



PGY1 PHARMACY RESIDENCY PROGRAM

Military Residents Manual



WOMACK ARMY MEDICAL CENTER

FORT BRAGG, NC

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SECTION I. INTRODUCTION

Welcome to Fort Bragg, North Carolina! Fort Bragg is one of the busiest military complexes worldwide, Fort Bragg is home to the legendary 82nd Airborne Division, the XVIII Airborne Corps, the U.S. Army Special Operations Command, the U.S. Army Forces Command, the U.S. Army Reserve Command and the U.S. Army Parachute Team, the Golden Knights. By population, Fort Bragg is the largest Army installation in the world, home to nearly 10 percent of the Army's active component forces.

Womack Army Medical Center, a state-of-the-art medical complex, is an integral component of Fort Bragg's military mission. Womack Army Medical Center is dedicated to Medal of Honor recipient PFC Bryant Homer Womack, a courageous medic who gave his life tending to the wounds of his fellow soldiers, even though he, himself, had sustained mortal wounds during a surprise enemy attack in Korea in 1952.

MOTTO “Committed to those we serve”

WAMC Mission, Vision and Values

Mission

Provide the highest quality health care, maximize the medical deploy ability of the force, ensure the readiness of Womack personnel, and sustain exceptional education and training programs.

Vision

One Team - Quality Care - Quality Caring.

Values

Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage

Department of Pharmacy Mission and Vision

Mission

To provide accessible, high quality pharmaceutical care and services, education and training, and leadership in support of Womack Army Medical Center.

Vision

One Team, Quality Pharmaceutical Care, Quality Caring by: Delivery of quality pharmaceutical care; Commitment to customer service; Design and management of a fail-safe medication-use system and Provision of evidence-based drug therapy education and training.

PGY1 Residency Program Purpose statement

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(PGY2) pharmacy residency training.

In keeping with the American Society of Health-System Pharmacists (ASHP) standard, the Womack Army Medical Center Pharmacy Post-Graduate Year One (PGY1) residency will provide the opportunity for the resident to:

- Develop professionally beyond entry-level professional competence in patient-centered care and in pharmacy operational services, further developing leadership skills that can be applied in any position and in any practice setting.
- Acquire substantial knowledge required for problem-solving while refining the resident's current problem-solving strategies.
- Strengthen professional values and attitude, and advance the growth of the resident's clinical judgment skills.

Residency Training Outcomes

Graduates of the Womack Army Medical Center Pharmacy PGY1 Residency program will attain and demonstrate the following ASHP-requisite skills and qualities:

- R1: Patient Care (12 objectives) **100% required**
- R2: Advancing Practice and Improving Patient Care (9 objectives) **88% required**
- R3: Leadership and Management (6 objectives) **100% required**
- R4: Teaching, Education, and Dissemination of Knowledge (6 objectives) **66 % required**

Potential Residency Electives Outcomes

- E1: Pharmacy Research
- E2: Added leadership and Practice Management Skills
- E3: Home Care Pharmacy
- E4: Managed Care Pharmacy
- E5: Management of Medical Emergencies
- E6: Teaching and Learning
- E7: Specialty Pharmacy
- E8: Health, Wellness and Emergency Preparedness



Residents Guide to
the RLS.pdf

Departmental Organization Chart



SECTION II. REQUIREMENTS

Resident Selection/Contract/Training Agreement

The Long Term Health Education and Training (LTHET) selection board convenes every year around May to select a(n) active duty resident(s). Individuals selected to receive training as a PGY-1 Pharmacy Resident at Womack Army Medical Center (WAMC) receive one-year appointments as residents assigned to the Department of Pharmacy.

Please refer to the Program Procedure section for more information.

Liability Insurance

Military residents are covered by the Department of Defense/Department of the Army for liability for work within the medical treatment facility, but are encouraged to obtain some form of additional personal liability insurance for any outside rotation that is not DoD-affiliated. The resident is expected to achieve all objectives for goal R1 (Patient Care) prior to the start of any off-site rotation.

Minimum Completion Requirements for the Awarding of a Residency Certificate

In order to receive a residency certificate, the resident must meet the following criteria:

1. Resident must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care and must achieve **89%** of program-specific goals and objectives by the completion of the residency program.
 - a. R1: 100% of the objectives are required.
 - b. R2: Only R2.2.4 is not required, 88% of the objectives are only required.
 - c. R3: 100% of the objectives are required.
 - d. R4: Only 4 objectives are required to include R4.1.1, 66% of the objectives are only required.
2. Satisfactorily complete a residency project, to include a publishable manuscript, (or alternate publication assignment if determined appropriate by the Pharmacy Residency Advisory Committee (RAC)) in addition to any other assigned duties or projects as specified by the program director in conjunction with the RAC.
3. Satisfactorily complete a residency project presentation at an appropriate forum to include pharmacy peers. The usual forums for presentation are the WAMC Research Symposium, Fayetteville-Lumberton Integrated Residency Training (FLIRT) event, and the Southeastern Residency Conference for Residents (SERC).

4. Resident must be in good standing with the WAMC health system and credentials committee and be in compliance with Army standards.

Extensions may be granted on a case by case basis as deemed appropriate by the RAC.

Resident Notebook

The resident will maintain an electronic Residency notebook via PharmAcademic

<https://www.pharmacademic.com>

The resident is responsible for ensuring all documents are downloaded and stored under appropriate file categories for the Program Director to review at the end of the residency year.

- Resident Curriculum Vitae
- Resident Customized Plan
- Quarterly Report of the Resident
- Completed assignments throughout the year (Drug Information questions, presentations, journal clubs, in services, etc.)
- Residency Project
- Trainings/Certifications
- Evaluations (SERC and FLIRT)

PharmAcademic

Prior to start the PGY1 Program the resident must submit:

- Pre-Interest Statement for Womack Army Medical Center
- ASHP Standard Entering From and Goal-Based Residency Evaluation

An interest and preference informational document will be sent to the resident via PharmAcademic prior to residency start date, thus allowing time to consider and evaluate a customized plan for the resident prior to starting the residency year.

Benefits

Military residents will be paid military pay commensurate with rank and time in grade and will accrue leave at the standard rate for an active duty service member (30 days per year). He/she will receive medical and dental benefits of an active duty service member. Additionally, he/she will attend authorized conferences and/or training opportunities in temporary duty (TDY) status in accordance with the Joint Travel Regulations (JTR).

Out-processing

The PGY1 training year continues until the last training day and **DOES NOT** end on the date of graduation ceremony. The RPD will allow military residents an appropriate period of time (typically 3-5 days), to out-process post.

SECTION III. DEPARTMENT AND PROGRAM STRUCTUREDepartment Chair

COL Jorge Carrillo
 Chief, Department of Pharmacy
jorge.d.carrillo.mil@mail.mil

Residency Program Director

MAJ Jessica Hull
 Chief, Clinical Pharmacy Services
jessica.r.hull4.mil@mail.mil

The Residency Program Director (RPD) is responsible for the overall character of the residency program. Through appropriate leadership and administrative and management decisions, he/she is responsible for the development, maintenance, and execution of program content in accordance with ASHP accreditation standards. The RPD may serve a dual position as a clinical pharmacist, Clinical Coordinator, Chief of Clinical Pharmacy Services, Assistant Chief of the Pharmacy, or the Chief of the Pharmacy.

Residency Coordinator/Administrator

Ms. Denise Bogue
denise.a.bogue.civ@mail.mil

The Residency Program Coordinator/Administrator is in close association with the program director and is responsible for the day to day conduct of the residency program.

Preceptors

Laura Bowers	laura.l.bowers.civ@mail.mil
William Criswell	william.n.criswell.civ@mail.mil
Mallory Howard	mallory.d.howard.civ@mail.mil
J. Bradley Hughes	john.b.hughes32.civ@mail.mil
Sherry Lamberth	sherry.l.lamberth.civ@mail.mil
Annie Madar	annie.t.madar.civ@mail.mil
Autumn Mittleider	autumn.mittleider.civ@mail.mil
Joseph O'Shaughnessy	joseph.t.oshaughnessy2.civ@mail.mil
Heather Rhodes-Pope	heather.j.rhodes-pope.civ@mail.mil
Alisa Spinelli	alisa.j.spinelli.civ@mail.mil
Sarah Voytko	sarah.b.voytko.civ@mail.mil
Jennifer Welsh	jennifer.l.welsh8.civ@mail.mil
Michael Williams	michael.g.williams107.civ@mail.mil

The Department internal phone roster can be found in the V: Drive/Pharmacy/Clinical/Admin/Schedule/Internal Phone roster



INTERNAL PHONE
ROSTER.pdf

Preceptors are clinical or staff pharmacists employed and practicing in their area of expertise. All preceptors will be selected by the Residency Program Director and approved by the RAC and will have demonstrated familiarity with residency training and/or shown aptitude and desire to become a residency preceptor.

Preceptors in training

Preceptors in training are pharmacists new to precepting who do not meet the qualifications for residency preceptors. These preceptors must be assigned an advisor or coach who is a qualified preceptor and have documented preceptor development plan to meet qualifications for becoming a residency preceptor within 2 years.

Non-pharmacy preceptors

Non-pharmacy preceptors are physicians, physician assistants, certified nurse practitioners, and other members of the healthcare team involved in pharmacy resident education. When they are utilized as preceptors, the learning experience must be scheduled after the RPD and RAC agree that residents are ready for independent practice and a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Residency Academic Advisor/Mentor

The residency advisors are key individuals in assuring that the resident meets the overall objectives of the program. The residency advisors can serve as mentors for the individual resident and provide assistance to the resident in formulating individual achievable program goals.

Residency Project Advisors

Residency Project advisors are preceptors or non-pharmacy preceptors who have volunteered their time to act as mentors and primary advisors on the resident project.

Committees

Pharmacy Residency Advisory Committee (RAC)

The purpose

To establish procedures that will provide general oversight and guidance to the direction

and operation of the program.

Members

- Residency Program Director PGY1 (Chair)
- Chief of Pharmacy
- Residency Coordinator/Administrator
- Three PGY1 preceptors

****Open RAC meetings include all active preceptors and the above members****

Responsibilities

- To provide direction and oversight to Womack Army Medical Center Pharmacy practice residency program
- To maintain close link between individuals training sites and the residency program leadership
- To review the content of the program on an ongoing basis to ensure that ASHP and WAMC standards are met
- To ensure all primary residency training sites have access to people knowledgeable about the residency program who can assist in meeting site-specific needs
- To provide a forum for discussion of residency program issues arising at individual sites
- To promote innovation in the curriculum and learning strategies used in the residency program
- To monitor the progress of the residents towards completion of the program, and to advise on corrective and supportive measures if difficulties are identified.
- Establish Program Structure
- Assign Educational Goals and Objectives to Specific Learning Experiences
- Recommends and approves the residency application process, participates in the interview process, provides applicant recommendations, provides input to changes in the residency program, provides input to disciplinary actions and proposals for resident goal attainment when academic failure is occurring.

Professional Allied Health Education Committee (PAHEC)

The Womack Professional Allied Health Education Committee meets every other month (odd numbered months) in order to discuss issues related to any residency conducted within the institution. Members of the PAHEC include the Director of Medical Education (DME), all residency program directors, the PAHEC Coordinator, one Resident representative and any named alternates. Resident academic progress is discussed for all institutional residents. Due process for residents who encounter academic, technical, and/or professional conduct problems are discussed with procedures pertinent to academic dismissal. Due process is governed by MEDCEN Pamphlet No. 351-1 Graduate

Medical Education: Due Process for participants in Military Graduate Medical Education (GME) Programs 1 October 2013, which is referenced through AR 351-3, Professional Education and Training Programs of the Army Medical Department, 15 October 2007.

Graduate Medical Education Organizational Structure



Organizational
structure of graduate

PAHEC Organizational Structure



ORGANIZATIONAL
CHART OF WAMC PA

SECTION IV. RESIDENT RESPONSIBILITIES AND SUPERVISION

Defense Medical Human Resources System-internet (DMHRSi)

Military residents must accurately complete their time in the DMHRSi system in a timely manner, every two weeks. This is located in the WAMC Intranet/WAMC links/DMHRSi.

Academic and Professional Performance Standards

Residents are expected to satisfactorily complete all requirements of the residency program in general. Only the residents who satisfactorily complete the requirements will receive their residency certificate as evidence of program completion. Evaluation of resident's progress in completing the requirements is performed during each rotation and quarterly.

If during the course of the training period, the RAC becomes aware of unsatisfactory performance or unacceptable misconduct on the part of the resident, the Residency Program Director (RPD) will initiate a counseling session with the resident to discuss the problem and to determine the DUE PROCESS for Participants in Military Graduate Medical Education (GME) Programs in accordance with MEDCEN Pamphlet No 351-3, 23 September 2013.

Army Physical Fitness Test (APFT)

Military residents are evaluated prior to the start of the residency program and semi-annually using the Army Physical Fitness Test (APFT) in accordance with AR 600-9. The APFT provides a measure of upper and lower body muscular endurance. It is a performance test that indicates a Soldier's ability to perform physically and handle his or her own body weight. Army Physical Fitness Test standards are adjusted for age and physiological differences between the genders. The APFT is designed to ensure the

maintenance of a base level of physical fitness essential for every Soldier, regardless of Army MOS/branch or duty assignment. Soldiers that fail to meet standards outlined in FM 7-22 or AR 600-9 will be flagged from all favorable personnel actions per AR 600-8-2, enrolled in the company Reconditioning Physical Fitness Training Program and counseled by the company chain of command accordingly.

Military Evaluation Reports

Military residents will have completed DA Form 67–10 series (Officer Evaluation Reports (OER)) and associated DA Form 67–10–1A (Officer Evaluation Report Support Form (OER Support Form)) documented in the Army's Evaluation Reporting System (ERS) in accordance with AR 623-3.

Supervision

In accordance with MEDCEN Pamphlet No. 351-4, 23 September 2013 entitled Graduate Medical Education: Supervision of Medical Students, Nurses & Other Allied Health Trainees in a Graduate Medical Education (GME) Program, the Professional Allied Health Education Committee (PAHEC) will document and discuss any citations regarding resident supervision or Residency Review Committee (RAC) reports. The PAHEC will suggest methods for correction and follow-up for such citations.



PAM 351-4
SUPERVISION OF ME

Duty Hours

Duty hours are defined as all clinical activities related to residency program. As required by ASHP Accreditation Standards, duty hours must be limited to 80 hours per week, averaged over a four week-period, inclusive of all in house call activities, staffing, and moonlighting. Duty hours will depend on your rotation. Rotation schedules are typically Monday-Friday but some preceptors may work on weekends, so your schedule will adapt accordingly on the non-staffing weekends in Inpatient Pharmacy.



Duty Hours
Requirements

Institutional Moonlighting Policy

Outside professional activities must not interfere with resident education. Direct and indirect effects of moonlighting may adversely impact on both the resident and the program. Trainees who have **NOT** completed a residency will **NOT** engage in moonlighting.



Institutional
Moonlighting Policy.pdf

Reporting

Resident will report to the clinical pharmacy office (Building 4-2817 Reilly Road, Room 585) located on the 5th floor, south wing, at 0800 on the date assigned to start the residency. Instructions to report to Fort Bragg will be provided through the military chain of command. Further instructions regarding daily reporting for rotations will be provided by the rotation preceptors.

Wear and Appearance of Army Uniform and Insignia

Military residents will always dress in accordance with AR 670-1: Wear and appearance of Army Uniforms and Insignia and Commander's Policy 17: Wear and Appearance of Army Uniforms and Insignia/Personal Appearance Policy for the appropriate rotation or occasion. Uniforms will be neat and clean and worn in accordance with policies and regulations. Military residents will always adhere to military courtesy and attire and are expected to familiarize themselves with these policies.



AR 670_1 Wear and
Appearance of Army



Wear and
Appearance of Army

Institutional Training

Department of Clinical Investigation, Institutional Review Board (IRB)
Collaborative Institutional Training Initiative (CITI) @ www.citiprogram.org

Department and Program Specific Training

During orientation the residents will attend several hospital-mandated classes in addition to online classes. The online training is conducted via the US Army Medical Command Healthcare Continuing Education and Training site via SWANK Healthcare and can be accessed from the WAMC intranet home page [Institutional Training](#)

Department of Clinical Investigation, Institutional Review Board (IRB)
Collaborative Institutional Training Initiative (CITI) @ www.citiprogram.org

Basic Life Support (BLS)/Advanced Cardiovascular Life Support (ACLS)

Residents are required to maintain current certification in BLS and ACLS. Residents are required to complete ACLS certification in order to participate in the management of medical emergencies. A copy of current certification must be provided to the RPD or Program Coordinator/Administrator in addition to the credentials office.

Competency Assessment File (CAF)

Per hospital policy, all staff will have a CAF that includes the minimum requirements related to their position. The resident will have a CAF comprised of his/her job description, orientation, and annual training and non-clinical training. The Credentials Office will maintain verification of qualifications and licensure; Credentials/Licensure Verification Memo will be maintained within the CAF.. These folders are located in the Clinical Administrative office upkeep of this file is the responsibility of the resident.



MEDCEN MEMO 1-6
COMPETENCY ASSES

Presentations

The resident is required to achieve proficiency in communication; visually, verbally and in writing. Therefore, each resident will provide presentation(s) as required by the rotational preceptor. Each individual preceptor will determine the audience and the topic. The residency committee will attend as many of the resident's presentations as possible and provide feedback using the Presentation Evaluation form.

In addition, the resident is required to present one Continuing Education (CE) to the pharmacy team during their residency year. Guidelines for this CE presentation will be provided during orientation.

Standards of Conduct for Department of the Army Personnel

Ethics Code

Residents are to uphold the highest ethical standards and abide the Ethics Code and guidance in *AR 600-50*. Military residents are also subject to the Uniform Code of Military Justice (UCMJ) for disciplinary action(s).



Standard of Conduct
AR_600-50_01-28-19

Womack Ethic's code for the Pharmacy Residency program includes:

Expectation

- Improve the institutional work environment through learning, teaching, educating and through professionalism
- Be responsible for your actions

Ethical behavior helps create a work environment that allows creativity and free exchange of ideas in which **no cheating or plagiarism is tolerated**. The goal of academic-based program is to prepare residents to become clinical pharmacists who can evaluate ideas through the process of analysis and synthesis to produce an original work representative of their own original thoughts. ***Womack Army Medical center have a zero tolerance policy for plagiarism.***

According to *plagiarism.com*, plagiarism is an act of fraud that involves stealing someone else's work and lying about it afterward.

Merriam-Webster online dictionary the definition of plagiarism includes the following: ¹

- To steal and pass off (the ideas or words) as one's own
- To use (another's production) without crediting the source
- To commit literary theft
- To present as new as original an idea or product derived from an existing source.

All of the following are considered plagiarism:

- Turning in someone else's work as your own
- Copying words or ideas from someone else without giving credit
- Failing to put a quotation in quotation marks
- Giving incorrect information about the source of a quotation
- Changing words but copying the sentence structure of a source without giving credit
- Copying so many words or ideas from a source that it makes up the majority of your work, whether you give credit or not.

¹Merriam-Webster Online. "Plagiarism." Merriam-Webster.com. Web. 30 Sept. 2013. <http://www.merriam-webster.com/dictionary/plagiarism>

Values which guide the Army and Army Pharmacy

Loyalty; bear true faith and allegiance to the U.S Constitution, the Army, your unit, and others

Duty; fulfill your obligation

Respect; treat people as they should be treated

Selfless service; Put the welfare of the nation, the Army, and your subordinates before your own

Honor; live up to the Army Values

Integrity; Do what is right, legally and morally

Personal Courage; Face fear, danger, or adversity (physical or moral)

Code of Ethics for Pharmacists

The American Pharmacists Association (APhA) cites the pharmacist preamble under the Code of Ethics for pharmacists as follows: Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

Our pharmacy residents all serve U.S soldiers, their beneficiaries, and retirees. We uphold our code of ethics for our profession while we live the values of those we care for.



Code of Ethics for
Pharmacists.pdf

Disclosure of Information

To avoid conflicts of interest or appearances of impropriety, pharmacists should disclose consultant or speaker arrangements or substantial personal financial holdings with companies under consideration for formulary inclusion or related decisions. To inform audiences fully, speakers and authors should disclose, when pertinent, consultant or speaker and research funding arrangements with companies.

The following statement must appear on any PowerPoint presentation for platform presentation, and on any poster displayed outside of Womack Medical Center: Author disclaimer "The views expressed herein are those of the author(s) and do not reflect the official policy of the Department of the Army, Department of Defense, or the U.S. Government."

WAMC Policy and Procedure for Vendor Interaction

Federal ethics policies specify that commercial vendors may only provide gifts to staff and trainees in accordance with the following guidelines:

- Non-cash gifts from vendors with a fair market value of \$20 or less per source, per occasion, with a total for calendar year no greater than \$50.
- No gifts or cash equivalents (e.g. stocks, bonds) can be accepted.
- No gifts can be given with intent to influence duty performance.
- Frequent gifts from the same source cannot be accepted because of appearance of impropriety.
- Vendors and representatives may not bring product samples into the facility without the permission of the Chief of Pharmacy.
- Vendors are prohibited from bringing food or beverages onto WAMC premises, except for their personal consumption. Under no circumstances may food or beverages be brought into WAMC for distribution to staff or patients.
- WAMC strongly discourages faculty and trainees from accepting gifts of any dollar value within the facility. Gifts bearing a product or company name (pens, notepads, Venclocks, etc.) should not be kept in a manner visible to patients. Staff and trainees should not take any action which might suggest that WAMC endorses that product or company.
- Gifts may never be solicited from vendors, and all gifts require ethics review by the Center Judge Advocate and Commander approval before acceptance.
- Staff and trainees may accept awards through bona fide award programs, but only after ethics committee and supervisory review.
- WAMC provides vendors with facility access under strictly enforced guidelines, specified in WAMC MEDCEN Reg. 725-4.
 - All vendors must register with the Provost Marshal's Office on the day of any visit.
 - Pharmaceutical representatives must report to the Chief of Pharmacy before going to work areas, clinical offices, treatment rooms, or any areas where

patients are being treated.

- Vendors must be escorted through patient care areas.
- Residents and Faculty must not provide vendors with access to peers or supervisors, unless first authorized by the Chief, Department of Medical Education, in consultation with the Office of the Center Judge Advocate. Similarly, trainees are never authorized to approve purchases of products, services, supplies or equipment sold by vendors.
- Graduate Medical Education trainees should not organize or promote non-continuing medical education accredited industry driven activities, engage in detailing activities (including computer based) for which they receive gifts or payment, or receive payment for participating in lectures or programs like “peer groups,” “advisory boards,” or dinner lectures.



WAMC-Vendor
Interaction Policy.pdf

Conferences

Residents will be provided the opportunity to participate in at least one extramural educational opportunity such as a pharmacy association meeting or a regional residency conference. The specific event will be determined during the residency program based on schedule, availability, and the Army Conference Policy. Some examples of potential activities are listed below:

Fayetteville-Lumberton Integrated Residency Training (FLIRT)

SouthEastern Residency Conference (SERC)

Joint Federal Pharmacy Seminar (JFPS)

Fayetteville-Lumberton Integrated Residency Training (FLIRT)

Local area residency program directors joined together at the Cape Fear Valley Medical Center-Hoke Pavilion, Southern Regional Allied Health Center (SRAHEC). This organization goal is to provide collaborative training opportunities for pharmacy residents.

Residents will be provided the opportunity to present their research projects before an audience of their resident peers as well as area preceptors and residency program directors. The annual residency seminar opportunity is conducted in the month of April, thus allowing the residents the time and opportunity to practice and if needed, identify presentation errors prior to SERC

Southeastern Residency Conference (SERC)

The Southeastern Pharmacy Residency Conference (SERC) was the first of what are now seven regional residency conferences in the nation. This Conference is an opportunity for pharmacy residents and graduate students to make formal professional presentations of their own projects or research; exchange information and ideas with colleagues; discuss

issues confronting institutional practice; and develop intraprofessional relationships. Institutions representing Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Puerto Rico are invited to participate. The SouthEastern Residency Conference (SERC) is held in the spring (April or May) of the year and is a forum where residents share experiences and expertise. First-year residents are required present residency projects at SERC. Each resident will make a brief presentation on their research project, which will be evaluated by preceptors and residents attending the conference. Information regarding SERC can be found at www.sercpharm.com.

Joint Federal Pharmacy Seminar (JFPS)

The Joint Federal Pharmacy Seminar (JFPS) is the largest annual event for federal pharmacy. Uniformed and civil-service pharmacists and pharmacy technicians are invited to participate in this education and training-filled event. The American Pharmacists Association, working with the federal pharmacy advisors, coordinates the education and meeting activities and serves as the Accreditation Council for Pharmacy Education (ACPE) provider. Attendees will meet to learn and share solutions to challenges facing today's federal pharmacy professionals. The meeting offers a variety of ACPE-certified continuing pharmacy education (CPE) and training programs, providing approximately 18 hours of CPE credit. The education opportunities include industry-supported certificate training programs as well as presentations and poster sessions focusing on mission-essential pharmacy operations. The poster abstracts will be published in the Journal of the American Pharmacists Association (JAPhA). In addition to the educational and training programs, attendees are provided an opportunity to interact with industry through a very robust exhibit and training program, with over 100 organizations providing support in the past.



AD2016-14.pdf

SECTION V. RESIDENCY PROGRAM CURRICULUM

Rotations

Core rotations (Mandatory)

- | | |
|----------------------------------|-------------------------------------|
| • Orientation(8 weeks) | Ambulatory Care II(4 weeks) |
| • Internal Medicine I(6 weeks) | Residency Project(Longitudinal) |
| • Internal Medicine II(4 weeks) | Management(Longitudinal) |
| • Leadership/Management(4 weeks) | Drug Information(Longitudinal) |
| • Ambulatory Care I (6 weeks) | **Service Obligation (Longitudinal) |
- **Resident will work in Inpatient Pharmacy every other weekend. ****

***Elective rotations (4 weeks)*

- | | |
|------------|-----------------|
| • Oncology | Anticoagulation |
|------------|-----------------|

- Pain Management Geriatrics
- Leadership Research
- ICU PCMH
- Medication Safety

**** There are only 3 electives allowed during the PGY1 year which 2 out of the 3 are required to be clinical.****

Transitional month (4 weeks)

During the transition month the resident will have time to work on ongoing projects such as his/her research project or manuscript. The resident is also encouraged to take any leave during this time to minimize disruption of the structured learning experiences of the scheduled rotations.

General information

- The resident is expected to contact the preceptor at least a week prior to start a new rotation.
- Teaching and modeling opportunities
 - Co-precept pharmacy students (P4) on rotation.
 - Coordinating pharmacy educational, community, and departmental In-service
 - The resident will be given every opportunity to progress through direct instruction, modeling, coaching and mentoring.
- In addition to the *core rotations* and *elective rotations*, the pharmacy practice resident is required to participate in:
 - Medication Use Evaluation (MUE)
 - Safety Process education and implementation
 - Performance Improvement (PI)
 - Pharmacy & Therapeutics Committee functions (P&T)
 - Formulary Review Committee(FRC)
 - Special Order Drugs review (SOD)
 - WAMC Symposium
 - Lunch & Learn
 - Pharmacy Newsletter

Womack Army Medical Center Institutional Educational Guidelines

Department of Medical Education

PAHEC

Department of Medical Education Mission: To provide administrative oversight to 5 related services in support of professional educational activities at WAMC. The Department of Medical Education (DME) consists of Graduate Medical Education (GME), Clinical Investigation Service (CIS), Medical Library, Medical Simulation Center, Continuing Medical

Education (CME) and Professional Allied Health Education Committee (PAHEC)

PAHEC Mission: To deliver quality teaching, excellence in research and distinct experiences to residents and other healthcare professionals while maintaining the highest standards of patient care. PAHEC will also provide resources in the form of administrative and financial support.

This booklet is also posted on the Womack Intranet under SharePoint "Graduate Medical Education" <http://team.amed.ds.army.mil/sites/dccs/gme/SitePage/Home.aspx>



WAMC 2012-2013
GME Institutional Han

Customized Training Plan

The Customized Plan is required by the accreditation standards developed by ASHP. It consists of two entries, one entry for the RPD/designee and one entry for the resident. The Program Director will customize the training program for the resident initially based upon an assessment of the resident's Pre-Interest Statement and Goal-Based Evaluation. This plan is updated quarterly and it is filed in PharmAcademic.

Institutional Conference

WAMC Research Symposium

Submit abstracts via Gmail: wamcresearchsymposium@gmail.com

Departmental Conference

Resident will present their research project to the Pharmacy Clinical section. Guidelines will be provided during orientation and project rotation.

Project Requirements

IRB Admin Email address: USARMY Ft Bragg MEDCOM WAMC List WAMC IRB Admin
usarmy.bragg.medcom-wamc.list.wamc-irb-admin@mail.mil

IRB Committee Members Email address:

usarmy.bragg.medcom-wamc.list.wamc-irb-committee-members@mail.mil

Research versus PI Determination Email address:

usarmy.bragg.medcom-wamc.list.wamc-research-performance-improvement@mail.mil

Proposal to Pharmacy Residency Advisory Committee (RAC)

Each resident is required to complete a major project of publishable quality within the residency year. The purpose of the project is to teach the resident how objective scientific reasoning can be used to investigate a question or solve a problem.

The resident will be responsible for designing, executing, completing and presenting a

project/study related to the practice of pharmacy of sufficient merit to be published. The project/study chosen must be approved by the RAC prior to commencement. The project advisors will provide frequent feedback to the resident and the RAC on the progress of the project and its likelihood of completion on schedule.

Template

Resident guide:

Objective: The objective of the project is for the resident to learn to investigate a question or problem in an objective, scientific manner. The project should provide information that will contribute to the progress and development of the Pharmacy profession.

Scope of the project: May involve any area of hospital practice but must be completed within the one year timeframe

Residency project proposal: Concisely written protocol must be submitted and approved before conducting the major project. The proposal must include a title page; a brief literature review; a clearly stated hypothesis; the objectives of the project and the project advisors.

Project proposal should be submitted for review and approval to the RAC and Project Advisory Committee in stages; draft, rewrite second draft, final approval, etc.

Template format:

Title Page: Title, Resident name, Project advisor name

Introduction: State the purpose of the project. Summarize the rationale for the study or project. Provide only strictly pertinent references. Make sure the introduction addresses the following:

- *Goal:* a clear explanation of the question/problem and the purpose of the project
- *Objectives:* a listing of the specific objectives to be met by the project
- *Need:* the rationale of the project and the value of potential results

Methods: Describe your selection of observational or experimental subjects. Identify the methods and procedures in sufficient detail to allow others to reproduce the results. Give reference to established methods; give brief description for methods that are not well known. Identify precisely all drugs used, including generic names, doses, and route of administration.

Statistics: Describe the statistical methods with enough detail to enable a knowledgeable reader to verify the appropriateness and indicate how they will be applied.

Ethics: Indicate that the project will be submitted to the Institutional Review Board (IRB), if human subjects or patients are involved in the study. Actually, submission to the Department of Clinical Investigations so be sure to follow the protocol template if your project is determined to proceed through the IRB. To make this determination, submit your project proposal on the same template for submission to the project advisory committee to our pharmacy-specific members of the IRB for initial review.

References: Number all references consecutively in the order in which they are first mentioned in the text. Use appropriate reference format.

Proposal to Institutional Review Board (IRB)

Once approved by the PRAC and Project Advisory Committee, submit your proposal to pharmacy-designated representative on the IRB. Once approved by the IRB to continue, you will be assigned a protocol number and proceed with the research.

Manuscript

The final manuscript must be approved by the Residency Project Advisory Committee prior to the certificate of completion of residency being issued.

The resident must complete a presentation to the project advisory committee with results and have a manuscript of publishable quality accepted by the committee prior to completion of the program in order to receive his/her certificate.

Extensions may be granted on a case by case basis as deemed appropriate by the RAC.

In order to become familiar with the research process, the resident must complete and pass (score of >70%) the Collaborative IRB Training Initiative (CITI) Program at www.citiprogram.org during the orientation period.

When completed provide proof of completion to the RPD or Residency Program Coordinator and saved a copy in the electronic residency notebook. Detailed information on protocol submission and required protocol template and public affairs approval documents can be found on the Department of Clinical Investigations website as well as the V:Pharmacy: Clinical: Residency: Residency Project

Publication form

Any poster presentation, abstract, case report, platform presentation, or displayed outside of Womack Army Medical Center or submitted for publication to any journal must have all approvals on this form.

SECTION VI. EVALUATIONS AND OUTCOMES ASSESSMENT

Evaluations

Evaluations must be completed for each rotation by residents and preceptors via PharmAcademic <https://www.pharmacademic.com>. A delinquent list of rotation evaluation reports is published monthly by the Residency Program Coordinator/Administrator and is presented to the RPD. Copies of all evaluations are maintained on the PharmAcademic server and are accessible to each resident and preceptor.

Entering Interest

This evaluation helps the program prepare for an entering resident. There are a total of 10 questions for the resident to answer.



Entering Interest
Example.pdf

Objective-Based interest form

Residents will assess their level of experience and ability to achieve educational objectives that will be evaluated throughout the residency year. This interest form will assist the RPP in preparing the resident year. This form is selected as an entering evaluation for residents when enrolling.



Objective Based
Interest Form examp

Summative Evaluation

This evaluation consists of objectives marked as Taught and Evaluated assigned to the resident. Goals which were previously marked as Achieved for the resident, will be included on this evaluation marked as Achieved with a green “ACHR: YES” button. By selecting this button, the ACHR history can be view and additional comments can be added.

It is the responsibility of the resident to ask questions and clarify any unclear comments prior to electronically signing the document. Copies of all evaluations are maintained on the PharmAcademic server are accessible to the resident and preceptor.



Summative
Evaluation Example.p

Learning Experience Evaluation

The resident will evaluate the learning experience using questions developed by ASHP. Copies of all evaluations are maintained on the PharmAcademic are accessible to each resident and preceptor.



Learning Experience
Evaluation Example.p

Preceptor Evaluation

The resident will evaluate the preceptor using questions developed by ASHP. Copies of all evaluations are maintained on the PharmAcademic are accessible to each resident and preceptor.



Preceptor Evaluation
Example.pdf

Goal/Objective-Based Residency Evaluation

All required elective, and custom educational goals and objectives selected for the resident will appear on this evaluation. This evaluation will be automatically schedule at the end of the residency year. Copies of all evaluations are maintained on the PharmAcademic are accessible to each resident and preceptor.



Goal Based
Residency Evaluation

Custom Evaluation

The RPD can use ASHP evaluations or can create custom evaluations for preceptor evaluations, learning experiences evaluations, and/or other types of evaluations.

The RPD specifies instructions, questions, and a scale for each question. Copies of all evaluations are maintained on the PharmAcademic are accessible to each resident.

➤ *Preceptor Self-Evaluation*

This evaluation is a self-evaluation by the preceptor of his/her performance during the rotation. This is a type of custom evaluation consisting of 13 questions.

The preceptor and the RPD and/or residency advisor(s) will discuss the resident's evaluation of the preceptor in conjunction with the preceptor's self-evaluation. These evaluations are working documents of the Department of Pharmacy and are used as part of the preceptor's overall evaluation and process. All of the formal evaluations are discussed with the preceptor and he/she must sign the evaluation to indicate that he/she was counseled regarding the evaluation. Copies of all evaluations are maintained on the PharmAcademic server are accessible to each preceptor.

Evaluations Scales

Achieved

Understanding policies and procedures without reminders
Initiative with all activities on any rotation (not asking preceptor for daily activities) Independent work
Proper literature review and easy retrieval Ease
with drug information retrieval

Satisfactory Progress

Needs guidance retrieving drug information
Making an effort but still not completely independent with activity Assistance
from preceptor with chart review
Limited communication skills with providers Disease
state knowledge lacking with questions

Needs Improvement

Failure to complete an assignment
Unsatisfactory attendance, including being Absent Without Leave (AWOL) Failure to
complete an evaluation form as scheduled
Failure to improve towards proficiency in the skills necessary to clinical pharmacy practice Repetitive
failure to complete assignments
Repetitive unsatisfactory attendance, including AWOL Repetitively
providing false information on evaluation forms
Failure to develop proficiency in the skills necessary to clinical pharmacy practice
Providing preceptor with incorrect information
Not consulting with preceptor regarding changes with patient

Both resident and preceptor can dispute an evaluation.

Dispute Proceedings

The resident has the following rights in a dispute proceeding:

- The right to hear the reasons for action as put forth by the preceptor.
- The right to review all documents before the meeting.
- The right to respond orally and/or in writing to any statements.
- The right to request witnesses to speak on his or her behalf or to submit statements from those witnesses. This request will normally be honored; however, the meeting will not be unreasonably delayed in order to allow their appearance. The witnesses may speak on behalf of the resident but may not question the preceptor. The RPD may limit time allotted for individual comments.
- The RPD has the responsibility to ensure the concerns of the preceptor meet reasonable criteria for the proposed action. The RPD will be encouraged to question the preceptor to clarify any items to ensure that reasonable criteria are being met.

The RPD will notify the resident in writing within two working days of RAC decision. If the decision is to extend the residency appointment time in order satisfactory achieve the residency goals and be granted a residency certificate, the notification will also indicate that no further appeals through PAHEC may be pursued. Appeals through PAHEC will only be granted if the resident is placed in any of the PAHEC Due Process description.

The resident will be requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment will be maintained in PharmAcademic.

Meeting

If during the meeting an individual begins to disclose information that indicates a violation of the UCMJ may have occurred, the Residency Program Director will halt the interview, apprise the individual of his/her rights against self-incrimination and immediately contact the proper channels. If the individual discloses information the RPD determines may constitute a violation of the UCMJ, the incident must be referred to the PAHEC for consideration of further action. Any adverse action that is recommended must afford due process in accordance with this process.

SECTION VII. PROGRAM PROCEDURES

ASHP Resident Matching Program

Commissioned pharmacy officers are exempted from the participating in the match by ASHP.



ASHP Resident
Matching Participatio

Military Selection Procedure

Long-term Health Education and Training (LTHET)

LTHET is a full-time, DOD-subsidized (military-sponsored) health or health-related education or training in a military or civilian facility of 26 weeks or more including education or training received in preparation for commissioning as a health professions officer and subsequent commissioning.



AR_3513_Profession
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LTHET Application
Flowchart.pdf

Eligibility

A 1-year residency in pharmacy specialties is available to Active Duty (AD) pharmacy officers and new officer accessions who qualify for a commission as a pharmacist. An AD officer will not be in competition with a new accession as the ceiling for residency positions has been increased to accommodate this recruiting tool. New accessions will not be offered residencies until after AD officers have been selected. AD officers should refer to the annual message on LTHET to determine eligibility criteria and specialty residencies offered.

Minimum terms of service and Active Duty Service Obligation (ADSO)

The ADSO for the 1-year pharmacy residency program is 3 years or as prescribed by current DOD guidance.

Officers must reimburse the Government for costs of advanced education for participation in the fully-funded LTHET program (including LTHET fully-funded residencies and fellowships) if they voluntarily leave the program (including separation as a conscientious objector) or because of misconduct or other reasons, fail to complete the ADSO set forth in this regulation and in their training agreement. The term "fail to complete" means completing a portion or none of the required period of Service on AD. Costs of advanced education include tuition, books, supplies, and other education costs incurred by the Government. They do not include pay, allowances, or travel expenses unless otherwise specified in this regulation, DODI 6000.13, or law. Interest on reimbursement of advanced education costs may further be assessed under other existing law or in accordance with DOD guidance.

Orders and Assignments

Assignment and reassignment orders for AMEDD personnel selected for LTHET are provided for as follows:

a. PCS orders for LTHET. AMEDD Officer Personnel Branches, AHRC, will issue assignment instructions assigning officer personnel to student status. Reassignment orders will be published for:

(1) Successful completion of a course or program.

- (2) Failure of a student to meet academic standards established by the institution concerned.
- (3) Removal from the program for medical, disciplinary, or other reasons as determined by the DHET.
- b. Assignments. Students attending civilian institutions will be assigned to the AMEDD student detachment, AMEDDC& S, Fort Sam Houston, TX 78234–5018, with duty station at the civilian educational institution being attended.

Extensions

Officers entering training will determine the length of the program before applying. Requests for extension must be submitted in letter format from the officer concerned explaining the reason for the required extension. Documentation must also be submitted to support the extension of when the training will be complete.

Promotion status

Officers in a nonselect status are ineligible to apply. Any officer selected for school, but nonselect for promotion, will be deleted from the school-select list, except for DC. Officers attending LTHET who are nonselect for promotion may be continued in LTHET at the discretion of the chief of the pertinent Corps. DC officers passed over for promotion are ineligible to apply for or start long-term training programs unless a waiver is granted by the Chief, DC.

Holidays

Residents are required to work one major and one minor holiday assigned by the RPD, but may be required to work a holiday if it falls on his/her regular weekend rotation. If the resident's regular weekend rotation will fall on a federal holiday, this will be taken into consideration by the RPD when making the holiday work assignments. Major holidays for the purpose of this scheduling are considered to be Christmas Day, Thanksgiving Day, and Independence Day. Military training holidays are not granted during the residency year.



WAMC FY17 Federal
Training Holiday and

Leave

Annual Leave

Residents are authorized to take up to 10 duty days of leave during the residency year. It is recommended that the resident take this leave during the transitional month to reduce impact on scheduled learning activities and rotations. The resident must submit a DA Form 31 (Request and Authority for Leave) in accordance with Command Policy and Company procedures. Request for mileage passes must be submitted a minimum of 14 days in advance, or per Command Policy.

Sick Leave

Military residents must use designated sick call procedures when unable to report for the residency due to illness. Military residents must the RPD and/or the next military supervisor in the chain of command, the Residency Coordinator/Administrator, and the rotation preceptor if he/she must report to sick call or be absent from rotation. Military officers will be considered absent without leave (AWOL) if the military chain of command is not contacted. Once the military resident receives any notice of home rest, or quarters, one copy of the temporary profile, sick slip, or quarters slip must be given to the RPD and/or the next military supervisor in the chain of command. Military residents may coordinate dental or routine medical appointments with the preceptor and the RPD (or next military supervisor in the chain of command). *The military resident must always ensure a military officer in the direct supervisory chain is aware of his/her location and duty status using appropriate reporting procedures.*

Emergency Leave

Residents who must stop training for a leave of absence for a medical issue or family emergency must obtain approval from the Residency Program Director, Chief of Pharmacy, and the MEDCOM Directorate of Medical Education per the due process policy (MEDCON 351-1) prior to purchasing tickets, solidifying plans etc. Communication with the respective preceptor for the assigned rotation during the period of absence must occur prior to approval. Residents cannot be gone from any rotation for **longer than 50%** of the working days including leave, pass, and TDY without the requirement to repeat that rotation. Residents with planned absences that may result in program extensions (elective surgery, planned pregnancy, etc.) should discuss this with their Program Director early in the academic year. Successful completion of a rotation is based on competence and proficiency in the rotation and may not be granted if absent, even if excused, if these qualities have not been demonstrated to the satisfaction of the preceptor and RPD.

Professional and other leaves of Absence

Other leave of absences may be granted on a case by case basis as determined by the RPD. Absence from training for these purposes is counted against time-in-training requirements and may result in program extension.

Temporary Duty (TDY) and Permissive Temporary Duty (PTDY)

TDY is fully funded travel and is granted for the purpose of attending meetings, rotations, short courses, and schools considered a necessary component of the training program. This will **NOT** count against the 12 month minimum requirement for the PGY1 as it is considered active medical training. PTDY is an authorized absence that is not chargeable as leave, is not considered essential training, and occurs at the trainees own expense and will count against the 12 month minimum requirement for the residency program.

Pass policy

The Residency Program Director, at his/her discretion, may recommend a resident for a three (3) day pass. The approval authority for passes is the company commander. It is discouraged to take leave and passes during the same rotation. Passes may not be taken in conjunction with TDY. When traveling on non-duty days, mileage passes are required when traveling outside of a 250 mile radius of WAMC. Mileage passes are not counted against the 12 month minimum requirement, but 3 day passes when one day would have been a regularly scheduled duty day will result in the scheduled duty day counting against the 10 duty days of leave authorized.

Reasons for Extension

For extensions of training, the trainee must be notified in writing and the reasons for the absence and requires a majority of vote of the RAC and approval by PAHEC. The endorsed request is then forwarded to the MEDCOM Directorate of Medical Education for approval and an adjusted graduation date. Army policy may require that individuals who have an extension of training for non-medical reasons incur an additional military obligation (AR 351-3 and MEDCEN 351-1).

Military resident extension may be granted on a case by case basis, for medical needs *not to include diagnosed mental instability*. If the resident is in academic failure or pending dismissal; the dismissal will precede any extension that may be granted for medical needs.



Army Regulation
351_1 Professional E



PAM_351-1_DUE_PR
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Area/Hospital Disaster which Impairs Learning Rotation Completion

In the event of a hospital disaster which impairs the working operations of the hospital itself, depending upon where you are in your rotation learning experiences, collaboration with the Veterans Administration-Fayetteville may be the training completion option.

Collaborative agreements with the VA-Fayetteville are pending agreement, in the event of any disaster which impairs operation of WAMC for a significant or extended period of time.

Emergency Plan

Mass Casualty (MASCAL)

Womack Army Medical Center is a designated mass casualty center. The facility must be able to respond rapidly and effectively to sudden surges caused by either natural disasters or terrorist attacks.

In the event of a MASCAL, residents are considered essential personnel and are required to attempt to report to the institution to assist the Department of Pharmacy and the WAMC mission. The treatment site for the pharmacy department is Support Pharmacy. Residents

are required to sign the WAMC form 25-63 and a copy will be placed in the Competency Assessment Folder (CAF)

If you cannot report due to road closures, etc. attempt to contact the RPD, Program Coordinator and the next military supervisor in the chain of command via phone or text to report your status.



GenPharmSOP



Pass Policy Army

5- Pharmacy EMP MARegulation 600_8_10

Inclement Weather

All military personnel are designated as Adverse Weather Emergency Employees (AWE).

Guidelines:

1. AWEs will be required to report to, or remain at, his/her work site during adverse weather conditions. Employees may be required to work at different work sites and to work altered work hours during adverse weather operations.
2. AWEs are required to provide written directions to their residence along with a strip map which includes the street address and telephone number.
3. In the event that the resident cannot report to work due to unsafe conditions, he/she must contact the RPD, Program Coordinator and the next military supervisor in the chain of command via email, text, or phone message to relay his/her status and whereabouts for accountability.



ADVERSE WEATHER
EMERGENCY MEMO.p

Area/Hospital Disaster

Policies and Procedures for closure or interruption of Residency/Professional Graduate Program Training secondary to a disaster

A disaster is any event which occurs that significantly and adversely affects resident or allied professional graduate trainee experience in the training programs.

- The WAMC Commander and the Designated Institution Official (DIO) are responsible to ensure disaster preparedness with prompt initiation of these procedures should a catastrophic event occur
- Program Directors (PDs) and the DIO will maintain current personnel information files on all residents and allied graduate trainees and their families to include contact information in the event of an emergency, in coordination with Troop Command.
- The PDs and DIO will ensure that WAMC trainees participate fully in disaster drills and exercises to be aware of emergency procedures.

- In the event of a disaster, the PDs will establish and maintain accountability of residents and allied graduate trainees and their families and will report accountability through appropriate Troop Command channels and the DIO.
- The PDs and DIO will ensure that trainees and residents fill appropriate roles in the institutional response to disaster
- When disaster conditions arise that prohibit the Institution from maintaining applicable ACGME standards and guidelines for PAHEC and any other accredited graduate programs, the DIO will and the WAMC Commander will notify Northern Regional Medical Command Commander and the Director for Graduate Medical Education (DGME) at the Office of The Surgeon General (OTSG) via situational reports and critical command information reports (CCIRs).
- All anticipated program interruptions will be coordinated by the DIO and PDs with the DGME at OTSG or appropriate Branch or Program Managers to inform the ACGME or applicable allied educational accrediting agencies of anticipated disruptions and solutions.
 - Long-term closure of programs will follow the procedures defined in the WAMC Program Closure Policy and DODI 6000.13.
 - Army GME policy mandates that if local remedies are not practical, residents may be transferred to other accredited programs, with first priority being those in Department of Defense (DoD) training facilities
 - If relocation is necessary, it will be achieved via normal DoD and Army Permanent Change of Station procedures through coordination with MEDCOM or Enterprise level Program Managers or Directors
 - WAMC residents and trainees affected by these conditions will be assigned to other DoD training programs (Army, Navy, or Air Force) or will be placed in accredited civilian institutions via Army sponsored civilian training.
 - When appropriate, the residents and allied graduate trainees will participate in decisions as to relocation sites.
 - All expenses regarding this transfer of residents/ allied graduate trainee and their families will be handled via existing Army policy, ensuring that the residents and allied graduate trainees continue to receive regular pay and allowances and any additional funds that are authorized under Army policy
 - The DIO will provide summaries through WAMC Commander and NRMC Commander to Director of PAHEC at OTSG or other appropriate Enterprise Program Manager or Director to maintain ongoing communication with the Institutional Review Committee Executive Director or other allied educational accrediting agencies about resident or trainee relocation.
- DIO will coordinate with Director of PAHEC at OTSG or other appropriate Enterprise Program Manager or Director to inform the ACGME or other allied educational

accrediting agencies of plans for future training at WAMC.

- If it appears that there will be a long term interruption of training, WAMC may through MEDCOM or Enterprise level Program Managers or Directors consult with the ACGME or other allied educational accrediting agencies to request voluntary withdrawal of accreditation and to apply for accreditation as a new program at a later date.



Disaster Plan.pdf

Disciplinary Process

Pharmacy Department Level

Residents are expected to conduct themselves in a professional manner and to follow all pertinent Departmental policies and procedures. Appropriate disciplinary action will be taken if a resident fails to:

- Present him/herself in a professional manner
- Make satisfactory progress and achieve 100% individualized goals and objectives for each rotation, including longitudinal rotations with accompanying evaluations completed and signed.
- Satisfactorily complete a Residency Project, corresponding publishable manuscript and any other assigned duties as specified by the Pharmacy Residency Activities Committee (PRAC).
- Satisfactorily should complete presentations at the Mini SERC event and Southeastern Residency Conference for Residents (SERC)
- Be in good standing with the WAMC health system and ARMY.
- Follow policies and procedures

Immediately upon discovery that the resident is falling behind academically or not adhering to professional standards, the preceptor will consult with the resident verbally. Additionally the preceptor will inform the RPD that a verbal discussion has taken place. If the behavior continues, the preceptor and RPD will direct written counseling and prepare a plan of action for the resident, with input from the resident in developing a plan. A discussion can then occur between preceptor, resident and RPD to decide if the resident needs to repeat the rotation or if objectives have been satisfactory in completion and the resident can proceed to the next rotation.

Due Process for participants in Professional Allied Health Education Programs

This document outlines the process for management of residents who encounter academic, technical, and/or professional problems. These procedures describe due process to include program level remediation, hospital level probation, extension of training, and termination from training. These procedures present a sequence of corrective actions emphasizing due process, thorough documentation of all actions, and timeliness of the

process. Due Process must be applied uniformly and fairly to all residents in each program. Institutional policies apply to all residents in its training programs (Exhibit 1) for issues relating to professional or academic performance, regardless of the sponsoring service. Issues of misconduct or noncompliance with service regulations, unrelated to academic or professional performance, must be managed according to the policies of the resident's sponsoring service.

Upon entry into a training program, residents are provided a copy of this due process policy and procedures document. The resident will sign a statement acknowledging receipt and review of such documents as well as understanding their content. The signed statement will be maintained in the resident's training file.

A resident's refusal to acknowledge receipt during any process prescribed herein will not result in a delay of the action or proceeding.

Documentation

All remedial actions must be based upon thorough written documentation. This begins with initial counseling followed by written performance evaluations and periodic statements by the Residency Director and Residency Committee concerning the success of the resident in achieving designated milestones in professional development.

Assessment of the resident/trainee performance should consider the progressive development under supervision of the knowledge, skills, and attitudes required for safe, effective and compassionate patient care commensurate with the resident/trainee level of advancement and responsibility.

When progress is below expectations, the Program Director must assess:

- The adequacy of clinical experience.
- The adequacy of supervision.
- The adequacy of the resident personal learning program for professional growth with guidance from the teaching staff.
- The resident's active participation in the educational and scholarly activities of the program.

Both civilian and military residents will be evaluated at several levels of the residency; within the first 30 days via TAPES and/or DA 67-9-1 as well as during the 5 week orientation phase (evaluated via PharmAcademic). Additionally, civilian residents will receive written counseling updates via TAPES minimally at midpoint but quarterly or more often if academic or professional issues arise which necessitate more frequent documentation. Military residents will receive the same counseling via written counseling updates via the DA 67-9-1 support form at the same ascribed intervals named above for civilian residents. Any unacceptable academic or professional performance will be reported to the WRAC initially, and then reported forward to the DME if the unacceptable performance continues for more than 30 days from the date of the initial report.

Remedial Action

There must be a written plan for any remedial action to include objective criteria by which improvement can be judged. The remedial action plan is an essential component of each tier of the evaluation process: verbal/written counseling, program level remediation, hospital level probation, extension of training and termination. Remedial action plans can address:

- Failure to meet academic or technical performance standards or objectives of the training program.
- Lack of application, to include but not limited to absences, tardiness, and/or failure to perform clinical duties in a timely or adequate fashion.
- Conduct considered unprofessional by the Residency Director and/or Residency Committee that affects pharmacy practice or the course of training
- Failure to meet professional or administrative responsibilities, such as those prescribing weight, physical fitness, licensure or other requirements
- An incident of gross negligence or willful misconduct, including a violation of the Uniformed Code of Military Justice (UCMJ).

Program Level Remediation (PLR)

This action allows for correction of deficiencies without hospital level probation and usually follows informal verbal or written counseling and informal remedial action plans.

- The DME must be informed of this action in writing by PD prior to initiating this action
- PLR is not considered to be adverse and no formal presentation to the PAHEC is required.
- PLR may not exceed 60 days, and it cannot be extended or repeated. PLR must precede placement of the resident on hospital level probation except in cases of gross negligence or willful misconduct as judged by the PD. Residents alleged to have committed such acts of gross negligence or willful misconduct will be referred to the PAHEC for immediate summary action.
- The PD will identify residents who are academic or professional performance fails to meet expected standards of knowledge, skills or attitudes.
- The Program Director will provide the resident with a clear written remediation plan including:
 - A description of specific deficiencies in performance.
 - The methods to use to improve the noted deficiencies.
 - A list of objective measures which must be achieved to be removed from remediation.
 - Any restrictions or conditions placed on the resident during remediation
 - A time frame for documentation of improvement not to exceed 60 days.
- The Program Director will ensure that the resident understands the deficiencies as well as requirements for improvement and offer counseling and assistance to help

the resident

- The Program Director may designate an advisor or mentor to assist the resident during remediation.
- The resident must sign a statement acknowledging program level remediation. The signed statement will be maintained in the resident's educational training file.

Hospital Level Probation (HLP)

- A PD may propose HLP after a period of PLR or after a single incident of gross negligence or willful misconduct (Exhibit 2).
- HLP is a period of supervision initiated to assist the resident in understanding and correcting significant specific deficits in knowledge, skills or attitudes.
- HLP may be approved, ended or extended only by recommendation of the DME.
- Hospital Level Probation may end in return to full training status with or without extension of training.
- The proposal for hospital level probation may be based upon one or more of the following:
 - Documented failure to meet academic or technical performance standards of the program.
 - Lack of progress in the training program.
 - Lack of application of the resident's knowledge or skill.
 - Unprofessional conduct (medical and/or military).
 - Documented failure to correct deficiencies despite counseling and PLR.
 - Documented regression or failure to progress after removal from HLP.
 - Disciplinary problems.
 - Substance abuse (in accordance with applicable service regulations).
 - Failure to obtain or maintain a valid unrestricted state license in compliance with AGME regulation.
 - Failure to comply with weight or physical fitness requirements.
 - An incident of gross negligence or willful misconduct, including a violation of the UCMJ.
 - Other circumstances deemed significant by the PD.
- Prior to being placed on HLP, the PD must notify the resident in writing that a proposal for hospital level probation is being considered. The notification must include specific reasons for the proposed action and provide the resident 5 working days to submit a written response and meet with the PD
- The PD must notify the resident in writing if the proposal for HLP will go forward to the PAHEC within 2 working days following receipt of the resident's response, if submitted. The notification must include specific reasons for the contemplated action and advise the resident of his or her rights for due process under this policy.
 - The PD will provide the resident with a copy of the HLP request, as it will be submitted to the DME (Exhibit 3) and applicable institutional policy on due

process.

- A record of the notification including a signed acknowledgment of receipt of a copy of the hospital level probation request must be maintained in the resident's educational training file.
- The PD must submit the request for HLP to the DME immediately after notifying the resident of the intent to proceed with HLP recommendation. The request should include the following:
 - Specific reasons for the proposed hospital level probation.
 - Remediation plan which identifies the steps for improvement during hospital level probation.
 - Measurable endpoints for successful completion of the HLP.
 - Recommended duration of HLP.
 - The copy of the signed notification to the resident proposing HLP.
 - The resident's response (if any) to the probation proposal.
 - Academic file.
 - Documentation of all previous counseling.
 - Results of PLR (if applicable).
- Upon receipt of the PD's request for HLP, the DME must determine the date for the HLP hearing (during the next PAHEC or during special scheduled hearing) and inform the PD of the date and time within 2 working days. A hearing to address a HLP request must no sooner than 10 working days after the resident is notified of the decision to refer the matter for a hearing. The regularly scheduled meeting of the PAHEC may serve as the HLP hearing, or a special meeting of the PAHEC may be convened to address the HLP request.
- Upon receipt of the DME's decision, the Program Director will notify the resident of the decision within 2 working days. If the decision is to refer the matter for hearing, the Program Director will also inform the resident of the date and time of the hearing and the resident's rights regarding the hearing. A copy of the hospital level probation request will be made available to all voting members of the PAHEC prior to and during the hospital level probation hearing.
- The resident is encouraged to request a meeting with the DME prior to the HLP hearing in order to clarify any issues concerning the hearing. The resident will be given the opportunity to appear before the PAHEC. The resident must provide the name of any accompanying attorney and witnesses and any supporting documentation for the hearing to the DME at least 2 working days before the date of the hearing.
- The PAHEC will consider the request and all relevant information presented at the hearing and renders its recommendation as the initial approval authority for placement of residents on HLP.
 - The decision on the recommendation for HLP will be determined by a vote.
 - For the action to go forward there must be a quorum of 50% of the voting

- members and greater than 50% must vote in favor of HLP.
- The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room.
 - The proceedings and recommendations must be mentioned in the minutes of the PAHEC, but detailed records of the proceedings and vote will be kept confidential in the local graduate medical education office.
- The DME will prepare a summary of the proceedings and recommendations. This summary along with the PD's original request and the resident's written statements will be forwarded to the DCCS within 1 working day following the HLP hearing (Exhibit 4).
 - The DCCS must notify the DME of his or her concurrence or non-concurrence with HLP within 2 working days following receipt of the summary of the proceedings and recommendation.
 - The DME will notify the resident in writing within 2 working days of the decision (Exhibit 5). If the decision is to place the resident on HLP, the notification will also include the resident's right to appeal the decision to the WAMC Commander, within 5 working days of receipt of the HLP the notification by the resident. The resident must sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgement will be maintained in the resident training file
 - The resident may make a one-time submission of an appeal of the probation decision through the DCCS to the WAMC Commander. The probation request and PAHEC minutes must accompany the appeal requests for the Commander's review.
 - Written notification of the Commander's decision regarding the appeal must be provided to the resident within 2 working days following receipt of the appeal. The decision is final and there is no right to appeal to the Directorate of Medical Education, MEDCOM, Medical Corps Chief or The Surgeon General.
 - The period of HLP will generally be at least 30 days and will not exceed 90 days.
 - The PAHEC may vote to extend the duration of HLP for up to 90 additional days on recommendation of the PD.
 - Residents who fail to demonstrate adequate improvement after two consecutive periods of HLP will generally be recommended for termination under due process procedures by the PD.
 - The PD will counsel the resident on the terms and conditions of the HLP. This session must be documented in writing and an acknowledgment signed by the resident. The PD will assign a faculty advisor to assist the resident with the remediation plan.
 - If appropriate, voluntary medical, psychological, or learning disability evaluation will be offered to the resident, at no cost to the resident during the remediation or HLP. Requests for evaluation outside the institution will be reviewed on a case-by-case basis. The resident will be responsible for all costs associated with outside evaluations.

- If the PD determines that a medical, psychological, or learning disability evaluation is required, and the resident does not choose to voluntarily seek evaluation, the Commander will determine if a command directed evaluation is appropriate and in accordance with procedures covered under DoD Instruction 6490.4 and DoD Directive 6490.0.
- The PD will submit a monthly written report to the PAHEC regarding the resident's performance during HLP
 - A copy of this report will be submitted to the DME and to the probated resident no later than 3 working days prior to the next scheduled meeting of the PAHEC.
 - The resident will be requested to sign the report acknowledging its receipt. The resident may also submit written statements on his or her behalf to the PAHEC.
- The DME will notify the Directorate of Medical Education (AGME), MEDCOM, and ATTN: DASG-PSZ-MG, in writing within five (5) working days following the effective date any military resident is placed on HLP (Exhibit 6). The Director, AGME will notify the appropriate authority if the military resident is from another service. The DME must notify the appropriate organization for any civilian resident placed on HLP in accordance with the training agreements.

Extension of Training

- Under ordinary circumstances, brief periods of absence can be accommodated without extension of training, provided that the sum of ordinary leave, passes, convalescent leave, travel time, in-processing/out-processing time and the absence period do not exceed 30 calendar days in an academic year.
- If the recommended HLP period exceeds more than one half the elective times normally allocated within the residency curriculum, a request for extension may be initiated.
- In instances of more prolonged absence, the PD may recommend extension of training.
- Extension of training, even if part of HLP, is not considered an adverse action and requires no hearing or appeal. Extension of training may also be recommended for medical, personal or administrative reasons.
- Where an extension of training is requested, the resident must be notified in writing of the intent to extend training and the reasons for the action. The resident must sign the notification acknowledging receipt.
- A written request for extension with the stated reasons enumerated must be sent to the PAHEC (Exhibit 9). The PAHEC may recommend extension of training.
 - This action requires a majority vote (greater than 50 % of the voting members present) by the members of the committee and is subject to

- approval by the Commander.
- The resident must be notified in writing of the decision for extension of training and a copy of the acknowledged receipt must be maintained by the PD in the resident training file.
- Since extension of training may affect future assignments, special pays, and obligations for Army residents, the Directorate of Medical Education (AGME), MEDCOM, ATTN: DASG-PSZ-MG, must be notified within 5 calendar days of the action for final approval (Exhibit 10).

Termination from Training

- Termination is the most serious action that can be proposed by a Program Director (Exhibit 11). A recommendation for termination must be based upon one of the following:
 - Failure to satisfactorily progress toward correction of deficiencies while on hospital level probation.
 - Regression or failure to satisfactorily progress after removal from hospital level probation.
 - Any act of gross negligence or willful misconduct. This can include a pattern of past performance or a single act. Under these circumstances, the resident may be placed on administrative duties and removed from patient care responsibilities until resolution of the termination process. Termination under these circumstances requires notification of the appropriate credentialing authority.
 - Two-time non-select for promotion.
- The PD must notify the resident in writing that termination is being considered. The notification must include specific reasons for the proposed action and provide the resident 5 working days to submit a written response and meet with the Program Director. (5 days)
- The PD must notify the resident in writing if the proposal for termination will go forward within 2 working days following receipt of the resident's response, if submitted. (2 days)
 - The notification must include specific reasons for the contemplated action and advise the resident of his or her rights for due process under this policy.
 - The PD will provide the resident with a copy of the termination request that will be submitted to the DME and applicable institutional policy on due process (Exhibit 12). A record of the notification including a signed acknowledgment of receipt of a copy of the termination request must be maintained in the resident's training file.
- The PD will submit the request for termination to the DME immediately after notifying the resident of the intent to proceed with a termination request. This request should include the following:

- Specific reasons for the proposed termination.
 - A copy of the probation request.
 - The notification to the resident proposing termination.
 - The resident's response (if any) to the termination proposal.
 - Academic file.
 - Documentation of all previous counseling.
 - Results of prior remediation or probation periods.
- Upon receipt of the PD's request for termination, the DME will determine whether to convene a termination hearing and inform the PD of the date and time within 2 working days. (2 days)
 - A hearing to address a termination request must be held within 10 working days after the resident is notified of the decision to proceed. The regularly scheduled meeting of the PAHEC may serve as a termination hearing or a special meeting of the PAHEC may be convened to address the termination request. (10 days)
 - Upon receipt of the DME's decision, the PD will notify the resident of the decision within 2 working days. If the decision is to refer the matter for a hearing, the PD will also inform the resident of the date and time of the hearing and the resident's rights regarding the hearing. A copy of the termination request will be provided to voting members of the PAHEC prior to the termination hearing. (2 days)
 - The resident is encouraged to request a meeting with the DME prior to the termination hearing in order to clarify any issues concerning the hearing.
 - The resident will be given the opportunity to appear before the PAHEC.
 - If the resident engages legal counsel, the resident must provide the name of any accompanying attorney and witnesses and any supporting documentation for the hearing to the DME at least 2 working days before the date of the hearing.
 - The PAHEC will consider all relevant information received at the hearing and render its recommendation as the initial approval authority for termination from training.
 - The decision on the recommendation for termination will be by a vote.
 - For the action to go forward there must be a 75% quorum of the voting members and greater than 2/3 present must vote in favor of termination.
 - The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room.
 - The proceedings and recommendations must be mentioned in the minutes of the PAHEC, but detailed records of the proceedings and vote will be kept confidential in the DME office.
 - The DME will prepare a summary of the proceedings and recommendation. This summary along with the PD's original request and the resident's written statements will be forwarded to the DCCS within 1 working day following the hearing (Exhibit

13). (1 day)

- The DCCS must notify the DME of the decision within 2 working days following receipt of the summary of proceedings and recommendation. (2 days)
- The DME will notify the resident in writing within 2 working days of the decision. If the decision is to terminate the resident from training (Exhibit 14), the notification will also include the resident's right to appeal the decision within 5 working days following the receipt of the notification by the resident. (2 days)
 - The resident must sign and date the notification to acknowledge receipt.
 - A copy of this notification and acknowledgement will be maintained in the resident training file.
 - The resident may make a one-time submission of an appeal of the termination decision through the DCCS to the WAMC Commander. The termination request and PAHEC HLP hearing minutes must be submitted to the Commander for review. Written notification of the decision regarding an appeal must be provided to the resident within 2 working days following receipt of the appeal. The decision is final and there is no right to appeal to the Directorate of Medical Education, MEDCOM, Medical Corps Chief or The Surgeon General. (2 days)
- The DME will notify the Directorate of Graduate Medical Education, MEDCOM, ATTN: DASG-PSZ-MG, in writing within 5 calendar days following the decision to terminate any military resident (Exhibit 15). This DGME will notify the appropriate authority if the military resident is from another Service. The DME must notify the appropriate organization for any civilian resident terminated in accordance with their training agreements. (5 days)
- The due process timeline may take up to 27-30 duty days, as defined in this policy.

Suspension

Residents alleged to have committed acts of gross negligence or willful misconduct will be referred immediately to the appropriate authorities for summary action and may be suspended pending investigation and resolution of all allegations. The length of suspension will be determined by the time required to investigate/adjudicate the trainee's conduct. The Residency Director will determine the clinical and administrative activities that the resident may not participate in, provide the resident with a written notification of the suspension and accompanying restrictions, and inform the Director of Medical Education immediately of the action(s) taken. The period of suspension will end when the Residency Director decides to either reinstate the trainee (without restriction) or refer the situation to the Pharmacy Practice Residency Committee for further action or recommendations.

Remediation

This program level action allows for correction of deficiencies without probation. The Residency Director will provide written notification to the Director of Medical Education

prior to initiating this action and coordinate the terms and conditions of the remediation with the Residency Committee. A remediation period may not exceed six weeks nor be extended or repeated without prior discussion with the Director of Medical Education. In general, program level remediation precedes formal academic probation except in cases of gross negligence or willful misconduct as judged by the Residency Director.

The first time that a resident fails a required core rotation the resident will be placed on remediation and repeat the required rotation in lieu of participating in an elective rotation. Should the resident fail another required core rotation, or fail the repeated rotation a second time, the Residency Director will recommend probation and the resident will repeat the required core rotation in lieu of the second elective rotation on her/his academic schedule. A third failure of a required rotation will normally result in dismissal because the resident will not have the opportunity to repeat and satisfactorily complete the rotation within the academic year and still fulfill all other academic requirements for the program. If the resident has two unsatisfactory evaluations for a longitudinal rotation, the Residency Director and Residency Committee will determine the best course of remediation, usually remediation during part or all of an elective rotation. The resident will be given notice in writing of his/her failure to meet the goals and objectives of the rotation and the time frame for remediation. If there is a discrepancy between the resident's view of his/her evaluation and the preceptor's evaluation, the resident has three working days to meet with the Residency Director and/or Residency Coordinator to discuss a possible resolution. The Residency Coordinator, together with the Residency Director, Residency Committee and the Preceptor, will determine the course of action to be taken.

The Residency Committee will provide the resident with a clear written remediation plan to include the following:

- Description of specific deficiencies in required competencies and previous efforts (counseling) to fix them.
- Methods and resources to be used to improve the noted deficiencies.
- List of objectives goals and measures, which must be achieved to successfully complete remediation.
- Restrictions or conditions placed on the resident during the remediation period.
- Time frame for documentation of improvement, usually not to exceed six weeks.
- Consequences of not fixing the deficiencies in the allotted time.

The residency Director and Residency Coordinator will ensure that the resident understands the deficiencies, the requirements for improvement and is offered counseling and assistance to help the resident rectify the stated deficiencies. The resident will be offered the opportunity to sign a statement acknowledging program level remediation. The signed statement will be maintained in the resident's training file. The Residency Director may designate an advisor to assist the resident during remediation. Preceptors will continue to provide weekly written performance evaluations to residents.

Probation

The Residency Director may propose probation after a period of remediation or after a single incident of gross negligence or willful misconduct. Probation is a period of supervision initiated to assist the resident in understanding and correcting significant specific deficits in knowledge, skills or attitudes and behaviors. Probation recommendations will be approved by the Residency Committee and may not exceed a period of six weeks. The Residency Committee must also approve the removal of a resident from probation. There must be a quorum consisting of 50% or more of the members. Approvals will be determined by a simple majority vote of the members present. Probation may end in return to full training status, withdrawal or dismissal.

The proposal for probation may be based upon one or more of the following:

- Documented failure to meet academic or technical performance standards of the program.
- Lack of application of the resident's knowledge or skills.
- Unprofessional conduct.
- Documented failure to correct deficiencies despite remediation.
- Documented regression or failure to progress despite remediation.
- Disciplinary problems.
- Substance abuse.
- Failure to obtain or maintain a valid unrestricted pharmacist license.
- An incident of gross negligence or willful misconduct.
- Other circumstances deemed significant by the Residency Director.

In order for a resident to be placed on probation, the Residency Director must notify the resident in writing that a proposal for probation is being considered. The notification must include specific reasons for the proposed action and a copy of the of the Pharmacy Practice Residency policy on due process. The resident will be given a minimum of three working days to submit a written response and meet with the Residency Director and Residency Coordinator. The resident will indicate whether she/he accepts the proposed probation. A record of the notification including a request signed acknowledgment of receipt and a copy of the proposed probation will be maintained in the resident's training file along with a record of the resident's acceptance or disagreement with the proposed probation. Copies of these records will also be given to the Director of Medical Education.

A hearing to address a probation request must be at least three working days after the resident is notified of the decision to refer the matter for a hearing. The resident may request to address the Residency Committee if she/he disagrees with the Residency Director's recommendation for probation. The Residency Committee will meet with the resident to discuss the proposal and to advise the resident of his/her right to due process under this policy. At this meeting, the resident may provide verbal and/or written feedback. The decision on the recommendation for probation will be determined by vote.

For the action to be approved, greater than 50% of the Residency Committee members present must vote in favor or probation. The resident will leave the room during the deliberations and voting. A written summary of the probation hearing will be provided to the Director of Medical Education.

The Residency Director will notify the resident in writing within two working days of the Residency Committee's decision. If the decision is to place the resident on probation, the notification will also include the resident's right to appeal the decision to the Director of Medical Education within three working days following the date the resident receives the notification. The resident will be requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgement will be maintained in the resident's training file. If the Residency Committee votes to deny the recommendation, the program director will notify the resident of the committee's decision verbally and will provide written notification to the Director of Medical Education.

The resident may submit a one-time appeal of the probation decision through the Residency Director to the Director of Medical Education. The Director of Medical Education will consider the resident's written appeal, the Residency Director's probation request, and documentation of the Residency Committee proceedings and probation decision. Written notification of the decision regarding an appeal of probation will be provided to the resident within two working days following receipt of the resident's appeal. The decision by the Director of Medical Education is final and may not be appealed any further through academic channels.

The Residency Director and Residency Coordinator will counsel the resident on the terms and conditions of the probation. This session must be documented and an acknowledgment signed by the resident.

If appropriate, voluntary medical, psychological, or learning disability evaluations may be offered to the resident, at no cost to the resident during the probation period provided they are authorized beneficiaries of the military health care system.

Requests for medical evaluation outside the institution will be reviewed on a case-by-case basis and honored on the basis of the merits of the request. The resident will be responsible for all cost associated with outside medical evaluations.

The Residency Committee will submit a monthly written report to the Residency Director regarding the resident's performance during probation. A copy of this report will be provided to the Director of Medical Education and to the probated resident no later than three working days prior to the next scheduled meeting of the Residency Committee. The resident will be requested to sign the report acknowledging receipt and may submit written statements to the Residency Committee on his/her behalf.

Completion of Probation

Probation may be ended under several conditions:

- The Residency Committee may determine the resident's performance has improved

and now meets the standard requirements to successfully complete the residency. The resident will return to full academic standing.

- The resident may voluntarily resign from the program. The resident shall submit a written request to the Residency Director and Residency Coordinator to withdraw from the training program. The resignation request will acknowledge that by resigning from training, the resident is making herself or himself available for immediate reassignment orders to meet the Army's needs. Civilian trainees will be released unconditionally.
- The resident is dismissed from the program.

Dismissal

Residents may be dismissed only after a period of formal probation or after a single incident of gross negligence or willful misconduct. A recommendation for dismissal must be based upon one of the following:

- Failure to satisfactorily progress toward correction of deficiencies while on probation.
- Regression or failure to satisfactorily progress after removal from probation.
- Any act of gross negligence or willful misconduct. This can include a pattern of past performance or a single act. Under these circumstances, the resident may be placed on administrative duties and removed from patient care responsibilities until resolution of the dismissal process. Dismissal under these circumstances may require notification of the appropriate credentialing authority.

In order for a resident to be dismissed from training, the Residency Director and/or Residency Coordinator must notify the resident in writing. The notification must include specific reasons for the proposed action and a copy of the Pharmacy Practice Residency policy on Due Process. The resident will be given a minimum of three working days to submit a written response and meet with the Residency Director and Residency Coordinator. A record of the notification including a signed acknowledgement of receipt of a copy of the dismissal request and the resident's response must be maintained in the resident's training file. Copies will also be provided to the Director of Medical Education (DME)

A hearing to address a dismissal request must be a least five working days after the resident is notified of the decision to refer the matter for a hearing. Recommendations for dismissal will be approved by the Residency Committee. The resident may ask to address the Residency Committee if she/he disagrees with the Residency Director's recommendation for dismissal. The Residency Committee will meet with the resident to discuss the proposal and to advise the resident of his/her right to due process under this policy. At this meeting, the resident may provide verbal and/or written feedback. The decision on the recommendation for dismissal will be determined by vote. There must be a quorum consisting of 75% or more of the committee members present. Approvals to dismiss a resident require at least a two-thirds vote of the members present. The resident will leave the room during the deliberations and voting. A written summary of the

dismissal hearing will be provided to the Director of Medical Education.

The Residency Director will notify the resident in writing two working days of the Residency Committee's decision. If the decision is to dismiss the resident, the notification will also include the resident's right to appeal the decision to the Director of Medical Education within three working days following the date the resident receives the notification. The resident will be requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment will be maintained in the resident's training file. If the Residency Committee votes to deny the recommendation, the program director will notify the resident of the committee's decision verbally and will provide written notification to the Director of Medical Education.

Resident's rights under Due Process and Conduct of PAHEC Hearings on Hospital Level Probation (HLP) or Termination

- The proceedings of the PAHEC are administrative and are not bound by formal rules of evidence or strict procedural format. Records of the proceedings will be kept by the PAHEC and the Residency Program for at least five years.
- Fifty-percent of the voting membership must be present for hearings on HLP and 75 % present for hearings on termination. At least 1 resident representative must be present in either situation.
- If the resident asks to be present at the hearing but cannot attend the hearing as scheduled, a reasonable attempt should be made to reschedule the meeting without causing undue delay in the proceedings.
 - Only under exceptional circumstances with the Commander's approval should the PAHEC proceed with the hearing without the resident, after formally documenting the circumstances and the necessity of proceeding in a timely manner.
- The resident has the following rights in the proceedings:
 - The right to waive the hearing.
 - The right to hear the reasons for action as put forth by the PD.
 - The right to review all documents before the committee.
 - The right to secure a military legal assistance attorney or a civilian attorney at the resident's expense. The attorney may not ask questions or present arguments, but the resident may consult the attorney during the hearing.
 - The right to respond orally and/or in writing to the statements of the PD.
 - The right to request witnesses to speak on his or her behalf or to submit statements from those witnesses. This request will normally be honored; however, the hearing will not be unreasonably delayed in order to allow their appearance. The witnesses may speak on behalf of the resident but may not question members of the PAHEC. The Chair may limit time allotted for individual comments.
 - The right to submit statements or written documents on his or her behalf and in support of his or her position, or other information to show why other

disposition should not occur.

- The right to appeal a decision.
- The PAHEC has the responsibility to ensure the concerns of the PD meet reasonable criteria for the proposed action. The PAHEC members will be encouraged to question the PD to clarify any items to ensure that reasonable criteria are being met.
- The resident and any accompanying attorney may be present during the presentation by the PD and other witnesses. The resident may then make any statements to the committee. The resident and the attorney will be excused prior to the deliberations and vote.

The Director of Medical Education (DME) will notify the resident in writing within two working days of the board's decision. If the decision is to uphold the resident's dismissal from training, the notification will also indicate that no further appeals through academic channels may be pursued. The resident will be requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment will be maintained in the resident's training file and in the Directorate of Health Education Training.

If the dismissal action is not upheld the resident shall be reinstated in the residency training program and provided with written standards for satisfactory completion and written criteria for dismissal for the remainder of the academic year.

Resident will be noted in PharmAcademic as dismissed from the Residency program.

Resident Interviews

Any allegation of substandard academic or unprofessional performance immediately investigated. If during an interview an individual begins to disclose information that indicates a violation of the UCMJ may have occurred, the Program Director (PD) will halt the interview, apprise the individual of his/her rights against self-incrimination and immediately contact the proper legal and law enforcement channels. If the individual discloses information the PD determines may constitute a violation of the UCMJ, the incident must be referred to the Director of Medical Education (DME) for consideration of further action. Any adverse action that is recommended must afford due process in accordance with this policy.

Administrative or Judicial Action

If administrative or judicial action is initiated against a resident, the Residency Director will evaluate available information to determine if a restriction, suspension, or dismissal action is warranted. The Director of Medical Education (DME) must be notified immediately after administrative or judicial action is initiated and when it is completed.

Resident Resignation

- Residents may submit a written request to the PD resigning from the training program (Exhibit 13). The resignation request will acknowledge that by resigning

from training, the resident is making him/herself available for immediate reassignment orders to meet the Army's needs.

- The request will be forwarded to the DME with the PD's Recommendation (Exhibit 17), a description of the circumstances of the resignation, and whether or not progress has been satisfactory up until the time of resignation.
 - The PD will indicate the number of months of training that has been successfully completed and whether the resident will be recommended for future PAHEC training.
 - The resident must review the statement by the PD and sign to acknowledge the review.
- The DME will review the case and recommend approval or disapproval to the Commander to make the final determination.
- The Residency Director will notify the US Army pharmacy consultant within 5 calendar days that the military pharmacist is available for assignment.
- Civilians residents will be released with notification as indicated in their training or employment agreements.



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Licensure

Military pharmacy practice residents must have an active, unrestricted pharmacy license to be eligible for selection for the residency program and must maintain a current, active, unrestricted US pharmacist license issued by any of the 50 states or Puerto Rico. A copy must be provided to the credential office.

Employee handbook for Continuous Readiness

Based on the information from The Joint Commission (TJC), ARMY and WAMC Policies

This handbook is design to assist staff in preparation for the TJC survey as well as to educate staff about the way WAMC conducts quality business. This handbook contains helpful information such as:

- Patient rights and organizational ethics
- ARMY substance abuse program
- Medication management
- Infection control
- Patient safety

It is the responsibility of the resident to refer to this handbook for any questions or to the organization's management.



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Notes: