not on leave restriction and (2) provides, if requested, an updated valid medical certification every 6 months which clearly states the continuing need for the periodic absences.

(b) Medical certification must include a statement that the employee was incapacitated for work and date(s) of incapacitation. This will be considered sufficient for medical certification purposes. This applies to both SL of more than 3 days and certification for SL restrictions.

(c) An employee shall not be required to furnish medical certification to substantiate requests for approval of SL of 3 consecutive working days or less.

(d) Documents regarding employee absence for SL purposes are highly sensitive. They are to be maintained in a secure and confidential manner.

(6) Abuse of Sick Leave (SL Certification):

(a) In individual cases where there is reason to believe the employee is abusing the SL privilege, the employee will first be formally counseled by the employee's supervisor concerning the SL record and advised of the possibility of future medical certification requirements should the abuse continue. This counseling will be documented and a copy given to the employee.

(b) If, after being counseled, the SL problem still continues to exist, the employee will be advised orally and in writing that a medical certificate will be required for each subsequent absence of SL.

(c) All such cases requiring counseling or medical certification may be reviewed in 3 months but not later than 6 months afterward. The Service Chief will review each case where such a letter has been issued. When the restriction is continued, the employee will be informed, in writing, as to the reasons. When it has been determined that the restriction is no longer necessary, the restriction will be removed, the record made clean, and the employee will be notified of this action orally and in writing.

(7) Effect of Outside Employment on SL: An employee engaged in outside employment (whether self-employed or working for others) during any part of the time for which the employee requests SL must notify the supervisor of the outside employment. Normally, an employee may not be granted SL due to personal illness or injury for any period during which it is known that the employee performs outside employment. Any exception must be justified and documented by the supervisor.

f. Absence of Disabled Veterans:

(1) A disabled veteran will be granted SL or AL, as appropriate, or LWOP, if necessary, for medical treatment, examination, or other absence from duty related to a service-connected disability.

(2) The veteran must give prior notice of the period during which the absence for treatment will occur, and provide an official statement from the duly constituted medical authority that the treatment is required.

g. Expanded Family Friendly Leave (CB):

(1) This authority expands the use of SL by permitting employees to use SL for:

(a) Care of a family member as a result of physical or mental illness, injury, pregnancy, childbirth, or medical, dental or optical examination or treatment;

(b) Arrangements necessitated by the death of a family member;

(c) Attending the funeral of a family member, or

(d) Adoption (appointments with adoption agencies, social workers and attorneys; court

proceedings; required travel; or any other activities necessary for the adoption to proceed).

(2) For EFLA purposes, the term “family member” means spouse (includes same-sex domestic partners) and parents thereof; children, including adopted children and spouses thereof; parents; brothers and sisters and spouses thereof; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

(3) Limitation:

(a) Full-time GS, HYBRID TITLE 38 and CFWS employees may use up to 104 hours (13 workdays).

(b) Part-time GS, HYBRID TITLE 38 and CFWS employees may use up to the equivalent of the average number of hours of work in the employee’s scheduled tour of duty each week. In addition, a part-time employee who maintains a sick leave balance equal to at least twice the average number of hours of work in the employee’s scheduled tour of duty each week may use an amount equal to the number of hours of SL normally accrued by the employee during a leave year. (Note: If the number of hours of work in an employee’s tour of duty is changed during the leave year, the employee’s entitlement to use SL must be recalculated based on the new tour of duty.

(c) Full-time Title 38 employees charged leave on a daily basis may use up to 5 days of SL in a leave year for this purpose, however, if they maintain a balance of 10 days of SL, they may take an additional 8 days of SL, or up to 13 days of SL in a calendar year.

(d) Other full-time, Title 38 employees charged leave on an hourly basis may take up to 40 hours of SL in a leave year for this purpose, however, employees maintaining a balance of 80 hours of SL may take an additional 64 hours of SL, or up to 104 hours of SL in 1 leave year.

(e) Part-time Title 38 employees may take up to 1 workweek of SL and if they maintain a balance of at least 2 workweeks of SL, they may take up to the amount of SL they would accrue in 1 leave year.

(f) In approving CB request, the same criteria must be applied as if the employee were suffering from similar symptoms or receiving medical, dental, or optical examination or treatment.

8. Sick Leave to Care for a Family Member with a Serious Health Condition:

a. Most full time employees who are charged leave on an hourly basis may use up to a total of 12 administrative work weeks of SL each leave year to care for a family member with a serious health condition subject to the following limitations. The term family member is the same as defined under Expanded Family Friendly Leave. The term serious health condition is the same definition used in FMLA.

(1) If an employee previously used any portion of the 13 work days of CB in a leave year, that amount must be subtracted from the 12 administrative work weeks entitlement.

(2) If an employee has already used 12 administrative work weeks entitlement of sick leave to care for a family member with a serious health condition, the employee cannot use an additional 13 work days in the same leave year for CB leave.

(3) Part time employees and employees on uncommon tours of duty may take up to the

amount of sick leave equal to 12 times the average number of hours in their scheduled tour of duty each week during the leave year, subject to the following limitations:

(a) If an employee has previously used any portion of CB leave, that amount must be subtracted from the total available hours.

(b) If the employee has used the maximum amount of sick leave permitted to care for a family member with a serious health condition, the employee cannot use additional hours in the same leave year for CB leave.

9. **Advanced Leave:**

a. **Advanced Sick Leave:**

(1) GS, HYBRID TITLE 38 and CFWS employees with no time limit on their appointment may draw on their anticipated future SL accruals if the period of disability exceeds their current SL account balance due to a serious illness or disability or medical emergency for purposes related to adoption of child, for family care or bereavement purposes, or to care for a family member with a serious health condition.

(2) GS and CFWS employees serving under a time limited appointment may be granted advanced SL up to the total SL which would be earned during the appointment.

(3) There may not be more than 30 days (240 hours) of advanced SL in any GS and CFWS employee's SL account at one time.

(4) Full-time Title 38 employees who are physicians, dentists, podiatrists, chiropractors, and optometrists may be granted up to 45 days of advanced SL.

(5) Other full-time Title 38 employees may be advanced SL not to exceed 360 hours.

(6) Part-time Title 38 employees may be advanced SL based on the ratio which their employment bears to full-time employment.

(7) Advanced SL may not exceed the amount which an employee can accrue during the remainder of any time limited appointment.

(8) The amount of AL, in an employee's account will have no bearing on granting of advanced SL.

(9) In the case of CB leave, any or all of the first 5 days (40 hours) or equivalent for part-time employees used for CB leave purposes each leave year may be considered for advancement.

b. **Advanced Annual Leave:** There is no entitlement to advanced AL.

(1) An employee with no time limit on their appointment may be advanced AL only in an amount that can be earned by the end of the leave year in which the advanced AL is granted.

(2) An employee serving under a time limited appointment which will expire before the end of the leave year may be advanced AL up to the amount the employee would earn during the term of the appointment.

(3) In most cases, when an employee who is indebted for advanced AL separates from Federal service, the employee is required to refund the amount of the advanced AL for which the employee is indebted.

c. Requesting and Approval of Advanced Leave:

(1) Requests for advanced leave, along with accompanying service chief justification, will be forwarded by the employee through the appropriate service chief, for endorsement, and the Chief, HRMS or designee for technical review, to the appropriate approving official for approval.

(2) Each request must contain the following statement and be signed by the employee:

“I understand that as sick/annual leave accrues, it must be applied to the deficit balance and is not available for use until such deficit is liquidated. I also understand that any un-liquidated advanced sick/annual leave at the time of my separation from Federal Service will constitute a salary overpayment which I will acknowledge as an incurred debt, to be collected through established regulatory procedures, including offset against final salary payment.”

(3) Approval of advanced leave will depend upon the need for the advanced leave, the employee’s work performance, prior leave usage, length of employment and the reasonable expectation that the employee will remain in a leave earning status. An employee will not be advanced either AL or SL when it is known or reasonably expected that the employee will not return to duty.

(4) Denials of requests for advanced leave must be conveyed to the employee promptly and must contain a specific explanation of the reasons for the denial.

d. Liquidation of Advanced Leave:

(1) Generally, advanced leave will be liquidated by applying current leave accruals against time advanced leave account.

(2) Advanced SL may be liquidated, at the employee’s request, by a charge against an equivalent amount of AL, providing the leave approving official would have been willing to grant AL, had the employee requested it, unless the substitution of AL for SL was for the purpose of preventing a forfeiture of AL at the end of the leave year. Substitution for the purpose of avoiding forfeiture of AL is not authorized.

(3) If an employee separates prior to the liquidation of advanced leave, efforts will be made to collect the amount of the adjustment from the employee (except employees who separate by reason of disability and have un-liquidated advanced SL). The indebted employee will receive a letter from the Chief, HRMS or designee after notification by the employee’s service chief. The rate at which payment for the un-liquidated advanced leave is to be collected will be based on the employee’s salary rate at the time the leave was advanced.

(4) The debt may be satisfied by time following means:

(a) The employee may pay the debt in cash;

(b) The debt may be offset against the final salary payment; or

(c) In accordance with established procedures as outlined in VHA Handbook 5011.

10. **Absence for Maternity, Paternity, and Adoption:** (Also refer to FMLA)

a. Maternity:

(1) Leave related to maternity reasons may consist of accumulated AL, SL, or LWOP. Advanced leave may be advanced per policy regarding advanced leave. Donated AL under the Voluntary Leave Transfer program may also be utilized if the leave balance is exhausted. Donated leave may be used only for a medical emergency; e.g. the mother's period of incapacitation and the illness of the newborn and may not be used to care for a healthy newborn. The granting of leave shall take into consideration the need for protecting the mother and infant, avoiding occupational hazards to the other employees, and maintaining working requirements. Pregnancy will not jeopardize an employee's job.

(2) The employee should report her pregnancy to the supervisor as soon as it is an established fact. The date which an employee becomes incapacitated for duty will be determined according to the circumstances of each individual case. The employee should make known her intent to request leave for maternity reasons, including type of leave, approximate date, and anticipated duration so as to allow the service to prepare for staffing adjustments as necessary.

(3) The accumulated SL and/or AL balance to an employee's credit has no bearing on the length of absence that can be approved for reasons related to pregnancy. That which may be approved must be fully substantiated in each individual case by a medical certification.

(4) Leave for maternity purposes is not to be construed as sanctioning the use of SL for infant care or for conditions of pregnancy without regard to whether the employee is incapacitated for duty or undergoing medical examination or treatment.

(a) SL may be used to cover the time required for physical examinations or the period of incapacitation.

(b) After delivery and recuperation, the employee may desire a period of adjustment or may need time to arrange for care of the infant. These additional leave requirements may be taken care of by use of available AL or LWOP.

(c) Periods of absence related to pregnancy and confinement which are not medically certified as due to incapacitation for performance of duty will not be charged to SL. They must be charged to AL or LWOP if requested by the employee and approved by the leave approving official.

(d) An employee who is not expected to return to duty following pregnancy will be granted accumulated SL for the period the employee is incapacitated.

(e) An employee who can reasonably be expected to return to duty following pregnancy and, if so indicated in writing, may be granted accumulated SL, AL, and LWOP for the period of incapacitation.

b. Paternity: A male employee may request and be entitled to AL, SL or LWOP for purposes of assisting or caring for his minor children or the mother of his newborn child while the mother is incapacitated for maternity reasons. Approval of leave for this reason should be consistent with the policy of granting leave in similar situations, and each leave request will be considered on its own merit.

c. **Adoptive Parents:** An employee, male or female, who is adopting a child, may desire a period of time off work in order to make necessary family adjustments and arrangements for child care. The use of AL or LWOP is appropriate for such purposes. An agency must grant sick leave to an employee when he or she must be absent from duty for purposes relating to his or her adoption of a child, including appointments with adoption agencies, social workers, and attorneys; court proceedings; required travel; and any other activities necessary to allow the adoption to proceed.

11. **Military Leave (ML):**

a. **Eligibility:** Regular full-time employees (those with permanent, temporary indefinite, or term appointments for more than one year) and permanent part-time employees (those who work 16-32 hours a week), who are members of the Reserve components of the Armed Forces or of the National Guard are eligible for ML. The employee must have been in a pay status where, but for the active military duty; the employee would have been in a civilian pay status.

b. **Types and Duration of ML:**

(1) **Regular Military Duty or Military Training Duty:**

(a) Military leave accrues at the rate of 15 calendar days in a fiscal year for regular active military duty or military duty, whether in a continuous tour or a combination of short periods. Non-workdays falling within a period of absence for military training duty are charged against the 15 days of military leave. Non-workdays occurring at the beginning or end of the training period are not charged.

(b) Any unused portion of the 15 days of military leave may be carried over from 1 fiscal year to the next for a potential total of 30 days of military leave.

(c) Absence which is not chargeable to ML can be charged to AL. Thus, if an employee is called to active military duty for a period beyond the 15 day period chargeable to ML, the employee may use AL, for the excess period.

(d) There is no reduction in an employee's civilian pay when on this type of ML.

(2) **Military Aid to Law Enforcement (In Support of a Contingency Operation):**

(a) Not to exceed 22 workdays in a calendar year to perform full-time military service as a result of a call or order to active duty in support of a contingency operation as defined in 10 U.S.C 101 (a)(13). This military leave is separate and distinct from the 15 days of regular military duty or military training duty mentioned previously.

(b) When on this type of ML, the military pay received (excluding travel, transportation, or per Diem) must be credited against the employee's civilian pay.

(3) A permanent part-time employee is granted a proportionate share of ML based on the number of hours in the employee's regularly scheduled work week.

c. **Requesting and Approving of ML:**

(1) The employee must request and receive approval for ML prior to departure. The request for ML will be submitted via ETA system (unless exception approved) and must provide a copy of the military orders through supervisory channels to the Service Chief for approval. Upon completion of

the tour of military duty, the employee will submit a certificate of attendance from his Commanding Officer, which will be retained with the service timekeeper's records. Human Resources should also be made aware of extended ML and when an employee returns from extended ML. These actions may require a SF 52, Request for Personnel Action.

(2) An eligible employee is encouraged to notify their supervisor as far in advance as possible of the need for ML so that arrangements may be made to cover work assignments during the absence.

(3) If an employee has used up, is not entitled to, or does not require ML, the employee may be granted AL or LWOP, as requested, for performance of active or inactive military duty.

(4) Management will take into consideration the schedules of employees who work off-tours and will, when possible, arrange schedules to allow such employees to have scheduled days off immediately preceding and following the required military leave.

12. Court Leave (CL):

a. Types of leave and duty status:

(1) An employee is entitled to CL without loss of pay or charge to their leave account during any period the employee is summoned by a court to take part in a judicial proceeding as:

(a) A juror

(b) A witness to testify in an unofficial capacity on behalf of a state or local government, or

(c) A witness to testify in an unofficial capacity on behalf of a private party where the U.S., a state, or local government is a party to the proceeding.

(2) An employee is performing official duty during any period the employee is summoned or required by the agency:

(a) To give testimony or to produce official records in an official or unofficial capacity on behalf of the U.S. Government; or

(b) To give testimony in an official capacity or to produce official records on behalf of a party other than the U.S. Government, including a state or local government or a private party.

(3) An employee is in a non-duty status, not CL, during any period the employee is summoned to give testimony in an unofficial capacity in a proceeding involving only private parties, and the employee must take AL or LWOP for such a period.

(4) Judicial proceeding as used in this section does not include any purely administrative proceedings.

b. Eligibility:

(1) All permanent and temporary full-time and part-time except those who are employed on an intermittent basis.

(2) CL is available only to an employee who, but for the jury duty or witness duty described

above, would be on duty or leave with pay.

(a) CL while in AL: If an employee is on AL when called to jury or witness services, CL will be substituted for AL. No exception is made for AL that would otherwise be forfeited at the end of the leave year.

(b) CL while on LWOP: If an employee is on LWOP when called to jury or witness service, the employee will not be granted CL.

c. Requesting and Granting CL:

(1) The employee is responsible for reporting the need for CL to the supervisor as soon as it is known.

(2) Shifts will not be changed for CL. A night or evening shift employee who performs jury or witness service during the day will be granted CL for his regularly scheduled night or evening tour of duty.

(3) An employee on CL who is excused by the court for any day tour of duty or substantial portion of a day tour of duty is expected to return to their regular VA duties or be charged with AL upon arrival, except when:

(a) Only a small portion of the workday remains;

(b) The distance from the court to the place of duty is considerable; or

(c) The employee is on a regularly scheduled night or evening tour of duty.

d. Excused from Jury Duty: It is a VA policy that employees not be excused from jury duty except in the most unusual circumstances. All such cases will be referred to the Chief, HRMS by the Service Chief with a specific recommendation. The Chief, HRMS will present the request to the court officials for relief from jury duty.

e. Disposition of Fees and Expenses:

(1) The following chart found in Appendix I summarizes the above instructions on absence of employees in connection with court or court-related services indicating the varying conditions for absences and the proper time and attendance recording for each, together with any right to (and retention of) fees for services rendered and right to payment of expenses for travel.

(2) If an employee is in a LWOP or non-duty holiday pay status during the time of court service, the employee may collect and retain any authorized court fees.

(3) Even though no compensation is received for serving on jury duty in a federal court, employees may keep expense money received for mileage, parking or required overnight stay. Money received for performing jury duty in state or local courts is indicated on the pay voucher of check as either "fees for services rendered" or "expense money" may be retained by the employee; "fees for services rendered" must be submitted to the appropriate financial office.

(4) An employee with a regularly scheduled tour of duty between 6:00 p.m. and 6:00 a.m. is entitled to night differential for the periods the employee otherwise is properly excused from duty while performing as a juror or witness in an official duty or CL status.

f. CL is the abbreviation for court leave and is not the time code used for reporting court leave. Timekeepers should use Authorized Absence (AA) with the remark “#6 – Jury Duty.”

(1) The court summons will be used as authorization for the AA and should be kept on file with the timekeeper.

13. Leave without Pay (LWOP): LWOP is temporary non-pay status and absence from duty.

a. Purposes of LWOP: Typical purposes of LWOP are:

(1) Education or study related to the work the employee performs for the VA;

(2) Temporary service with non-Federal public or private enterprise, where the experience gained is in the interest of the VA;

(3) Recovery from illness or disability not of a permanent nature; or

(4) Protection of the employee’s employment status pending a claim for workers’ compensation, SL or AL may be substituted retroactively for LWOP if the claim is disapproved.

(5) Reasons covered by the Family and Medical Leave Act (FMLA) of 1993.

b. Requesting and Approval of LWOP:

(1) LWOP cannot be demanded as a matter of right, except in the case of:

(a) A disabled veteran needing medical treatment; or

(b) Reservists and National Guardsmen needing LWOP for military training purposes;

(c) Employee awaiting adjudication of a claim for workers’ compensation by the Office of Workers’ Compensation Program (OWCP); or

(d) Request made under the Family and Medical Leave Act and meets the criteria for that program.

(2) The granting of LWOP is a matter of administrative discretion. Approval of LWOP will be granted upon an employee’s request only for reasons considered to be in the interest of the VA. Factors which should be considered by the supervisor when deciding a LWOP request are:

(a) The employee’s record of work performance;

(b) The employee’s work attendance record;

(c) Whether or not there is a reasonable expectation that the employee will return to duty from LWOP; and

(d) Whether the employee’s position can remain unfilled or can be filled temporarily during the requested absence.

(3) In general, circumstances which justify approval of AL or SL will justify granting of LWOP.

- (4) An employee does not enter LWOP status without prior approval.
- (5) LWOP may be granted even though the employee has a SL or AL balance.
- (6) LWOP is not imposed as a penalty or a disciplinary measure.

c. Duration of LWOP:

(1) will be authorized for no more than 52 weeks initially. Each extension after 52 weeks will be carefully studied.

(2) An employee who is granted LWOP for more than 30 calendar days must be notified in writing that:

(a) While the employee can usually expect to be restored to their former position, it may be necessary to reassign the employee to another position when they return;

(b) In the event of a reduction-in-force which affects the employee's position, the employee will be given the same consideration as other employees in duty status;

(c) If the employee is reached for reduction-in-force reassignment in another organization element, LWOP may be terminated if the employee's active service is required; and

(d) The employee must notify the Service Chief two weeks before the employee's expected return from LWOP status.

(3) Chiefs are required to submit a SF-52, Request for Personnel Action, to Human Resources to document LWOP use as follows:

(a) When LWOP in excess of 30 consecutive days is granted;

(b) When LWOP in excess of 80 hours is granted for workers' compensation purposes; or

(c) When employees return to duty from LWOP in excess of 80 hours (OWCP), or 30 calendar days.

(4) An employee receiving compensation from the Department of Labor, Office of Workers' Compensation Program for job connected injury or illness usually will be removed from the rolls of the VA after 1 year of LWOP status.

d. Family and Medical Leave Act of 1993 (FMLA):

(1) FMLA requires covered employers to provide up to 12 work weeks of unpaid, job protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for at least 1 year (not required to be 12 recent or consecutive months). Under certain conditions, FMLA leave may be taken intermittently. FMLA leave is in addition to other paid time off available to an employee. An employee may elect to substitute other paid time off, as appropriate, for any unpaid leave under the FMLA. FMLA is intended for use as follows:

(a) Birth of a son or daughter of the employee and the care of such;

(b) The placement of a son or daughter with the employee for adoption or foster care;

(c) The care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or

(d) A serious health condition that makes the employee unable to perform the essential functions of his or her position; or

(e) Qualifying exigency leave to care for a covered service member undergoing medical treatment, recuperation, or therapy for a serious illness or injury; or

(f) Veteran who is undergoing treatment, recuperation or therapy for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

(2) Definitions for FMLA (5 CFR 630.1202):

(a) Spouse: An individual who is a husband or wife pursuant to a marriage that is a legal union between one man and one woman, including common law marriage between one man and one woman in states where it is recognized.

(b) Son or Daughter: A biological, adopted, or foster child; a step child; a legal ward; or a child of a person standing in loco parentis who is under 18 years of age; or 18 years of age or older and incapable of self-care because of a mental or physical disability.

1) Incapable of Self-Care: Requires active assistance or supervision to provide daily self-care in three or more of the “activities of daily living (ADL)” such as bathing, dressing, eating, etc. or “instrumental activities of daily living” (IADL’s) such as cooking, shopping, taking public transportation, using the telephone, etc.

2) Physical or mental disability: Physical or mental impairment that substantially limits one or more of the major life activities of an individual as defined in 29 CFR 1630.2 (h),(i) and (j).

(c) Parent: A biological parent or an individual who stands in loco parentis to an employee when the employee was a son or daughter. Does not include parents “in law”

(3) The employee must provide notice of his or her intent to take family and medical leave not less than 30 days before leave is to begin or as soon as is practicable. Medical certification may be requested for FMLA leave. VHSO suggests use of the Department of Labor form WH-380-e and Department of Labor Form WH-380-f for medical certification for FMLA.

(a) Provisional FMLA leave must be granted if an employee is unable to provide the requested medical certification before leave begins or if the agency questions the validity of the medical certification provided by the employee and the medical treatment requires the leave to begin before administratively acceptable medical certification can be provided.

(b) An employee who has been approved for provisional FMLA leave must provide written medical certification, signed by the health care provider, supporting the need for FMLA leave no later than 15 calendar days after the date that the approving official requests such certification. If it is not practicable under the particular circumstances for the employee to provide the requested medical certification within 15 calendar days despite the employee's diligent, good faith efforts, the employee must provide the medical certification within a reasonable period of time under the circumstances

involved, but no later than 30 calendar days after the date the approving official requests such medical certification.

(c) if the employee does not provide the requested medical certification by the date specified the provisional leave may be changed to absent without leave (AWOL); or the employee may be allowed to request that the provisional leave be charged as leave without pay (LWOP) or charged to his/her annual and/or sick leave account, as appropriate.

(d) An employee may not retroactively substitute paid time off for unpaid FMLA leave.

e. Expanded Family and Medical Leave LWOP:

(1) Employees may schedule and be granted up to 24 hours of leave without pay each year for the following activities:

(a) School and early childhood educational activities to allow employees to participate in school activities directly related to the educational advancement of a child. This would include parent-teacher conferences or meetings with childcare providers, interviewing for a new school or childcare facility, or participating in volunteer activities supporting the child's educational advancement. "School" refers to an elementary school, secondary school, Head Start program, or a childcare facility.

(b) Routine family medical purposes to allow parents to accompany children to routine medical or dental appointments, such as annual checkups or vaccinations.

(c) Elderly relative's health or care needs to allow employees to accompany an elderly relative to routine medical or dental appointments or other professional services related to the care of the elderly relative, such as making arrangements for housing, meals, phones, banking services, and other similar activities.

(2) Expanded FMLA LWOP is extended to include Federal Employees with same-sex and opposite-sex domestic partners.

(3) Expanded FMLA LWOP is not based on the authority of FMLA (5 CFR 630) therefore FMLA laws and regulations do not apply to expanded FMLA, meaning:

(a) Expanded FMLA LWOP is not an entitlement and is subject to supervisor's right to approve or disapprove such requests.

(b) Expanded FMLA LWOP is not counted towards the 12 week FMLA entitlement.

(c) Employees cannot substitute annual and sick leave for Expanded FMLA LWOP and cannot use leave donated under the Voluntary Leave Transfer Program.

(d) Employees may be required to provide administratively acceptable documentation, including medical certification, as appropriate.

(4) Maternity and Paternity Leave: Under FMLA and the AFGE Master Agreement, bargaining unit employees are entitled to 16 weeks of LWOP during any 12 month period for the following reasons:

(a) Birth of a son or daughter and the care of such, and

(b) Placement of a son or daughter for adoption or foster care.

f. Leave for Bereavement:

(1) Upon request, subject to documentation requirements, leave approving officials approve up to 5 days of AL, SL, and/or LWOP for employees to mourn the death of the following family members: spouse, children including adopted and step-children, parents including step-parents, siblings including step-brother/sister, or any individual related by affinity, i.e. whose association with the employee is the equivalent to one of the family relationships identified above.

(2) Upon request, subject to documentation requirements, leave approving officials shall approve 1 day of AL, SL, and/or LWOP for employees to mourn the death of a grandparent or parent of their spouse.

(3) The supervisor has the discretion to require documentation (e.g. obituary, death certificate) prior to final approval of bereavement leave. However, this documentation will normally be required only in unusual circumstances.

14. Excused Absences (EA): EA is an absence from duty administratively authorized without loss of pay or charge to leave. Excused absence may be granted for activities which are in the Government's interest.

a. Registration and Voting: Employees who desire to register or vote in any public election or referendum may be excused as outlined:

(1) Registration: For employees who vote in jurisdictions which require registration in person, time off to register may be granted on the same basis as for voting, except that no time shall be granted if registration can be accomplished on a non-workday or outside of the daily duty hours where the place of registration is within a reasonable 1 day round trip traveling distance of the employee's residence.

(2) Voting:

(a) Where the polls are not open at least 3 hours either before or after an employee's regular hours of work, the employee may be granted absence which will permit the employee to report for work 3 hours after the polls open or leave work 3 hours before the polls close, whichever requires the lesser amount of time off. This rule applies only in those unusual situations where the employee cannot vote either before or after work.

(b) If an employee's voting place is beyond the normal commuting distance and vote by absentee ballot is not permitted, the employee may be granted sufficient time off, not to exceed 1 work day, to vote.

b. Blood Donations: Uncompensated donors may be administratively excused for up to 4 hours for rest and recuperation for any one instance of donating blood which occurred just prior to or during a scheduled tour of duty. Additional excused absence will be granted to employees who donate blood platelets through Department endorsed hemapheresis programs. Time spent in necessary travel for such purposes shall also be administrative leave.

c. Bone Marrow, Organ, and Tissue Donations: Upon request, subject to certification by a medical provider, leave approving officials shall approve excused absence for employees who serve

as living donors for bone marrow, organ, tissue donation, stem cell donation (as long as stem cell donation is for someone other than themselves) and transplantation. The use of excused absence can cover time off for activities such as donor screening, the actual medical procedure and recovery time as specified in the AFGE Master Agreement. An employee may use up to 7 days of paid leave each calendar year to serve as a bone marrow donor. An employee also may use up to 30 days of paid leave each calendar year to serve as an organ donor. An employee is entitled to use this leave without loss of or reduction in pay, leave to which otherwise entitled, credit for time or service, or performance or proficiency rating.

d. Attendance at Conventions, Conferences, Training Courses, Meetings, Institutes, and Seminars:

(1) An employee may be authorized to be absent from duty without charge to leave to attend conferences, meetings, or conventions of civic, professional, technical or administrative organizations where it is predetermined that the benefits of the VA are sufficient to justify the absence of the employee from duty.

(2) If the employee travels at their own expense, the amount of excused absence granted for travel shall not exceed the time for which per diem would have been paid had the travel been authorized at Government expense.

e. Job-Related Examinations and Interviews: An employee who takes an examination or undergoes an interview related to his present position or involving a possible placement action with this medical center will be excused during the employee's regular workday for the time involved in the examination or interview.

f. Occupational Health Treatment: An employee who is on duty and is examined or treated at a VA facility for illness or minor non work related injury with the goal of enabling the employee to remain on duty, or who is ordered to undergo examination or treatment related to federal employment, will be excused during the regular workday, but usually not for more than one day. The Occupational Health provider may make recommendations concerning an employee's fitness for duty, however, responsibility and authority for relieving an employee for duty and granting leave remains with the leave approving official.

g. Rest Periods:

(1) Each employee may be granted by their supervisor 2 rest periods normally not to exceed 15 minutes each, during any 8 hour tour of duty, normally 1 in the first half and 1 in the second half of the shift. A rest period of 10 minutes duration will be allowed each employee during each period of extended shift overtime of at least 2 hours duration. On days when all work is overtime, or in the case of extended shifts, a rest period of 15 minutes will be allowed for each period of 4 hours worked. Rest periods may not be continuations of the lunch period and may not be granted immediately after the beginning of the workday or immediately prior to quitting time. Rest periods may not be accumulated.

(2) Rest periods will be regulated so as to maintain essential services. Employee mobility will not be restricted during rest breaks except as described below.

(3) For an employee who cannot leave the work area due to the nature of their work, every effort will be made to provide space at the work site for the employee to take a break when it is possible without stopping or interrupting the work assignment or responsibility.

h. Wash Up and Change of Uniforms:

(1) In jobs requiring wash up, an employee shall be excused before the end of the tour of duty for a reasonable time to wash up.

(2) An employee who is required to wear a uniform at work but is not permitted to wear it home shall be excused immediately after the start or immediately before the end of the tour of duty for a reasonable time to change clothes.

(3) The amount of time involved in both these cases will be determined by management.

i. Tardiness: Ordinarily unavoidable or necessary absences from duty or tardiness of less than 1 hour may be administratively excused without charge of leave. Unexcused absences or tardiness may also be charged to compensatory time, AL, LWOP, or AWOL. Repeated absences or tardiness will not be condoned and will be charged to AWOL. AWOL may be a basis for disciplinary action.

j. Participation in Hearings and Appeals Procedures:

(1) An employee who is required or authorized to be present at a VA or other Federal hearing will be authorized absence from normal duties for the period it is necessary for the employee to be at the proceedings.

(2) An employee who is involved in an issue may be granted reasonable time during regular working hours to prepare a reply to charges against the employee, to prepare a case for hearing, or to prepare an appeal within the VA or other U.S. agency. The time allowed will depend on the complexity of the case, the length of the charges, and the extent of the hearing record.

k. Attending the Military Funeral of a Relative:

(1) An employee will be granted excused absence without charge to leave or loss of pay to make arrangements for or to attend the funeral of a member of their immediate family killed in the line of duty in a combat zone in the Armed Forces. Normally, the amount of excused absence will be limited to a maximum of 3 days.

(2) An employee may be granted up to 8 hours of excused absence to attend the funeral of a member of their immediate family who dies in the line of duty in military service not in a combat zone.

l. Participating in Military Funerals: An employee who is a veteran of any war, campaign, or expedition, or a member of an honor or ceremonial group of such, may be excused for up to 4 hours to take part as a pallbearer or firing squad or honor guard member in funeral ceremonies for members of the U.S. Armed Forces returning from abroad for burial.

15. Emergency Leave (EL) and Dismissals: This is a form of excused absence from duty, which may be administratively authorized without loss of pay or charge to leave.

a. Emergencies Defined: An emergency situation may be caused by heavy snow, severe icing, flooding, earthquakes, hurricanes, massive power failures, fuel shortages, major fires, etc. It should be severe enough to prevent a significant number of employees from reporting to work or may necessitate the closing of Federal facilities in whole or in part. Usually in emergencies of this type, a public declaration of emergency by appropriate Governmental authority is made. The emergency

must be general rather than personal in scope and impact. Personal emergencies are handled on an individual basis.

b. Absences Due to Emergency Situations: The employee should make a reasonable effort to safely get to work. Where it is determined that an employee made every reasonable effort to get to work and was unable to do so, appropriate leave may be requested from the leave approving official.

c. There are certain critical VA operations which cannot be curtailed even though it may be necessary to excuse employees part of a day. Retention of employees for more than 1 shift and employee volunteers are essential in providing services to the medical center. These employees will be recognized as follows:

(1) Supervisors will submit to the Service Chief the names of employees who are required to stay when others are released, who volunteer to stay and allow others to leave, or who stay over into another shift to perform the duties of absent employees.

(2) The Service Chief will submit those names through the Chief, HRMS to the Medical Center Director with recommendations as to the appropriate recognition in each individual case.

d. Tardiness: Under emergency situations, some tardiness, up to 1 hour may be excused without charge to leave if it is determined on an individual or general basis that the tardiness was not reasonably avoidable. This includes employees deemed to be providing critical services.

e. Early Dismissals: In emergency situations when early dismissal is indicated and employees can be spared, absence charged to AL or LWOP may be granted.

16. Inclement Weather Policy

a. If an employee does not attempt to get to work due to inclement weather and does not call in, the employee is placed on AWOL.

b. If an employee calls in and advises their supervisor that it would be extremely hazardous to try to get to work and if the employee can be spared without creating inequities to other employees, the employee may be placed in an appropriate leave status.

c. If an employee tries to get to work for the regular tour of duty and is late in arriving because of the weather, the employee may be excused for up to 1 hour.

d. If an employee calls in and advises their supervisor that they cannot get to work because of inclement weather and the employee's services are badly needed for patient care, arrangements may be made for a station vehicle to pick up the employee. This will be coordinated with the Service Chief and Chief, Engineering Service.

17. Absence Without Leave (AWOL):

a. AWOL is an unauthorized absence from duty because of insufficient justification or unsatisfactory explanation. It is not approved leave and may be subject to disciplinary action.

b. The reasons for charging AWOL should be documented by the leave approving official at the time the decision is made to charge AWOL. This signed statement may be made on the time and attendance report or by memorandum filed with the report.

c. An employee whose absences cannot be approved forfeits their pay and may also be subject to disciplinary action.

d. If the absence is later excused because the circumstances surrounding the absence are such that the absence would have been approved, the AWOL charge may be changed to the appropriate leave account of the employee.

18. Compensatory Time for Religious Observances: An employee may elect to work compensatory overtime for the purpose of taking time off without charge to leave when personal religious beliefs require that the employee abstain from work during certain periods of the workday or work week. The compensatory overtime may be worked either before or after the time off is granted. The granting of compensatory overtime for religious purposes will be granted only if the absence will not interfere with the efficiency of the medical center's mission.

19. Leave in Connection with Worker's Compensation Cases: Worker's compensation related leave may include SL, AL, and LWOP which may be granted in accordance with existing regulations and policies.

20. References

- a. [VA Handbook 5011](#)
- b. [5 USC 6301-6506](#)
- c. [5 CFR Part 630](#)
- d. [AFGE Master Agreement](#)
- e. [38 USC Chapter 73](#)
- f. [38 USC Chapter 74](#)

21. **Rescissions:** Memorandum Center Memorandum 13-05-13, dated August 26, 2013.

22. **Rescission:** This VHSO Memorandum will expire July 28, 2019.

X

Medical Center Director

Attachments:

- a. Appendix A: Table of Contents
- b. Appendix B: Table of Leave Approving Officials
- c. Appendix C: Further Resources

Distribution: Intranet

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Appendix B: Table of Leave Approving Officials

Type of Leave or Absence	Documentation Required	Approving Official
AL	ETA	Service Chief
AL, Advanced	Memo, OPM Form 71, medical documentation	Medical Center Director
AL, Involuntary	Memo	Medical Center Director
CL	ETA, evidence of service	Service Chief
EA or AA (5 work day or less)	ETA	Service Chief
EA or AA (more than 5 work day)	Memo, OPM Form 71	Medical Center Director
Family Friendly Leave (CB)	Same as SL	Service Chief
FMLA (for LWOP)	Memo, OPM Form 71, medical documentation	Medical Center Director
Leave in conjunction with workers' compensation	Same as AL, SL, and LWOP	Service Chief
LWOP (3 calendar days or less)	ETA	Service Chief
LWOP (31 calendar days or more)	Memo, OPM Form 71	Medical Center Director
LWOP (4-30 calendar days)	ETA, OPM Form 71	Service Chief
Maternity/Paternity/Adoption	Same as AL, SL, and LWOP	Service Chief
ML	OPM Form 71, military orders	Service Chief
Occupational Health treatment	VA Form 3831b	Service Chief
Organ or Bone Marrow Donation	Memo, OPM Form 71	Medical Center Director
Restoration of forfeited AL	Memo	Medical Center Director
SL (3 days or less)	ETA	Service Chief
SL (over 3 days)	ETA supported by medical documentation	Service Chief

Type of Leave or Absence	Documentation Required	Approving Official
SL, Advanced	Memo, OPM Form 71, medical documentation	Medical Center Director
SL, Involuntary	Memo	Medical Center Director

Note: Service Chiefs may further delegate their authority to the lowest supervisory level wherein proper interpretation, uniform and equitable application, and effective control can be expected. Service Chiefs remain responsible for such delegation.

Appendix C: Further Resources

OPM 71: [Request for Leave or Approved Absence](#)

FMLA Medical Certification of Employee Form: [WH-380-E: FMLA Certification of Health Care Provider for Employee's Serious Health Condition](#)

FMLA Medical Certification of Family Member Form: [WH-380-F: Certification of Health Care Provider for Family Member's Serious Health Condition](#)

[Definition of Serious Health Condition from 5 CFR 630 1202](#)

Veterans Health Care System of the Ozarks (VHSO)

VHSO Memorandum Number 17-137-06

January 23, 2017

Issue and Wear of Employee Uniforms

1. Purpose

a. To revise medical center policy and procedures for providing, wearing and servicing of employee uniforms at Veteran Health Care System of the Ozarks (VHSO), in accordance with Department of Medicine and Surgery (DM&S) Manual M-1, Part VII, Chapter 8, and Appendix 8A.

b. Definition of "Employee:" Includes full-time and part-time employees of VHSO but excludes volunteers, trainees and workers who receive a stipend or salary from a source other than Veterans Affairs (VA) appropriated funds and other workers in similar categories.

c. "Uniforms" refers to distinct articles of clothing described in Appendix 8A (see Attachment A).

d. "Special purpose (protective) clothing" are items provided as a safeguard against possible injury or cross-infection.

2. Policy

a. Uniforms will be issued and serviced in accordance with M-1, Part VII, Chapter 8 and Appendix 8A.

b. Full time employees who wear lab coats and/or uniforms shall be issued a minimum of seven such uniforms, as per Article 38, Section 6 and 7 of the Master Agreement. Three lab coats are issued, seven sets of uniforms or scrubs are issued.

c. Uniforms will be laundered and repaired by the VHSO when appropriate.

d. Employees of VHSO are authorized to change uniforms either at home or at the medical center, with the exception of surgery, Sterile Processing Service (SPS), Intensive Care Unit (ICU), Lab and Radiology employees who must change in their work area.

e. Employees who are provided an allowance to purchase their own uniforms are expected to select clothing appropriate to the propriety of a medical center.

f. Employees shall dress according to standards set by their professional or occupational association.

3. Responsibility

a. The Chief of Environmental Management Service is responsible for the efficient and economical operation of the employee uniforms control program. This involves the issue and repair of employee uniforms and the preparation and maintenance of the uniform record card file (VA Form 10-1148).

b. Service Chiefs are responsible for insuring that their employees wear the prescribed uniform.

c. Employees are responsible for the uniforms that they have been issued. They will not misuse, lend, borrow or alter their uniforms.

d. Issued uniforms remain the property of the VA after they have been issued and must be turned in by employees who no longer require them for official duty. Employees issued uniforms will be required to reimburse the VA for loss or damage to uniforms due to employee negligence.

4. Procedure and wearing requirements

a. Employees will be required to wear the standard uniform while on duty. Employees having frequent contact with patients in wards or treatment areas will wear uniforms.

b. Employees entitled to uniforms will report to the seamstress in Bldg. #11, where they will be measured for size and issued uniforms. Lab coats will be issued from the Clothing Room, basement Bldg. #1. At the time of issue, employees will be required to sign for uniforms issued to them on a uniform record card, VA Form 10-1148. Issued uniforms will be replaced when rendered unserviceable through normal use on an item-for-item basis.

c. VHSO, Fayetteville laundry service will be provided to all employees who are issued government owned uniforms or employees receiving a uniform allowance. Clean uniforms will be picked up by all employees in the Clothing Room, Rm. #22 basement, Bldg. #1, between 8:00 a.m. and 4:30 p.m., Monday through Friday, except Nutrition & Food Service employees. Soiled uniforms will be deposited in the receptacle in this area.

d. VHSO, Mount Vernon, Missouri, uniforms will be laundered and repaired by Missouri Rehabilitation Center. Clean uniforms at VHSO, Mount Vernon will be picked up in the clean linen room (Rm. #263). Soiled uniforms are to be placed in a laundry bag in soiled linen room (Rm. #256).

e. Personally owned uniforms will not be altered or repaired at government expense unless the garment has been damaged while being processed by the laundry or in the performance of duty.

5. Clearance Procedure

a. Employees clearing the medical center will turn-in their government issued uniforms in the Clothing Room, Rm. #22 basement, Bldg. #1. Employees clearing the VHSO Clinics will turn in their government issued uniforms to the clinical secretary. The secretary will be responsible for returning them to VHSO, Fayetteville. The Uniform Record Card, VA Form 10-1148, will be

reviewed and the number of uniforms turned in recorded. If there is a variance between those issued and those turned in, Environmental Management Service will provide notation on the clearance sheet (to include item description and amount). Fiscal Service will then process a "Bill for Collection" to offset against final salary payment.

6. Deviations and Exceptions

a. The Medical Center Director is authorized to determine when wearing a uniform is not consistent with the duties of the position and to prescribe when the uniform will not be required. In no case will an employee who does not wear a uniform while on duty be paid a uniform allowance.

b. The Medical Center Director is authorized to approve or disapprove deviation requests concerning the style and color of uniforms for employees who receive a uniform allowance, with the exception of VA Police.

c. Employees eligible for issue uniforms will be provided and wear the type as indicated in Appendix 8A to M-1, Part VII, Chapter 8.

d. Where Appendix 8A provides an optional style or color uniform, the Medical Center Director is authorized to determine when the alternate uniform is appropriate and approved for use.

e. Requests for deviations and exceptions for employees on uniform allowance, with the exception of VA Police and/or where Appendix 8A provides an optional style or color uniform, the service chief of subject employees will submit their requests to the Medical Center Director through the Chief, Environmental Management Service and Associate Medical Center Director for approval or disapproval.

7. Identification Insignia

a. A shoulder patch, button or other insignia to indicate membership in or certification by, an approved professional or occupational organization may be worn. The cost of such insignia will be borne by the employee. Lab coats have the Department of Veteran Affairs patch sewn onto left sleeve by seamstress. Work shirts have the Department of Veteran Affairs patch sewn onto the left sleeve and if employee is a Veteran, their branch of service patch is sewn onto the right sleeve by the seamstress.

b. Only issued badges prescribed in Appendix 8A and cloth shoulder patches with badge sets will be worn by VA Police Officers.

c. All VHSO employees will be required to wear an easily identifiable badge showing names and position titles. Identification badges will be provided at VA expense. Service Chiefs will be responsible for making sure their employees adhere to this policy.

8. Uniform Allowance

a. When authorized in Appendix 8A and prescribed uniforms are worn, an allowance will be paid to specific groups of employees for the purpose of offsetting the cost for uniforms. The rates payable are specified in Appendix 8B.

b. Payment for the first year of uniformed service will be made by direct payment to an employee entering on duty, in a job subject to the uniform requirements, or whose job is made subject to uniform requirements. The first year payment will be included with the first salary payment to the employee.

c. Payments for subsequent years of uniform service will be made as a biweekly pay period allowance. The pay period allowance will be effective at the beginning of the first pay period following completion of the first year of service.

d. Employees appointed for periods of less than one year or substitute employees may be provided issued uniforms in lieu of paying the uniform allowance.

e. In no case will an employee who does not regularly wear a uniform while on duty be paid a uniform allowance.

f. The biweekly allowance will not be reduced for periods of leave with pay, unless it is known that the employee will not return to duty at the expiration of such leave. In such cases, the allowance will be discontinued as of the date it becomes known that no return to duty will occur. No reduction for leave without pay will be made unless the period of leave without pay covers a complete pay period.

9. **Reference:** M-1, Part VII, Chapter 8, Appendix 8A and 8B.

10. **Rescission:** Medical Center Memorandum (MCM) 13-137-06, dated April 19, 2013.

11. **Rescission:** This MCM will expire January 27, 2020.

X

Medical Center Director

Distribution: Intranet

Attachment A

Uniform Requirements by Service

1. Service: Warehouse Staff

(1) Men's Pants – Work Pants Style: PTDC (EAGLE BRAND), Color: Navy

(2) Men's Shirts – Long Sleeve Work Shirts Style: SHDC (Regular), SHLDC (Long Body), Color: Navy

(3) Men's Short Sleeve Work Shirts Style: SHHDC (Regular)SHHLDC (Long Body), Color: Navy (Both Shirts are Eagle Brand)

(4) Men's Shorts (Summer Months Only) – Style: NV 29220 (Cargo Shorts), Color: Navy (Aramark Brand)

2. Service: Sterilization Processing Service

a. Men's Scrub Top Style: 7502, Color: Steel Gray

b. Unisex (Drawstring) Scrub Pants Style: 7602, Color: Steel Gray

c. Women's Scrub Top Style: 8219, Color: Steel Gray

d. Women's (Elastic Waist) Scrub Pants Style: 8320, Color: Steel Gray, (Landau Brand Scrubs)

e. Men's Lab Coats Style: 6499-Fashion Seal, Color: White

f. Women's Lab Coats Style: 477-Fashion Seal, Color: White

3. Service: Canteen

a. No uniform is issued by seamstress

4. Service: Dental

a. Print Warm Up Jacket/Black Trim Style: 7525-PRPSL-Landau, Color: Print/Black Trim, (Landau Brand)

b. Women's Scrub Tops Style: 8219-Landau, Color: Black, (Landau Brand)

c. Men's Scrub Tops Style: 7502-Landau, Color: Black, (Landau Brand)

d. Drawstring Pants Style: 7602-Landau, Color: Black, (Landau Brand)

e. Elastic Waist Pants Style: 8320-Landau, Color: Black, (Landau Brand)

f. Men's Lab Coat (No Belt) Style: 430-No Belt, Color: Light Blue (Only technicians in dental department)(Fashion Seal Brand)

5. Service: Nutrition and Food Service

a. Red Kap Men's Short Sleeve Industrial Work Shirt Style: SP24NV, Color: Navy

b. Red Kap Women's Easy Wear Tunic Style: 9P01NV, Color: Navy

c. Red Kap Men's Work Nmotion Pant Style: PZ20NV, Color: Navy

- d. Red Kap Women's Half Elastic Waist Work Pant Style: PT59NV, Color: Navy
- e. Red Kap Women's Elastic Insert Waist Work Pant Style: PT61BK, Color: Black (women supervisors only)
- f. Red Kap Women's Work Shirts Style: TP23-WH-SS-(size), Color: White, (women supervisors only)
- g. Eagle Brand Men's Short Sleeve Work Shirt Style: SHHDC, Color: White (men supervisors only)
- h. Eagle Brand Men's Work Pant Style: 3RE-2680 BLK, Color: Black (men supervisors only)
 - (1) (All items are Red Kap or Eagle Brand)
- i. Men's Lab Coats Style: 6499-Fashion Seal, Color: White (Dieticians Only)
- j. Women's Lab Coats Style: 477-Fashion Seal, Color: White (Dieticians Only)

6. Service: Engineering

a. Electricians Only

- (1) Men's Flame Resistant Shirt Style: SEW2SY-(Bulwark Brand), Color: Silver Gray
- (2) Men's Flame Resistant Pant Style: PEW2CH-(Bulwark), Color: Charcoal Gray
- (3) (All Bulwark Brand)

b. Painters Only

- (1) Eagle Brand Long Sleeve Work Shirt Style: SHDC, Color: White
- (2) Eagle/Tradesman Brand Men's Painter Pants Style: PTPCO, Color: Cream

c. All other Engineering Uniform Employees

- (1) Red Kap Men's Short Sleeve Work Shirt Style: SP24CH, Color: Charcoal Gray
- (2) Red Kap Men's Long Sleeve Work Shirt Style: SP14CH, Color: Charcoal Gray
- (3) Red Kap Men's Performance Shop Pant Style: PT2ACH, Color: Charcoal Gray
- (4) Red Kap Men's Cotton Short Sleeve Work Shirt Style: SC40, Color: Graphite Gray (Only for an employee with skin allergies to other uniform shirt)
 - (a) (All items are Red Kap and Eagle Brand)

7. Service: Environmental Management Services (EMS)

a. Uniform

- (1) Red Kap Men's Short Sleeve Work Shirt Style: SP24GY, Color: Gray (alter if necessary for women)
- (2) Red Kap Performance Shop Pant Style: PT2NV, Color: Navy

- (3) Red Kap Women's Industrial Cargo Pant Style: PT89NV, Color: Navy
- (4) Red Kap Men's Performance Shop Shorts Style: PT4ANV, Color: Navy (laundry workers only)
- (5) Red Kap Men's Short Sleeve Work Shirt Style: SP24KN, Color: Blue/Striped (supervisors only)
- (6) Red Kap Men's Industrial Cargo Pants Style: PT88KH, Color: Khaki (men supervisors only)
- (7) Red Kap Women's Industrial Cargo Pants Style: PT89KH, Color: Khaki (women supervisors only)
- (8) Red Kap Women's Plain Front Shorts Style: PT27NV, Color: Navy (laundry workers only)
- (9) Red Kap Women's Plain Front Shorts Style: PT27TN, Color: Tan (laundry supervisors only)

(10) If working in the Surgery Service, EMS housekeepers will wear the scrubs and lab coats worn in Surgery Service as outlined. (All work shirts and work pants are Red Kap Brand. All lab coats are Fashion Seal Brand, all scrubs are Landau Brand)

8. Service: Fiscal (Agent Cashier)

- a. None issued by seamstress

9. Service: Information Technology Service (ITS)

- a. None issued by seamstress

10. Service: Laboratory:

- a. Unisex Scrub Tops Style: 7502-Landau, Color: Wine
- b. Unisex Drawstring Scrub Pants Style: 7602-Landau, Color: Wine
- c. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- d. Women's Lab Coats Style: 477-Fashion Seal, Color: White

11. Service: Library

- a. None issued by seamstress

12. Service: Medical (by sections)

a. Cardio/Pulmonary/Respiratory

- (1) Women's Scrub Top Style: 8219-Landau, Color: Sand Stone
- (2) Men's Scrub Top Style: 7502-Landau, Color: Sand Stone
- (3) Drawstring Scrub Pant: 7602-Landau, Color: Sand Stone
- (4) Elastic Waist Scrub Pant: 8320-Landau, Color: Sand Stone
- (5) Fashion Seal Unisex Lab Coat Style: 431, Color: Navy Blue

b. Ultrasound

(1) Fashion Seal Unisex Lab Coat Style: 431, Color: Navy Blue

c. Rehab-Physical Therapy

(1) None issued by seamstress

13. Service: Medical Administration

a. Medical Records Personnel

(1) None issued by seamstress

b. Ward Managers, AODs, Travel and Eligibility Clerks

(1) None issued by seamstress

14. Service: Nursing (By Unit)

a. Admission Triage Area – Emergency Room

(1) Women’s Scrub Tops Style: 8219-Landau, Color: Olive

(2) Men’s Scrub Tops Style: 7502-Landau, Color: Olive

(3) Drawstring Scrub Pants Style: 7602-Landau, Color: Olive

(4) Elastic Waist Scrub Pants Style: 8320-Landau, Color: Olive

(5) Warm-Up Jackets Style: 7525-Landau, Color: Olive

(a) (All Landau Brand)

b. ICU

(1) Scrub Top Style: Fashion Seal, Color: Navy

(2) Scrub Pant Style: Fashion Seal, Color: Navy

(3) Warm-Up Jacket Style: Fashion Seal, Color: Navy

c. Nurse Technicians (Nursing Assistants)

(1) None issued by seamstress

15. Service: Primary Care

a. None issued by seamstress

16. Service: All other Nursing Units

a. None issued by seamstress , they wear their own scrubs

17. Service: All Physicians, Nurse Managers, APNs:

- a. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- b. Women's Lab Coats Style: 477-Fashion Seal, Color: White
- c. Physicians will wear scrubs that are issued in the service in which they are working if applicable.

18. Service: Pharmacy

- a. Women's Scrub Tops Style: 8219-Landau, Color: Navy
- b. Men's Scrub Tops Style: 7502-Landau, Color: Navy
- c. Drawstring Scrub Pants Style: 7602-Landau, Color: Navy
- d. Elastic Waist Scrub Pants Style: 8320-Landau, Color: Navy
- e. Men's Lab Coats Style: 6499-Fashion Seal, Color: White (Pharmacists Only)
- f. Women's Lab Coats Style: 477-Fashion Seal, Color: White (Pharmacists Only)

19. Service: Police and Security

- a. None issued by seamstress

20. Service: Psychiatry

- a. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- b. Women's Lab Coats Style: 477-Fashion Seal, Color: White

21. Service: Radiology

- a. Women's Scrub Tops Style: 8219-Landau, Color: Ceil Blue
- b. Men's Scrub Tops Style: 7502-Landau, Color: Ceil Blue
- c. Drawstring Scrub Pants Style: 7602-Landau, Color: Ceil Blue
- d. Elastic Waist Scrub Pants Style: 8320-Landau, Color: Ceil Blue
- e. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- f. Women's Lab Coats Style: 477-Fashion Seal, Color: White

22. Service: Social Work

- a. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- b. Women's Lab Coats Style: 477-Fashion Seal, Color: White

23. Service: Surgery (Including Endoscopy)

- a. Unisex Scrub Tops Style: 7502-Landau, Color: Hunter Green
- b. Unisex Scrub Pants Style: 7602-Landau, Color: Hunter Green
- c. Warm-Up Jackets Style: 7525-Landau, Color: Hunter Green
- d. Men's Lab Coats Style: 6499-Fashion Seal, Color: White
- e. Women's Lab Coats Style: 477-Fashion Seal, Color: White

24. Service: Voluntary Services

- a. None issued by seamstress