

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Central Ohio Healthcare System

PGY1 Pharmacy Residency



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Site #44150
Match #123513**

Overview of the Residency Program

The Chalmers P. Wylie VA Ambulatory Care Center is part of the VA Central Ohio Healthcare System (VACOHCs) and provides primary and specialty outpatient care to Veterans in Central Ohio. Clinical pharmacy is highly respected and an integral part of patient care activities. Additionally, the clinic operates four community-based outpatient clinics in Grove City, Marion, Newark, and Zanesville. The Ambulatory Care Center is located about 10 minutes from The Ohio State University and serves as a PharmD training site for PharmD candidates from various accredited colleges of pharmacy.

The VACOHCs offers an ASHP-accredited PGY1 pharmacy residency program. Residents receive training in various clinics and perform disease state management including Anticoagulation, Pharmacy Comprehensive Medication Management (CMM), Home Based Primary Care, and Pharmacogenomics. Residents also can spend time with the mental health pharmacist who helps manage outpatient mental health conditions. The residents will also spend time in the counseling and dispensing area of the main outpatient pharmacy. Residents participate in many aspects of pharmacy practice including pharmaceutical care, drug information, staff education, research, quality improvement, and/or systems process redesign projects, pharmacy and therapeutics committee meetings, medication use evaluations, pharmacy practice management, and pharmacy informatics. Residents will gain teaching experience by serving as co-preceptors for PharmD students from various accredited colleges of pharmacy.



Pharmacist providing education in clinic.

Purpose Statement

PGY1 Program Purpose: 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, be eligible for board certification, and be eligible for postgraduate year two (PGY2) pharmacy residency training.

Pharmacists completing a PGY1 Pharmacy Residency at the VA Central Ohio Healthcare System (VACOHCs) will be competent, effective, and confident practitioners who provide expert pharmaceutical care to adult veteran patients in the ambulatory care setting while demonstrating practice management and leadership skills.

Pharmacists will be trained in a collaborative health care setting to apply evidence-based disease state management and provide support to their PACT. By applying the knowledge and skills learned during this year, residents completing the program will be eligible for employment into entry level clinical pharmacy positions and have the capabilities of developing new ambulatory care services within the VA and other adult ambulatory care clinic settings. These pharmacists will demonstrate skill in providing education to pharmacy students, patients and other health care providers.

Program Structure:

Learning Experience	Required or Elective	Duration
Orientation	Required	4-6 weeks, daily (July)
Counseling and Dispensing	Required	4-6 weeks, daily
Anticoagulation Block	Required	4-6 weeks, daily
Comprehensive Medication Management Block	Required	4-6 weeks, daily
Comprehensive Medication Management Longitudinal	Required	33-35 weeks, 1.5 days/week
Specialty Clinic Longitudinal	Required Selective	36-38 weeks, ~1 day per week ~17 weeks in 2 different specialty clinics
Home Based Primary Care	Required	2 days/week for 8-10 weeks
Pharmacogenomics	Required	1 day/week for 8-10 weeks
Drug Policy	Required	50-52 weeks, may have ½ day/week or time combined with project time
Administration	Required	50-52 weeks, 1 day/month
Pharmacy Project	Required	50-52 weeks, no time assigned
Education	Required	50-52 weeks, no time assigned
Professional and Personal Development	Required	50-52 weeks, no time assigned
Teaching Certificate	Elective	16 weeks, every other Monday
Community Based Outpatient Clinic**	Elective	8-10 weeks, 1 day/week
Endocrinology*	Elective	8-10 weeks, 1 day/week
Mental Health/Behavioral Health	Elective	8-10 weeks, 1 day/week
Hospital In Home	Elective	8-10 weeks, 1 day/week
Geriatrics	Elective	8-10 weeks, 1 day/week
Women's Health	Elective	8-10 weeks, 1 day/week
Clinical Resource Hub	Elective	8-10 weeks, 1 day/week

Orientation—The resident will work with the residency program director (RPD) and/or designee(s) to review orientation materials for the residency program. Approximately 1 week will be spent meeting with the RPD and the remainder of the month the resident will meet with necessary people have time to work autonomously on assigned activities. Activities include orientation to the staff and work site, residency year schedule, electronic health record, VA Pharmacy Benefits Management (PBM) introduction, Lean Six Sigma training, PharmAcademic, Initial Skills Assessments/Reviews, Learning Experience Descriptions for core rotations, and VA policy and procedures. The resident will complete entering interest forms and provide self-assessments of learning needs. The Resident Development Plan will be finalized by the end of July. Residents will not have assigned time beyond the first month dedicated to this rotation and will expect to begin to develop project management and time management skills.

Counseling and Dispensing –The resident will train in the areas of prescription processing and dispensing medications. During this time, the resident will increase efficiency in prescription processing and providing counseling to patients. The goal is for the resident to be independent early on and thus able to function independently as a clinical pharmacist in this setting. The rotation preceptors will provide feedback and regularly assess progress towards the rotation goals so that the resident is prepared for the staffing requirements. Additionally, the resident will spend time in the satellite pharmacy and work on Prior Authorization Drug Requests (PADRs).

Comprehensive Medication Management (CMM) Block & Longitudinal –The resident will provide direct patient care in clinic or through virtual care appointments. The rotation will focus on chronic disease state management of common chronic disease states including hypertension, hyperlipidemia, diabetes, tobacco cessation, hypothyroidism, COPD, and vitamin D deficiency. CMM occurs in Patient Aligned Care Teams (PACT) where clinical pharmacist practitioners (CPPs) have a global scope of practice, meaning that they are constantly learning and growing to find ways to help the primary care teams manage new disease states and meet Veteran care needs. CPPs function as licensed independent practitioners with scopes of practice that provide prescriptive authority, giving the ability to initiate, adjust, discontinue, and monitor medications as appropriate. The resident may have exposure to other services offered by the Pharmacy CMM Clinic including medication reconciliation, polypharmacy review, and epoetin monitoring. After the block rotation, the longitudinal rotation begins and continues through the remainder of the year. During the second half of the year, the goal is for the resident to function more independently taking on more patients, manage more challenging patient cases, create relationships with Veterans to assist in improving their health, precept APPE student(s), and step into the role of the CPP on the PACT.

Last updated 6/21/2024



Resident, Veteran & Pharmacist

Anticoagulation Block –VA providers refer anticoagulated patients to the Anticoagulation Clinic where CPPs perform anticoagulation initiation and monitoring. Point of care machines may be used for warfarin therapy and pharmacists make dose changes with patients during appointments. The rotation will focus on the management of warfarin, direct oral anticoagulants (DOACs) and appropriate use of outpatient low molecular weight heparin. Residents spend time in warfarin clinic making dose adjustments, managing anticoagulation referrals along with population health management through a DOAC dashboard.

Specialty Clinic Longitudinal – This is a required selective rotation. From November through June, the resident will spend time in two different specialty clinics. For ~17 weeks the resident will spend 1 day/week in one specialty clinic and then the remaining ~17 weeks the resident will spend time in another specialty clinic for 1 day per week. The resident will choose from the following specialty clinics which are currently available, however expansion into other specialty areas is expected in the future.

Anticoagulation – The resident will expand upon knowledge learned in the block rotation and continue to grow skills by following up on care plans provided and managing higher complexity patients and disease states. The resident is expected to create perioperative care plans. Additionally, the resident will precept a fourth year APPE student in clinic.

Mental Health (MH)/Behavioral Health - The resident will work in the MH pharmacist-run clinic providing CMM for MH conditions including but not limited to anxiety, depression, PTSD, and bipolar disorder. The resident works with Veterans to improve their mental health through both pharmacologic and nonpharmacologic approaches in a collaborative setting.

Home Based Primary Care –Home Based Primary Care (HBPC) serves patients with complex chronic disabling medical conditions. The resident will spend 2 days per week for 8-10 weeks working with the HBPC pharmacist performing chart reviews, participating in weekly interdisciplinary team meetings (if schedule permits), completing CMM, and attending home visits as allowed and appropriate. The resident will make recommendations to optimize a patient's medication regimen based on disease state specific therapeutic goals and minimize polypharmacy. The resident will participate in bi-weekly case discussions and article reviews during this rotation. Additionally, the resident will serve as a resource to the HBPC team for drug information and patient/provider education.

Pharmacogenomics –The VACOHCS is participating in the Pharmacogenomics Testing for Veterans (PHASER) Program. This test can help to individualize prescriptions for medicines used to treat several common health concerns, including pain, depression, anxiety, and blood clotting. The resident will complete e-referrals to interpret and help providers understand results once completed. The resident will also complete scheduled appointments with Veterans to discuss results and answer questions.



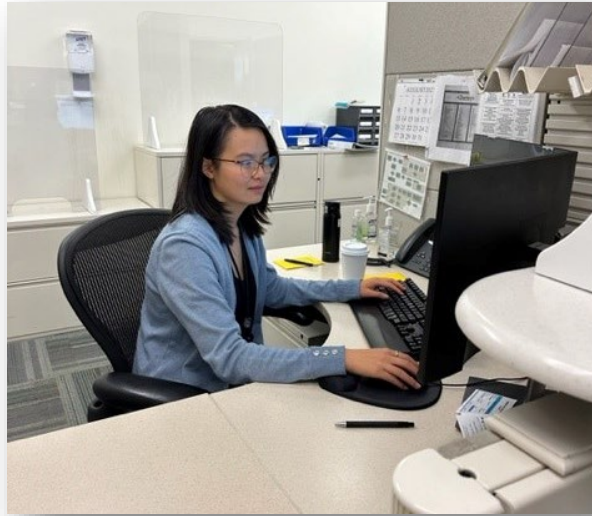
Anticoagulation Clinic

Drug Policy –The resident will spend time working with the Associate Chief of Pharmacy for Clinical Services. This rotation will take no more than ½ day per week and may have time separately assigned or may be combined with assigned project time. The resident will complete a Medication Use Evaluation, participate in Adverse Drug Reporting, manage the pharmacy newsletter, and participate in topic discussions pertaining to clinical pharmacy and management. Additionally, the resident will learn the process of the Pharmacy and Therapeutics (P&T) committee and be expected to prepare the agenda and take minutes at this meeting.

Administration –The residency program is designed to provide one-on-one experience with the Chief of Pharmacy monthly throughout the residency year to learn about management-related activities vital to the smooth operation of a pharmacy department. The resident will spend one day per month with the chief and may have additional discussion sessions assigned.

Education –The education learning experience is a required, longitudinal rotation. This rotation provides the PGY1 resident with opportunities to develop skills for the provision of effective medication-related training. Examples of projects include drug information questions, journal clubs, continuing education (CE) presentations, and education/precepting of pharmacy students. The experience will be longitudinal and incorporated into the weekly schedule during project time along with the resident preparing projects after hours as appropriate to facilitate completion.

Pharmacy Project –The project will provide the resident the experience to design, execute, and report results of investigations of pharmacy-related issues. Pharmacy projects use the Lean Six Sigma process improvement methodology which seeks to eliminate inefficiencies in processes by identifying the root cause and developing and implementing solutions to address them. The resident will participate in a LEAN yellow belt training course and work on systems redesign yellow belt project to identify issues, and work towards creating, implementing, and sustaining a solution during the residency year. This is a required, longitudinal rotation. Residency projects may be worked on during assigned project time but do not always have time assigned and may require residents to work outside of business hours to ensure progress and completion.



Pharmacy Counseling Booth

Professional and Personal Development –The required yearlong rotation is focused on the growth of the resident personally and professionally as well with leadership. The leadership requirements are asynchronous with videos, articles, self-assessments, and reflections to complete. Monthly discussions build on the self-reflections and posts through discussion with PGY2 residents as available. While there is no formal time assigned for this rotation, residents find it beneficial to discuss some important topics such as giving and receiving feedback, work-life balance, time management, and storytelling/speaking skills amongst others. To foster professional and personal growth, the residents are required to complete a monthly assessment where they reflect on important topics like emotional, mental, and physical health as well as sleep. They are also required to confirm they are following the ASHP Moonlighting hours policy and report any Moonlighting hours within this document. This assessment is discussed with the RPD monthly to identify any issues which have come up although the resident is always encouraged to discuss any concerns with the RPD at the soon as possible. There is no time assigned for the completion of this monthly self-assessment and residents are required to find time to complete.

Elective Rotations: Residents can select two electives to complete throughout the year. Availability of rotations is dependent on multiple factors including preceptor availability and resident interest/space.

Teaching Certificate – An optional Teaching Certificate elective is available through The Ohio State University (OSU) College of Pharmacy. The residents schedule will be arranged to attend teaching activities and workshops. The course assigned by OSU may vary but historically requires the residents to teach every other Monday from January through April. The residents are required to attend round table discussions with College of Pharmacy faculty to enhance learning.

Community Based Outpatient Clinic – The VA operates Community Based Outpatient Clinics (CBOC) as satellites of the main facility. CBOCs operate in mostly rural areas and offer primary care and some specialty services. Clinical pharmacist practitioners are integrated into the PACT model offering comprehensive medication management and drug information services. As the sole CPP in this environment, the resident learns to operate more independently in terms of time and workflow management. This rotation would require travel to a CBOC and is not located at the main VACOHC campus.

Endocrinology - Opportunities may exist for the pharmacy resident to work in specialist clinics with the endocrinologist(s) and nephrologist(s) learning about specialized management of issues pertaining to diabetes (insulin pumps, U500 insulin, type 1 diabetes, and use of continuous glucose monitors), hyper/hypothyroidism, hormone imbalance, resistant hypertension, and chronic kidney disease. This rotation has a non-pharmacy preceptor who collaborates with a CPP preceptor.



Pharmacist checking blood pressure



Medical Support Assistants

Mental Health/Behavioral Health – Residents may have the opportunity to work with the mental health CPP to learn about cognitive, behavioral, and medical related interventions for complex mental health conditions. Residents would gain experience caring for Veterans in the outpatient setting with PTSD, depression, anxiety, bipolar disorder, and schizophrenia. The resident would spend 1 day per week for 8-10 weeks on this rotation.

Hospital In Home – The Hospital In Home (HIH) program provides a higher level of medical care to specific hospital diagnoses amenable to treatment in the comfort of a person's own home setting. The pharmacist completes patient chart reviews on admission and every 90-110 days. Responsibilities include assessment for duplication of therapy, drug interactions, adverse reactions, therapeutic dosing, and appropriateness of drug therapy. The pharmacist serves as an interdisciplinary team member and is available for questions pertaining to patient care by HIH team members.

Geriatrics – The Geriatric Patient Aligned Care Team (PACT) includes a team of health care professionals who are experts in the care of geriatric Veterans. The pharmacist on this primary care team participates in interdisciplinary meetings and assists the team by completing comprehensive medication reviews with recommendations that are adapted to the aging Veteran. The CPP also works with a scope of practice to manage chronic disease states with a unique lens to the aging Veteran and complete VIONE reviews.

Women's Health –The CPP provides the same care as other PACT pharmacists and additionally women-specific care for reproductive health and menopause. Additional responsibilities include completing medication reviews to ensure safety during pregnancy and postpartum care.

Clinical Resource Hub – The Clinical Resource Hub (CRH) team serves a specific geographic region or Veterans Integrated Service Network (VISN). The CRH site team provides care to Veterans at their local VA health care facilities, or spoke sites, through telehealth technology or in-person visits. The CPPs assist with disease management as needed by the site requiring assistance, with a broad scope of practice in the Tele-Primary Care CRH.

Other electives are possible and determined based on resident interest and preceptor availability as the year progresses.



Pharmacy Preceptors

Residency Video:

www.youtube.com/watch?v=9FC9kMeatU

Contact Information

Mallory Accursi, PharmD, BCACP
PGY1 Pharmacy Residency Program Director
PACT Clinical Pharmacy Specialist
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Requirements for Acceptance

1. Have a Doctor of Pharmacy degree from a fully accredited ACPE school of pharmacy within the United States or equivalent experience.
2. Have a license in good standing to practice Pharmacy from a recognized State Board of Pharmacy or in pursuit of and eligible for licensure.
3. Be a United States citizen.
4. Participation in the ASHP Match Process.
5. Submit application through PhORCAS (see below).

Supplemental Requirements for PhORCAS

1. Submission via PhORCAS by **January 2nd**.
2. Letter of intent, including career goals and objectives for seeking a residency.
3. Official College of Pharmacy transcripts.
4. GPA ≥ 3.2 from pharmacy school as demonstrated on official school transcript.
 - For schools which use Pass/No Pass grading, require letter of standing from school indicating student is in top 25% of graduating class.
5. ASHP standardized recommendation form from 3 references.
 - A minimum of 2 references must be from preceptors from your work or experiential practice sites.

Ensure to include in application package all information that demonstrates involvement in projects, presentations that you find valuable for our reviewing committee.

Duration of Appointment, Benefits, and Leave:

One Calendar Year: July 1, 202X to June 30, 202X (52 weeks)

Stipend: \$49,960 with health insurance and dental/vision insurance available. [Payroll Calendars | GSA](#)

Annual Leave: 13 days accrued throughout the year

Sick Leave: 13 days accrued throughout the year Administrative Leave: Available for conference attendance or VA interviews. This is approved on a case-by-case basis.

Federal Holidays: Eleven federal holidays

Liability Insurance: You will not need any additional practice liability insurance during your residency.

Travel to Conferences: Residents are required to attend Midyear and if funds are not available an alternative meeting will be considered by the RPD, RAC and Travel Committee. Payment for travel to conferences is not guaranteed. The RPD will work to gain approval for funding travel to the ASHP Midyear Clinical Meeting or other required conference. If approved, the facility would pay for registration, transportation, food and lodging for the conference. The use of the dual appointment position is intended to assist residents in picking up hours to help pay towards their travel to this meeting.

Other: [No financial support is provided to residents for off-site rotations.](#)

Diversity and Inclusion Commitment**Commitment:**

The Department of Veterans Affairs (VA) upholds a strong commitment to diversity and inclusion, with core values “I CARE” (Integrity, Commitment, Advocacy, Respect and Excellence) reflecting that commitment. The VA “Diversity and Inclusion Strategic Plan” for 2021-2022 outlines goals such as supporting a diverse workforce, creating an inclusive and engaged organization and delivering outstanding public service.¹ Aligning with these goals and mission of the VA, the VA Central Ohio Healthcare System’s PGY1 Pharmacy Residency Program is dedicated to ensuring these values are upheld, with the goal of building a team and fostering an environment that reflects the diversity of the Nation’s Veterans that we serve.

The program aims to immerse pharmacy residents in caring for a diverse veteran population to help cultivate the resident’s own experience. The Office of Health Equity estimates that from 2019 to 2045, the racial and ethnic composition of Veterans will change, with the majority of numbers of other races and ethnic minority groups increasing.² Veterans may also face other disparities such as differences in socioeconomic status, education, social context and support, life experience, and perceived discrimination. Additionally, the Office of Research and Development suggests that Veterans within these groups tend have higher rates of chronic illness.^{3,4}

By embracing diversity and welcoming those of all backgrounds and perspectives, irrespective of race, gender identity, gender expression, ethnicity, age, religion, orientation, culture or life experience, the program hopes to celebrate each person’s uniqueness and drive the profession of pharmacy forward. The program is committed to promoting inclusion and ensuring individuals are valued and empowered to reach his/her/their full potential.

In addition to celebrating diversity and embracing inclusion, the residency program aims to select candidates who are professional, compassionate, highly motivated and whose ideals align with the VA mission of “I CARE.” Our program will support and encourage clinical growth, so the resident develops into an independent pharmacy practitioner who is committed to providing optimal care to a diverse patient population.

References:

[1. VA Diversity and Inclusion Strategic Plan FY21-22](#)

[2. Population Page - Racial and Ethnic Minority Veterans - Office of Health Equity \(va.gov\)](#)

[3. Health Equity \(va.gov\)](#)

[4. Diversity, equity, inclusion – VA goals - VA News](#)

VA Central Ohio Healthcare System
 PGY1 Pharmacy Residency
 Example of Yearly Overview

Rotations	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Orientation												
Counseling & Dispensing			1 Saturday per Month									
Anticoag. Block			Block									
CMM Block and Longitudinal				Block	Longitudinal CMM							
Specialty Clinic Longitudinal					Anticoagulation Clinic				Mental Health/Behavioral Health Clinic			
HBPC									2 days/week			
PGx											1 day/week	
Education	ISA	Drug Information Questions, Journal Clubs, & MOVE Class				CE Presentation & Precept APPE Students		Precept APPE Students		Project Presentation		
Elective						Elective 1				Elective 2		
Drug Policy	ADR Reporting MUE P&T Committee Pharmacy Newsletter											
Admin.	1 day with Chief every month											
Personal and Professional Development	Monthly duty hour assessment Review monthly topics and materials and post blog on self-reflection Participate in monthly meeting with PGY2 residents											

Quarter 1	July	August	September	October
Resident	Orientation	Counseling & Dispensing	Anticoagulation Block	CMM

November – December (11/4-1/3/2025, 9 weeks)

		Monday	Tuesday	Wednesday	Thursday	Friday
Resident 1	A M	CMM	CMM	Drug Policy	Project	Specialty – MH
	P M	CMM	CMM	Specialty - AC	Project	Specialty- MH
Resident 2	A M	CMM	Project	Drug Policy	CMM	Specialty – AC
	P M	CMM	Project	Specialty - AC	CMM	Specialty - AC

January - February (1/6-2/28/2025, 8 weeks)

Resident 1	A M	Teaching/Project	CMM – student	Drug Policy	Specialty - AC	Specialty – MH
	P M	Teaching/Project	CMM - student	CMM - student	Project	Specialty- MH
Resident 2	A M	Teaching/Project	Specialty - AC	Drug Policy	CMM – student	Specialty – AC - student
	P M	Teaching/Project	Project	CMM – student	CMM – student	Specialty – AC - student

March-April (3/3-5/2/2025, 9 weeks)

Resident 1	A M	Teaching/CMM	HBPC	HBPC	PGX	Specialty - AC
	P M	Teaching/CMM	HBPC	HBPC	PGX	Specialty - AC
Resident 2	A M	Teaching/HBPC	Project	HBPC	CMM	Specialty – MH
	P M	Teaching/HBPC	Project	HBPC	CMM	Specialty - MH

May – June (5/5-6/27/2025, 8 weeks)

Resident 1	A M	CMM - student	CMM - GERI	Elective	Project	Specialty – AC – student
	P M	CMM - student	CMM	Elective	Project	Specialty – AC – student
Resident 2	A M	CMM*	Elective	CMM- WH	PGX	Specialty - MH
	P M	CMM*	Elective	CMM	PGX	Specialty - MH

CMM = Comprehensive Medication Management ACC = Anticoagulation Clinic

Activities not listed on the schedule: The residents will attend P&T meeting (3rd Wed of month). Education projects (CE, DI, JC), Pharmacy Project.