

Pharmacy Practice Residency Manual (2024-2025)

Updated 03/21/2024

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Section 1: Introduction



S E N T A R A®

RMH Medical Center

Sentara Mission/Vision and Values

Mission

We improve health every day

Vision

*To be the healthcare choice of the
communities we serve*

Our Values

*People, Quality, Patient Safety, Service
and Integrity*

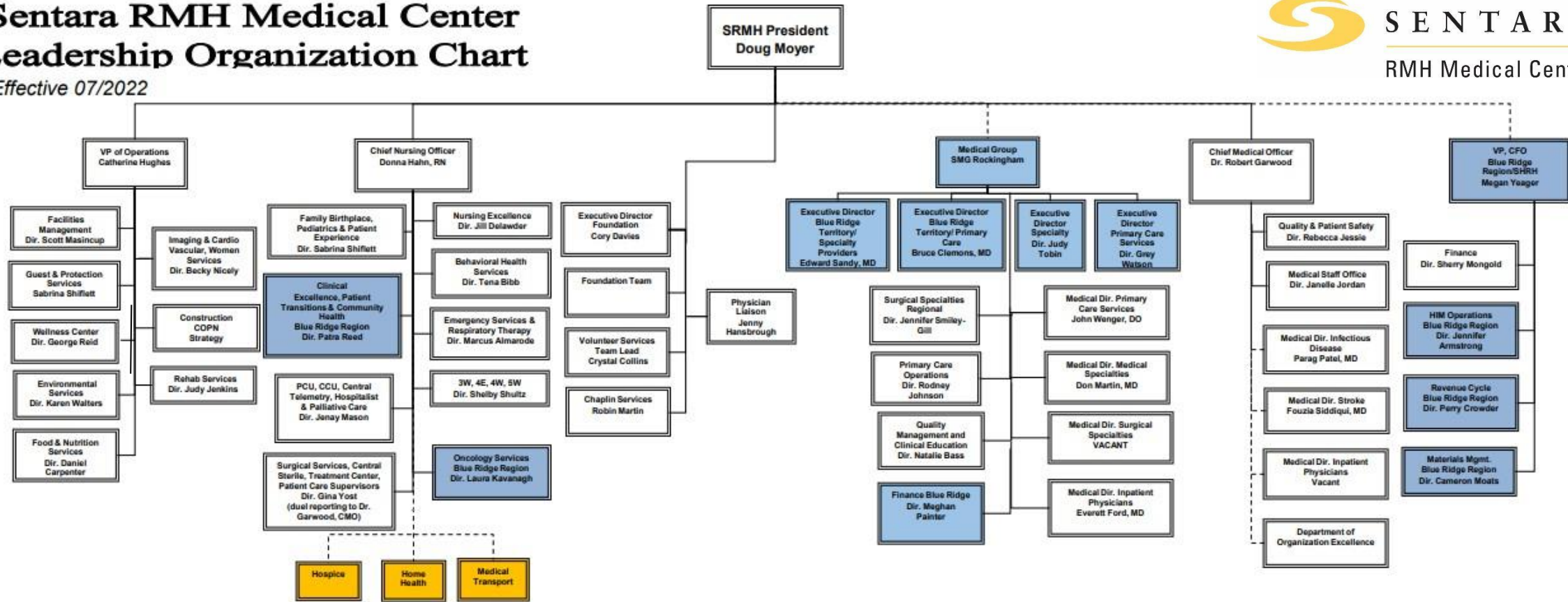
Sentara Commitments

We commit to:

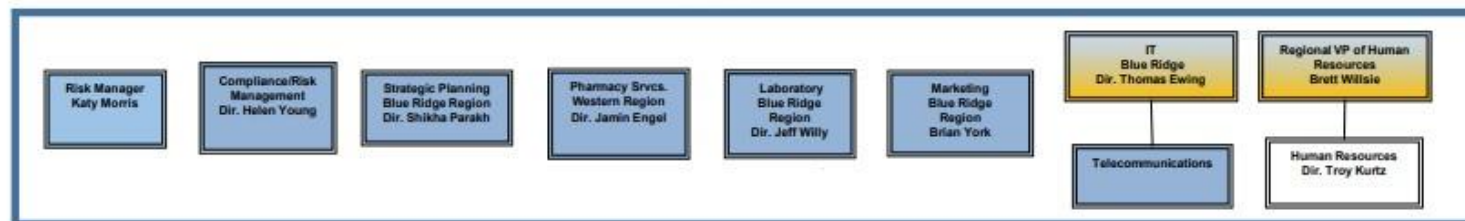
- *ALWAYS keep you safe*
- *ALWAYS treat you with dignity, respect, and compassion*
- *ALWAYS listen and respond to you*
- *ALWAYS keep you informed and involved*
- *ALWAYS work together as a team to provide you quality healthcare*

Sentara RMH Medical Center Leadership Organization Chart

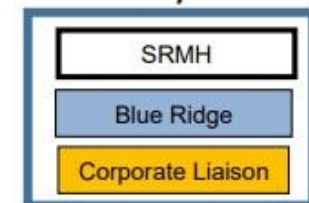
Effective 07/2022



Support Functions



Key



Note: Blue Ridge Director of Pharmacy directly reports to the VP of Pharmacy Services at Norfolk General Hospital. Local reporting at SRMH, SMJH and SNVMC is indirect.



Sentara RMH Policy Access


Sentara System policies and RMH specific policies are accessible from the home page. You can access these policies on any hospital computer that is connected to the intranet (Wavenet).

- Sign into the computer, then open the internet (home page: Sentara Wavenet)
- Sentara System Documents (Compliance 360)
 - Under “Resources” on the right hand side of the screen see a link for “Policies and Procedures” (figure A).
 - Click “Compliance 360”
- Sentara RMH Policies
 - Click on “Sentara Hospitals” on the left side of the screen (Figure B).
 - Select “Sentara RMH Medical Center”.
 - Click link on left side titled “SRMH Document Site”
 - Link will take you to the SRMH Sharepoint page.
 - Click “SRMH Policy, Procedure, and Job Aid”
 - Navigate to desired department policy/procedure (e.g. Pharmacy)

Make sure you review the Pharmacy policies and procedures.

A. Sentara Corporate Policies (Compliance 360)

Resources

- Sentara MyChart
- Facilities Map
- The Sentara Store
- MSDOnline User App
- STARS Incident Reporting
- Practitioner Profile DB
- Practitioner Privileges DB
- Policies and Procedures 
- Forms Library
- Media Library

B. To Navigate to the Sentara RMH page

Lines of Business

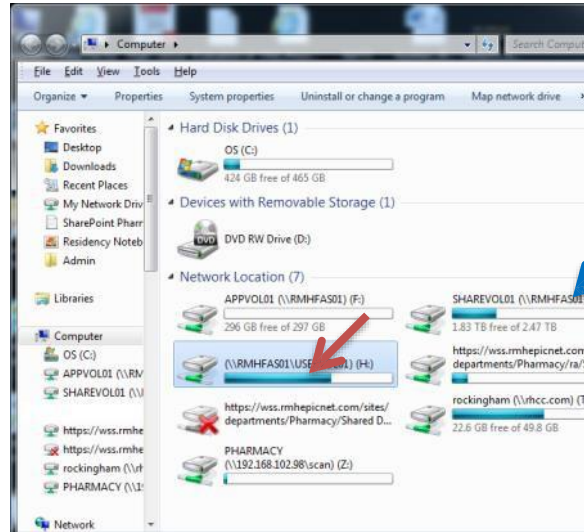
- Sentara Hospitals 
- Sentara LifeCare
- Sentara Medical Group
- Sentara Enterprises
- Optima Health



Personal Folder Access

Go to “Computer”; select “OneDrive”, then select H:/ drive (red arrow). Your folder should appear.

- If your folder does not appear, make sure you are signed into the computer. Using a generic login or using a computer someone else has signed into will result in not seeing any user folder or seeing someone else’s folder.



Shared Document Access

(“Teams”)

Open Microsoft "Teams"

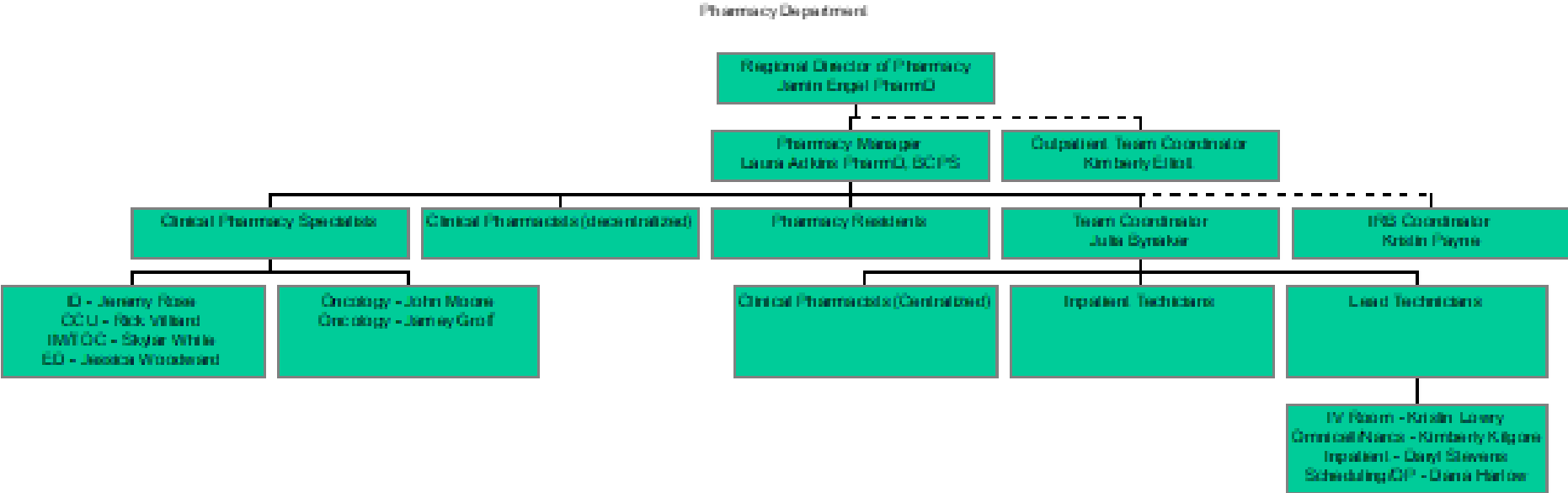
- Click SRMH Pharmacy Site
- Click “General” (side) then “Files” (top)
 - Many shared resources on the “Teams” site, including parenteral nutrition (PN). Select Active PN once in files to access current patients for work-up.
- Click “SRMH Pharmacy Residency” (left) then Files (top)
 - Shared rotation and guidance documents located here
- Residency Notebooks are also located in SRMH Pharmacy Site on TEAMS. See left hand toolbar to access your specific channel.

Section II: Department of Pharmacy Services

Department of Pharmacy Services Mission

The mission of the Department of Pharmacy Services is to provide high quality and accessible pharmaceutical care in a manner that best manages the value and the overall cost to those we serve.

Pharmacy Organizational Chart



Phone Numbers

INPATIENT NURSING UNITS			
2 East CCU		32520	
2 West A Tele		32571	
2 West B PCU		32581	
3 East L&D		33380	
3 East FBP		33300	
3 East Nursery (sick)		33360	
3 East Nursery (well)		33350	
3 West		33950	
4 East		34350	
4 West A (Ortho)		34071	
4 West B (Peds)		34081	
5 West		35050	
OR			
ASC		32800	
ASC Chart Review		32623	
Eye Rooms		32936/32937	
IP Nursing Station		32330	
Minor Nursing Station		32820	
OP Nursing Station		32950	
OR Charge Nurse		32650	
PACU		32450	
Pain Clinic		32831	
ED			
Acute Care - Blue & Red (Rooms 1-19)		31414	
West Side - Orange (Rooms 23-33)		31440	
West Side - Blue (Rooms 20-22, 35)		31420	
West Side - Red (Rooms 34, 36-38)		31421	
Focused Care – Purple/Gold FC01-FC17		31290	
Fast-Track – Green (FT##)		31390	
OTHER UNITS			
Cath Lab		31810	
Dialysis		35250	
Imaging		31500	
Lab Main		36600	
Lab Micro		36630	
Lab Chemistry		36640	
Lab Hematology		36650	
OP Oncology		37000	
Treatment CTR		31900	
MISCELLANEOUS			
Cafeteria	36343	IT Help Desk	35610
Care Managers	36700	NSG Coord.	31171
Central Sterile	36980	Material Mgmt	36900
Coffee Cup	36345	Patient Rep	31234
Emp. Health	36240	Quality	31650
Facilities Mgmt.	36550	Risk Mgmt.	31680
Housekeeping	36910	Security	34516
HR	36200		
PHARMACY MANAGERS			
Laura A.	32374	(540) 421-1322	
Jamin	37088	(540) 421-6981	
Julia	32367	(703) 963-0230	
Kim	32375	(585) 507-5252	
Kristin	32368		

PHARMACY NUMBERS			
Carousel area		32363	
			Wall
			32397 32383
			32428 32382
Clinical Workstations			32429 32412
			Aisle
			32427 32396 32413
Workstation 1 (Portia)		32408	
Workstation 2 (Jen)		32410	
Hot Seats		32426 (**32426)	
Inpatient Pharmacy		32360 (**32360)	
Inpt Pharmacy Fax		32394	
IV Room		32358 (**32386)	
IV Room Mixing Area		**32406	
Narcotic Technician		32362 (c32361)	
Oncology Pharmacist		37085 (John)	
		37091 (Jamey)	
Oncology IV Room		37086	
Outpt Pharmacy		32400	
Outpatient Fax		32407	
OP Doctor Line		32355	
OP Refill Line		32352	
Pre-Pack Room		32364	
Technician Area		32370	

DECENTRALIZED			
Cellular Numbers		Beepers	
CCU	32340	Rick	574-9495
2W (Cev)	32344	Richard	801-1616
3 rd Floor	32341		
4 East	32342		
4W/BHU	32438		
5 th Floor	32343		

OTHER PHARMACY NUMBERS			
Jeremy Rose (ID)	32354 (wireless)		32356 (o)
Jessica Woodward (ED)	32348 (wireless)		
Rick Villiard	32339		
Skylar White	32338		
Jamin – SMJH	434-654-7055		
Sarah Kyger	32411		
Melinda Mowbray	32409		

RESIDENTS			
Resident #1	32383 (desk)		32346 (wireless)
Resident #2	32381 (desk)		32439 (wireless)
Resident #3	32412 (desk)		32349 (wireless)

MED HISTORY TECHNICIANS			
	Office		Wireless
Nurse 1	31394		31178
Nurse 2	31416		31173



Our program...then and now

History of SRMH Pharmacy Services

1982 – SRMH contracts for 0.5 FTEs of a pharmacist to provide clinical pharmacy services. The Program starts with aminoglycoside dosing, and expands to numerous drug monitoring programs and consultation services. The program also grows to 1.5 FTEs of a clinical pharmacist and 1 FTE of an SRMH staff pharmacist.

2003- SRMH internalizes clinical pharmacy services to better meet the needs of the patient, the hospital, and the pharmacy department. Four clinical pharmacist positions, and a clinical pharmacy manager position are initially created.

Summer 2004 – An additional pharmacist position is decentralized due to efficiencies obtained through implementation of the Robot-Rx.

Spring 2005 – High Fall Risk Medication Review is implemented. A clinical work area was created to provide staff with file space and access to clinical resources.

Summer 2006 – A new clinical pharmacist position is approved and staffed. Pharmacy pilots a medication history program in the emergency department and an automatic pharmacist IV to Oral conversion program is implemented.

Fall 2006 – Initiation of the pharmacist vaccination program and an automatic therapeutic interchange program is started.

Winter 2006 – Two new clinical pharmacist positions, and two clinical pharmacist assistant positions are created to:

- To meet the demand for increasing pharmacy clinical services: including medication reconciliation
- To provide clinical pharmacy services to the newly created Open Heart Program at SRMH
- Pharmacy received approval for development and implementation of a non-traditional PGY-1 residency
- To increase pharmacy student presence at the hospital.

July 2007 – The first pharmacy resident starts.

July 2009 – We graduate our first residents.

Summer 2009 – One new clinical pharmacist specialist position (Oncology Clinical Pharmacist Specialist) is created.

2011 – Infectious Disease Clinical Pharmacist Specialist position created

2012 - Emergency Medicine Clinical Pharmacist Specialist position created

2013 – Antimicrobial Stewardship program is expanded

2014 – Ambulatory Care Pharmacy Services initiated with one Ambulatory Care Pharmacy Specialist at the South Main Health Clinic;
Basal-Bolus Pharmacy Consult Service initiated

2016 – Medication History program moved under pharmacy purview

2018 – Transition of Care Clinical Specialist position created; Discharge Medication Reviews initiated

2019 – Epic AMS module implemented

2022 – Omnicell automated dispensing cabinets implemented throughout hospital

2023 – Omnicell carousel and packager implemented into inpatient pharmacy

Current scope of services

- Parenteral Nutrition Consult Service consisting of ordering and monitoring parenteral nutrition
- Home Health Consult Service consists of assisting in transition of care for patients on IV medications that will be discharged with home health to include appropriateness of therapy and a monitoring plan (labs).
- Medication Dosing Consultation Service consists of dosing and monitoring several medications including vancomycin, aminoglycosides, heparin, warfarin, eptifibatide, direct thrombin inhibitors, and insulin (June 2014). This service also involves renal dosing of any medication.
- Renal Dosing Service – pharmacists may automatically adjust the doses of specified medications based on renal function.
- IV to Oral Conversion Program – the pharmacist may automatically convert appropriate patients and medications from the IV route to the oral route
- Medication Monitoring – Pharmacists are authorized through policy to order labs necessary to monitor specified medications (e.g. dofetilide, daptomycin)
- Antimicrobial Stewardship – Pharmacists review patients on restricted medications to determine if patients meet criteria for use and recommend alternative therapy as appropriate.
 - CAP De-escalation protocol – if this protocol is ordered, pharmacists may de-escalate antibiotic therapy when patient meets criteria



- Double GN Coverage – allows the pharmacist to automatically discontinue duplicate GN coverage in appropriate patients
- Participation in Multi-disciplinary Rounds – the pharmacists participate in patient care rounds daily
- 24/7 Inpatient Pharmacy – fully automated with automated dispensing cabinets and robot (Omnicell XR2) dispensing
- Outpatient Pharmacy services including bedside medication delivery
- Medication History Program – dedicated pharmacy staff stationed in the ED to obtain medication histories prior to admission
- Discharge Medication Reviews – pharmacists review discharge medication orders on certain high risk patients

Pharmacy SharePoint Site

<https://azureadminprodsentara.sharepoint.com/sites/PharmacistsSchedule/SitePages/New-SRMH-Pharmacy-Sharepoint-Site.aspx>

Pharmacy uses our SharePoint site as our primary means of communication. **You are expected to visit this site daily to keep abreast of things going on in the department.** The SharePoint site automatically sends a daily email to all users to alert you of any new additions or changes to the announcements, meeting minutes, drug shortages, discussion board, and medication variances. The following is contained on our SharePoint sites:

1. Announcements – This is the primary means of communication in the department. Any news or reminders are posted here. Anyone can post an announcement.
2. Lists
 - a. P&T Task List – this is a list of all items from the P&T meeting that require follow-up actions, what needs to be done, who is responsible and the due date. As part of your longitudinal P&T rotation, you will participate in the P&T follow-up meeting which is where we update this list, and will have assignments based on your P&T projects (e.g. formulary reviews)
 - b. Drug Information List – during your DI rotation, and anytime you get a significant DI question that requires research, you should post your question and response to this list. You can upload a written DI response, literature, etc. to your entry. This list can also be searched.
 - c. Presentations List – This list helps keep track of all of our different department presentations. Journal clubs, case presentations, etc. will be scheduled here. All presentation handouts should be uploaded to the entry for that presentation. Journal club articles (and supporting articles, as well as filling in the article information) should be uploaded **at least 7 days prior** to the presentation, journal club handouts should be uploaded the day of the presentation, and case presentation handouts can be uploaded immediately following the presentation. Webex recordings of the presentations should be uploaded by the end of the day that the presentation occurred. This list also has a place to input the article information, to make it easy for other students/residents to see what articles have already been presented. You must fill this information in at least 7 days prior to your journal club. You are also responsible for checking this list to ensure your article has not already been presented.
3. Drug Shortages – The Drug Shortages list is maintained by our purchasing agent (Melinda). This list includes shortages that are affecting SRMH. The priority levels are High (meaning clinically significant) or Routine. The list indicates stock level (> 1wk, few days or None). The list also includes a link to the ASHP drug shortages page for more information, and the actions that we are taking to deal with the shortage (e.g. restrictions, replacement product, etc.).
4. Medication Variances – this list allows us to communicate medication variances that pharmacy has been involved in to help us all learn from our mistakes.
5. Links – on the right of the Pharmacy SharePoint Home Page is a list of different useful links.

SharePoint | Search this site

PS SRMH Pharmacy Site | Private group | Not following | 75 members

Published 5/17/2023 | DEANNA S ROTENBERRY is editing this page

News [See all](#)

December Newsletter
 Table of Contents Get to Know Pharmacy Staff Clinimix-E Updates Extended Infusion...
 RYLEIGH KEITH December 29, 2023
 29 views

October Newsletter
 Table of Contents Get to Know Pharmacy Staff Carousel Project Updates Sentara Benefits...
 SIERRA HILL October 23, 2023
 62 views

Sentara RMH September Pharmacy Newsletter
 Pharmacy Newsletter September 2023 Table of Contents Get to Know Pharmacy Staff Upcoming Carousel Changes Changes to...
 JUSTIN FENLEY September 29, 2023
 26 views

New SRMH Pharmacy Sharepoint Site
 Hello! Welcome to the new Pharmacy Sharepoint site. We will use this site for...
 LAURA E ADKINS May 17, 2023
 73 views

Pharmacy Announcements [See all](#)

Documents [See all](#)

Created	Title	Content	Who	What

PS SRMH Pharmacy Site | Private group | Not following | 75 members

Home | + New | Edit in grid view | Share | Export | Power Apps | Automate | All items* | Filter | Refresh

Pharmacy Announcements ★

Title	Who	Where	What	Hyperlink	High Priority	Attachments	ID	Modified
Dr. Reeder announced as Chief of Hospital ...	Pharmacists	All Areas	Other				6591	Tuesday at 11:00 AM
Omniceil Restock Pharmacist Verification 3/...	All Pharmacy Staff	Inpatient	Omniceil/CSM				6590	Tuesday at 8:59 AM
Sentara in the News	All Pharmacy Staff	All Areas	Other				6588	Monday at 1:02 PM
Sentara Cares - Bridge of Hope in Rockingh...	All Pharmacy Staff	All Areas	Other				6587	Monday at 1:00 PM
Tubing and Delivery of IV antibiotics for Pe...	All Pharmacy Staff	Inpatient	Other				6454	Monday at 10:53 AM
3/18/24 Omniceil User Deletion	All Pharmacy Staff	Inpatient	Omniceil/CSM				6586	Monday at 10:02 AM
Cumulative Doses and Epic	Pharmacists	Inpatient	Epic				3865	5 days ago
Nursery and Pediatric IV Syringe	All Pharmacy Staff	Inpatient	IV Room				6584	6 days ago
Anticoagulation Updated Job Aid - IT updat...	Pharmacists	Inpatient	Clinical				6585	6 days ago



Section III: Residency Information

SRMH PGY-1 Residency 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, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.



Program Outcomes & Goals

Completion of Sentara RMH Medical Center Residency Program Requirements (must complete all criteria listed below):

1. Complete all projects/assignments/presentations as defined on grid on following page (Resident Graduation Requirement Tracking)
 2. Regarding the ASHP PGY1 Accreditation Objectives (see page 15 of Manual), the resident must achieve the following:
 - a. 100% Achieve for Residency of Competency Area R1: Patient Care
 - i. 14/14 Objectives
 - b. 70% Achieve for Residency of Competency Areas R2-R4 (Practice Management, Leadership, Teaching and Education)
 - i. 12/17 Objectives
 3. Zero documented “needs improvement” in any ASHP PGY1 Objectives (within 7 days of graduation)
-

Definitions of Educational Terminology

Competency Areas: Categories of the residency graduates’ capabilities.

Educational Goals (Goal): Broad statement of abilities.

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

Criteria: Examples that describe competent performance of educational objectives. Since the criteria are examples, they are not all required but are intended to be used to give feedback to residents on their progression and how residents can improve on the skills described in educational objectives when engaged in activities.

Activities: The Standard requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Activities are the answer to the question, “What can residents do in the context of this learning experience that will result in outcomes necessary to achieve the educational objective?” (compare and contrast activities with criteria by referring to the definition of criteria immediately above). Specified activities should match the Bloom’s Taxonomy learning level stated in parentheses before each objective.

Competency Areas, Goals, and Objectives (CAGOs) for PGY1 Pharmacy Residency (Required by ASHP Accreditation Services)

COMPETENCY AREA R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).¹

Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.

Criteria:

- Uses a systematic and organized approach to gather and verify information from appropriate sources (e.g., existing patient records, the patient, caregivers, other healthcare professionals).
- Evaluates medication list and medication-use history for prescription and nonprescription medications; including but not limited to dietary supplements, illicit and recreational substances, non-traditional therapies, immunizations, allergies, adverse drug reactions, and medication adherence and persistence.
- Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.
- Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.
- Determines missing objective information and performs appropriate physical assessment, orders laboratory tests, and/or conducts point of care testing, as applicable.

Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.

Criteria:

- Determines appropriateness, effectiveness, and safety of each medication.
- Interprets clinical information appropriately as part of assessment.
- Identifies unmet healthcare needs of the patient.
- Identifies medication therapy problems accurately.
- Includes health-related social needs and considers social determinants of health (SDOH) as part of assessment.
- Considers preventive health strategies as part of assessment.
- Accurately applies evidence-based medicine and guidelines to individual patient care which reflects patient's values, preferences, priorities, understanding, and goals.

Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient- centered care plans.

Criteria:

- Chooses and follows the most appropriate evidence and/or guidelines.
- Addresses medication-related problems and optimizes medication therapy, in alignment with pertinent medication-use policies.
- Addresses health-related social needs and other social determinants of health (SDOH) as part of the care plan.
- Addresses preventive health strategies as part of the care plan.
- Engages the patient in shared decision making, as appropriate.
- Sets realistic and measurable goals of therapy for achieving clinical outcomes in the context of patient's overall healthcare goals, understanding, preferences, priorities, and access to care.
- Identify when a patient requires an alternate level or method of care.

Objective R1.1.4: (Applying) Implement care plans.

Criteria:



- Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.
- Ensures timely completion of medication orders, prescriptions, and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.
- Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.
- Engages the patient through education, empowerment, and self-management.
- Engages other team members, as appropriate.

Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

Criteria:

- Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, laboratory and biometric test results, and patient feedback.
- Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.
- Identifies appropriate modifications to the care plan.
- Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.
- Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.
- Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.

Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.

Criteria:

- Routinely identifies patients who are experiencing care transitions.
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts a thorough and accurate medication reconciliation.
- Identifies potential and actual medication-related problems.
- Provides medication management, when appropriate.
- Considers the appropriateness of medication therapy during care transitions.
- Evaluates cost, availability, coverage, and affordability of medication therapy.
- Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.
- Provides effective medication education to the patient and/or caregiver.
- Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.
- Follows up with patient in a timely manner, as appropriate.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.

Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.

Criteria:

- Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.²
- Follows the organization's communication policies and procedures.
- Demonstrates appropriate skills in negotiation, conflict management, and consensus building.
- Interacts collaboratively and respectfully.
- Advocates for the patient.
- Chooses an appropriate form of communication with team members based on type and urgency of information,

recommendation, and/or request.

- Recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.

Criteria:

- Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient- friendly language, language services, assistive technology, visual aids).
- Addresses communication barriers during telehealth interactions, as applicable.
- Interacts in a respectful, collaborative, empathetic, and personalized manner.
- Follows the organization's communication policies and procedures.
- Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
- Considers non-verbal cues and adjusts delivery, when needed.
- In addition to an oral summary, provides a written summary of recommended medication- related changes and other pertinent educational materials and available resources, as appropriate.

Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Criteria:

- Selects appropriate information to document.
- Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
- Documents in a timely manner.
- Follows the organization's documentation policies and procedures.
- Documents appropriately to support coding, billing, and compensation.
- Ensures security of Protected Health Information (PHI) throughout the documentation process.

Goal R1.3: Promote safe and effective access to medication therapy.

Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.

Criteria:

- Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.
- Prioritizes formulary medications, as appropriate.
- Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests.
- Considers appropriate formulary alternatives.
- Ensures access to non-formulary products when formulary alternatives cannot be used.

Objective R1.3.2: (Applying) Participate in medication event reporting.

Criteria:

- Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).
- Uses appropriate technology for reporting adverse drug events.

Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.

Criteria:

- Adheres to applicable laws, institutional policies, departmental policies, and best practice standards.
- Identifies, detects, and addresses medication and health-related issues prior to verifying a medication order or dispensing a medication.

RMH Medical Center

- Completes all steps of the medication preparation process.
- Completes all steps of the patient-centered dispensing process accurately and efficiently, including selection of self-care products, as appropriate.
- Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients.
- Administers medications using appropriate techniques, as appropriate.
- Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policies.
- Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel.
- Refers patients for other healthcare services or care by other healthcare professionals, as appropriate.
- Ensures appropriate storage of medications.
- Determines barriers to patient adherence and makes appropriate adjustments.

Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).**Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.**

Criteria:

- Recognizes patterns within aggregate patient data (i.e., defined population data).
- Interprets outcomes benchmarks and dashboards, as applicable.
- Compares outcomes of population data to evidence-based or best practice guidelines and/or established benchmarks (e.g., Star ratings, quality metrics).
- Identifies areas for improved patient care management based on population data.
- Provides targeted interventions for individual patients within a defined group to improve overall population outcomes.
- Recommends appropriate services to patients, providers, or health plans to help improve patient and population outcomes.
- Engages leaders to determine necessary resource(s) to improve patient and population outcomes and promote equitable care.

Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

Criteria:

- Uses the appropriate format.
- Evaluates and applies evidence-based principles.
- Effectively synthesizes information from available literature.
- Incorporates all relevant sources of information pertaining to the topic being reviewed.
- Applies medication-use safety and resource utilization information.
- Demonstrates appropriate assertiveness and timeliness if presenting pharmacy concerns, solutions, and interests to internal and/or external stakeholders.
- Delivers content objectively.
- Includes proposals for medication-safety technology considerations and improvements, when appropriate.
- Includes considerations for addressing established health equity concerns, when appropriate.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.

Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects.

Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.

Criteria:

- Explains concepts associated with project development.
- Appropriately identifies or understands problems and opportunities for projects.
- Conducts a thorough literature to contextualize project scope.
- Determines an appropriate question or topic for a practice-related project that can realistically be addressed in the available time frame.
- Uses best practices or evidence-based principles to identify opportunities related to the project.

Objective R2.1.2: (Creating) Develop a project plan.

Criteria:

- Develops specific aims, selects an appropriate project design, and develops suitable methods to complete the project.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Incorporates appropriate quality improvement process design and/or methodology (e.g., standardization, simplification, human factors training, quality improvement process, or other process improvement or research methodologies), if applicable.
- Develops a feasible design for a prospective or retrospective outcomes analysis that considers who or what will be affected by the project.
- Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).
- Develops a feasible project timeline.
- Develops a plan for data collection and secure storage that is consistent with the project intent and design.
- Develops a plan for data analysis.
- Acts in accordance with the ethics of human subject's research, if applicable.

Objective R2.1.3: (Applying) Implement project plan.

Criteria:

- Obtains necessary project approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.) and responds promptly to feedback or reviews.
- Demonstrates a systematic and organized approach to gathering and storing data.
- Collects appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal or external databases, Internet resources, and other sources of decision support, as applicable.
- Adheres to the project timeline as closely as possible, adjusting for unforeseeable factors, when necessary.
- Correctly identifies need for additional modifications or changes to the project.

Objective R2.1.4: (Analyzing) Analyze project results.

Criteria:

- Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.
- Collaborates with project team members to validate project analysis, as appropriate.

Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.

Criteria:

- Evaluates data and/or outcomes of project accurately and fully.
- Considers the impact of the limitations of the project design on the interpretation of results.
- Accurately assesses the impact of the project, including its sustainability, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.

Objective R2.1.6: (Creating) Develop and present a final report.

Criteria:

- Completes all report requirements on time and within assigned time frame.
- Develops a project report that is well-organized and easy to follow.
- Formats written report suitable for project audience.
- Uses effective written and/or oral communication to convey points successfully.
- Submits and/or presents project report to intended audience.
- Summarizes key points at the conclusion of the report.
- Responds to questions in a concise, accurate, and thoughtful manner.

COMPETENCY AREA R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.

Criteria:

- Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).
- Describes resolution of medication access or availability concerns.
- Identifies various effective leadership philosophies and principles.
- Explains how the pharmacy planning relates to the organization and/or department's mission and vision.
- Explains the department and/or organization's decision-making structure.
- Explains the department and/or organization's strategic planning process.
- Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.
- Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable.
- Explains the quality improvement plan(s) of the department and/or organization.
- Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks.

Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.

Criteria:

- Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements.
- Identifies and explains the impact of local or regional healthcare entities on pharmacy or organizational practice.
- Accurately explains the purpose and impact of external quality metrics to the practice environment.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.

Criteria:

- Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).
- Sets realistic expectations of performance.
- Engages in self-reflection of one's behavior, knowledge, and growth opportunities.
- Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.
- Engages in self-evaluation by comparing one's performance to a benchmark.
- Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.
- Demonstrates self-motivation and a "can-do" approach.
- Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.

Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.

Criteria:

- Balances personal needs appropriately with the needs of the department and/or organization.
- Demonstrates personal commitment to the mission and vision of the department and/or organization.
- Demonstrates effective workload and time management skills.
- Prioritizes and organizes all tasks appropriately.
- Prioritizes appropriate daily activities.
- Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).
- Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.
- Sets and manages appropriate timelines in harmony with pertinent stakeholders.
- Proactively assumes and takes on increased levels of responsibility.
- Proactively identifies issues or barriers and create potential solutions or management strategies.
- Follows through on obligations collaboratively and without prompting.
- Ensures timely and thorough transfer of appropriate responsibilities.
- Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.
- Appropriately balances quality and timeliness in all aspects of work.

Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.

Criteria:

- Represents pharmacy as an integral member of the healthcare team.
- Demonstrates professionalism through appearance and personal conduct.
- Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.
- Holds oneself and colleagues to the highest principles of the profession's moral, ethical, and legal conduct.
- Prioritizes patient healthcare needs.
- Accepts consequences for his or her actions without redirecting blame to others.
- Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.
- Advocates effectively on behalf of patients to other members of the healthcare team.
- Delegates appropriate work to technical and clerical personnel.

- Understands and respects the perspective and responsibilities of all healthcare team members.
- Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.
- Works collaboratively within the department and/or organization's political and decision-making structure.

Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Criteria:

- Identifies professional organization(s) that align with practice interests.
- Articulates the benefits of active participation in professional associations at all levels.
- Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.
- Develops personal vision and action plan for ongoing professional engagement.
- Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
- Addresses the needs of the patients through service and/or education.

COMPETENCY AREA R4: Teaching and Education**Goal R4.1: Provide effective medication and practice-related education.**

Objectives R4.1.1-R4.1.4 will be addressed through resident activities related to teaching either a small or large group. Oral and written presentations should contain a reasonable depth of information that is appropriate for the target audience. Examples may include continuing education presentation(s), in-service(s), patient education class(es), student lecture(s), student topic discussion(s) for several participants, disease state education handout(s), and guideline summary(ies). Oral or written content that is designed for a single person (e.g., drug information response, discussion with individual student) or that is extremely brief and/or not meant for the delivery of defined education (e.g., update at team meeting or huddle, journal club, marketing flyer) does not meet the intent of these

Objective R4.1.1: (Creating) Construct educational activities for the target audience.

Criteria:

- Obtains an accurate assessment of the learner's needs and level of understanding.
- Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
- Uses appropriate teaching strategies, including active learning.
- Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
- Designs instructional materials that meet the needs of the audience.
- Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

Criteria:

- Writes in a manner that is concise, easily understandable, and free of errors.
- Demonstrates thorough understanding of the topic.
- Determines appropriate breadth and depth of information based on audience and purpose of education.
- Notes appropriate citations and references.

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- Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
- Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate.
- Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Creates visually appropriate documents (e.g., font, white space, and layout).
- Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
- Creates one's own work and does not engage in plagiarism.
- Seeks, processes, and appropriately incorporates feedback from the targeted audience.

Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area. Criteria:

- Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
- Incorporates multiple appropriate educational techniques to present content.
- Demonstrates rapport with learners.
- Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.
- Demonstrates thorough understanding of the topic.
- Organizes and sequences instruction properly.
- Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Speaks at an appropriate rate and volume with articulation and engaging inflection.
- Effectively uses body language, movement, and expressions to enhance presentations.
- Makes smooth transitions between concepts.
- Summarizes important points at appropriate times throughout presentations.
- Demonstrates ability to adapt appropriately during the presentation.
- Captures and maintains learner/audience interest throughout the presentation.
- Responds to questions from participants in a concise, accurate, and thoughtful manner.

Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Identifies appropriate time to solicit feedback from the learner.
- Solicits timely, constructive, and criteria-based feedback from the learner.
- Writes assessment questions (if used) in a clear and concise format that reflects best practices.
- Assesses learners for achievement of learning objective(s).
- Identifies and takes appropriate actions when learner fails to understand delivered content.
- Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.**Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.**

Objective R4.2.1 will be addressed through resident practice-related training activities for one or more learners. The resident should actively employ appropriate preceptor role(s). If a program cannot provide opportunities to participate in precepting, this objective may be assigned activities related to the simulation of precepting roles.

Criteria:

- Identifies experiential learning opportunities in the practice setting and engages learners appropriately.

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- Creates an organized and systematic approach to designing learning experiences for the learner.
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
- Chooses appropriate preceptor roles to stimulate professional growth in learner.
- Adjusts the preceptor role as learner needs change.
- Uses appropriate methods to provide both formative and summative feedback.
- Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
- Engages the learner effectively in self-evaluation and self-reflection.
- Provides effective and focused direct instruction when warranted.
- Models critical-thinking skills by including “thinking out loud”.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
- Selects appropriate problem-solving situations for independent learners.
- Ensures learner understands feedback and next steps needed to improve.

Expectations and Responsibilities of the Resident

Professional Conduct

It is the responsibility of all residents of SRMH to always uphold the highest degree of professional conduct. The resident will display an attitude of professionalism in all aspects of his/her daily practice. See “301a Employee Conduct Procedure” in Compliance 360.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of SRMH. Any specific problems with dress will be addressed by the resident’s Preceptor or Program Director. Please see “Colleague Professional Appearance 109” in Compliance 360.

Employee Badges

SRMH requires all personnel (including residents) to always wear his/her badge when they are on campus. If the badge is lost the resident must report the loss immediately to Security and render a fee for replacement. A detailed policy regarding employee badges can be found on WaveNet.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy and with the utmost concern for the patients’ and families’ emotional as well as physical well-being. Residents will only access patient information as it relates to performing the functions of their job. It is not appropriate for residents to access medical information of family, friends, coworkers, etc., unless it is necessary to perform their job responsibilities. Patients may request copies of their medical information through the medical records department and will be required to complete a “release of information” form. See “SE-2.5 Confidentiality” in Compliance 360.

Social Media

When communicating on any form of media and an employee’s relationship with SRMH is apparent, the employee is expected to clearly write that s/he is not speaking on behalf of SRMH. When communicating about SRMH on public forums the employee is expected to disclose their relationship with SRMH. Employees are expected to use good judgment regarding what they



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post and to only post accurate information. Errors can result in legal, financial and liabilities to SRMH. SRMH reserves the right to impose disciplinary action up to and including involuntary separation of employment for employees who post inaccurate/negative information about SRMH (see Disciplinary Action and Dismissal Policy on pg. 38). Use a personal email address as the primary means of identification (not Sentara email) when using social media. Be respectful and professional! If you wouldn't want your manager or others at SRMH to see your post – don't post it. See "Social Media and Online Activity" in Compliance 360.

Integrity

Residents shall conduct themselves with integrity and trustworthiness whenever they are in the institution, attending any function as a representative of SRMH, and during fulfillment of all professional tasks. Regarding written work, plagiarism will be grounds for just cause for dismissal via the disciplinary process (see Disciplinary Action and Dismissal Policy on pg. 38). Written work will be subject to a textual similarity review for detection of plagiarism. Plagiarism will be determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD and others as deemed appropriate by RAC.

Attendance/Days Away from Residency

Policy: Pharmacy Residency – Days Away from Residency	
Manual: Click here to enter Manual.	Original Date: 3/1/2023
Section: Click here to enter Section.	Revision Date: Click here to enter a date.
Location(s): SMJH, SNGH, SRMH, SMG, IT	Approved By:
	Process Owner: Residency Program Directors
Revision Description (Most Recent): Click here to enter Most Recent Revision.	

Policy Statement:

Because of the limited time period for completion of a PGY-1 pharmacy residency program, residents will not be allowed to use all accrued paid time off during the residency year.

DAYS AWAY FROM RESIDENCY

- Residents may not exceed 25 days away from the residency program (assigned shifts/working days). This includes conferences, professional leave, PAL, sick, medical leave, and bereavement.
- It is up to the program how excess days away from the residency may be made up, if at all – during the program or an extension at the end of the residency year.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

CONFERENCE ATTENDANCE

- ASHP Midyear and a regional residency conference attendance (considered professional leave) is required for the pharmacy residency programs. PAL will not be taken for attendance at these conferences and the resident will be paid at the regular daily rate.
- Attendance at other professional conferences not required by the individual program will require use of PAL, unless otherwise approved by the RPD.
- A maximum of 10 paid days is allowed for conference attendance.
- Required, internal pharmacy conferences are considered rotation days and do not count towards the maximum conference attendance days.

PAL

- Residents will accrue Paid Annual Leave (PAL) per Sentara policy.
- PAL must be approved by RPD at least 2 weeks prior. PAL during scheduled staffing must be



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requested prior to the department scheduling deadlines.

- Weekend requirements are set by the individual program (see residency manual for details). Weekend switches are allowed but must be approved by the RPD.
- Residents may take no more than 15 days of PAL during the residency (this does not include bereavement or FMLA, if eligible). Each program outlines specific PAL restrictions that are contained within their residency program's manual.
- Residents will use HOLPAL per Sentara policy if not working on observed holidays. HOLPAL and floating HOLPAL does count towards the 15 days of PAL.
- It is the resident's responsibility to communicate with all parties as required per their program.
- PAL requests must follow department standards.
- Days required for licensure exams and interviews will require use of PAL.
- Community service days required by the program will not require PAL.

SICK

- Residents may take sick time according to Sentara policy.
- All sick time must be communicated with the RPD according to department standards.
- Residents must follow system Attendance Policy 304.

PROGRAM EXTENSION

The ASHP PGY1 standards require 52 weeks for completion of the residency and certification of the resident. Based on this requirement, an equivalent time to the duration of the leave will be added to the end of the residency for a period not to exceed 5 weeks. The RPD will evaluate each situation on an individual basis.

- Residents who require more than 15 days of PAL, exceed the maximum 25 days away from the residency program, or cannot meet residency program requirements for worked days must make up the additional leave if the program is able to accommodate.
- Determination if an extension can be offered will be dependent on the cause of the excess leave and how much time must be made up. The final decision is made by the RPD.
- The program extension time will be unpaid.
- If the resident is unable to make up the excess leave or an extension cannot be offered, the resident will not receive a certificate of completion.

Shift Switch: If a resident would like a weekend off that they are scheduled for, they are responsible for finding the pharmacist for the switch. **Weekend switches must be arranged and approved prior to the "self-scheduling" deadline.** This allows the schedulers to appropriately schedule pharmacists around weekends. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled.

PAL During Rotation: Residents may request PAL during a rotation (will not exceed maximum days off per defined). Residents must acquire approval by rotation preceptor, then the resident must email the request to the RPD for approval (and copy involved preceptor and Jennifer Bennett, pharmacist scheduler).



Residency Requirements

Residents will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined in the residency accreditation standards. In addition to the expectations outlined in the accreditation standards we expect residents to be able to:

- Describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes.
- Function as a clinical pharmacy generalist.
- Participate in medication use review and drug policy development.
- Communicate effectively in writing.
- Communicate effectively verbally with other team members.
- Teach others effectively about drug therapy.
- Participate in quality improvement initiatives.

Specific Residency Requirements

- Residents will complete a research project designed to improve the services of the department or to achieve a specific research objective.
- All residents have a service commitment designed to ensure that residents gain experience and can function as a pharmacy generalist. To achieve this objective, residents are scheduled approximately 36 hours per month in a distributive pharmacist position. To maintain competence in this role, residents will be expected to attend staff meetings and mandatory in-services, as well as complete any mandatory training programs.
- Residents participate in the Residency Orientation Program and Residency meetings.
- Residents complete a medication use evaluation to develop an understanding of the medication use process.
- Residents prepare & present 4 Journal Clubs and participate in Pharmacy Journal Clubs.
- Residents prepare and present an ACPE or CME approved CE program.
- Residents prepare and present 2 formulary monographs.
- Residents prepare 10 written documents (a minimum of 2 of each category; the remaining documents can be any combination): newsletter articles, written drug information responses, SBAR (situation, background, assessment, recommendation) staff communication documents.
- Residents will complete administrative requirements for 2 P&T committee meetings (Exec P&T formulary actions table, MEC Update, P&T newsletter) or equivalent.
- Residents prepare a manuscript for publication and submit the manuscript.
- Residents participate in department documentation activities (e.g. interventions)
- Residents participate in the recruitment efforts of the department.
- Residents successfully complete the ACLS curriculum
- Residents successfully complete Parenteral Nutrition Certification.
- Residents successfully complete Heparin, Warfarin, Vancomycin, Aminoglycoside, Direct Thrombin Inhibitor, and Renal Dosing, and Insulin Certification.
- Residents present at a Regional Residency Conference.



Residents must maintain evidence of completion of all residency requirements and activities throughout the residency year in their Residency Notebook.

Detailed Descriptions of Required Activities

Residency Orientation Program

A formal orientation program for all residents is scheduled at the beginning of the residency year. The orientation period is used to train the resident in the distributive functions of the department as well as to introduce the incoming residents to SRMH, the Department of Pharmacy Services, and to outline expectations for the residency year. All new residents are expected to attend resident meetings scheduled during the orientation program.

Hospital Pharmacy Practice

The residents will practice in a guided hospital practice scheduled every other weekend for the first 3 months, then every third weekend. Residents will also staff selected holidays (2 shifts on a major holiday plus 1 minor holiday). Additional staffing hours around Christmas will also be scheduled. See Holidays for more information. The resident will gain experience in order entry/verification, IV room, and Central dispensing area.

Journal Clubs

Each resident will present at least 4 articles throughout the residency year. A mentor will be assigned for each journal club presentation. Residents must present at least 1 meta-analysis; 1 prospective randomized trial; and 1 retrospective study. These 3 types of journal articles must be presented within the first 3 presentations to allow repeating a type of journal article if deemed necessary by the RPD or journal club mentor.

Expectations include:

- Select a journal article from the primary literature. The article must be original research and should be published in the last 6 – 12 months. Check the Presentations List on the Pharmacy Sharepoint site to ensure the articles have not already been presented.
- Submit the article to the assigned mentor 2 weeks prior to the presentation for approval.
- Pick 1-3 supporting articles to go with the primary article. Supporting articles might include up-to-date reviews, classic articles on the subject or studies that support or refute the results of the primary article.
- Upload the article and any supporting articles to the Pharmacy Sharepoint Presentations List at least 1 week prior to the journal club. Also complete the article information on the Presentations List (e.g. title, author, journal).
- Read and critique the article. Prepare a handout for the journal club using our standard template.
- Upload the handout to the Presentations list the day of your presentation.
- Complete a self-assessment using the same evaluation form as the audience. Note – this must be completed prior to receiving feedback from the journal club mentor or reviewing the evaluation forms!



- Review presentation evaluations with preceptor and identify opportunities for improvement.
- Any documented feedback from preceptors (e.g. edits/suggestions on journal club handouts) must be uploaded to the resident's notebook.

Case Presentation

Each patient care rotation will have 1 case presentation scheduled (unless assigned an equivalent project by the preceptor). The cases presented should revolve around pharmacotherapy topics and include primary literature and be a case in which the resident was directly involved. This presentation is expected to be about **25 minutes with 5 minutes for questions**. This will include a self-evaluation and a formal evaluation. PowerPoint is used for this presentation. Resident attendance is required at SRMH sessions. The preceptor must have a copy of your slides at least 3 days prior to your presentation. Slides for all case presentations should be uploaded to the SRMH SharePoint site no later than immediately following the presentation. Note – The preceptor may opt to have the resident complete a rotation project instead of a case presentation.

Other Formal Presentations

Two formal presentations by each resident will be conducted during the residency year:

- One of these will be a continuing education presentation (eligible for ACPE or CME accreditation). This presentation should be a pharmacotherapy topic that includes some controversy and/or is a hot topic in pharmacotherapy. This is a 60-minute CE presentation. This is not just a review of a disease state. Primary literature is to be used as a guiding force to put this presentation together. This is to be prepared and presented with MS Power Point and should include active learning (e.g. audience response). This will include a self-evaluation and a formal evaluation. Deadlines for learning objectives, presentation outlines, etc. will depend on the date of the presentation and the requirements of the continuing education accreditation agency. This presentation will be presented to all Sentara pharmacies via Teams or to the hospital medical staff (CME).
- The second formal presentation will be a presentation of the resident's residency project. This includes several practice sessions then the formal presentation at a Regional Residency Conference with feedback/evaluation from preceptors and residents during practice and attendees. Practice sessions will be presented to the residency committee, the pharmacy department and/or other guests. Resident attendance is required at all sessions.



Pharmacy and Therapeutics Committee

Each resident will attend P&T committee meetings and assigned related subcommittees during the residency year.

- Two drug monographs will be written and presented during the residency year. The monograph topics will be assigned by the Residency Program Director (RPD). Drug monographs require review and presentation of primary literature. Formulary monographs will be prepared according to the SRMH template. An opinion should be outlined with recommendation for formulary status. This will be presented to the Sentara Formulary Utilization Meeting and/or Executive P&T Committee. As new agents are constantly approved by the FDA, monographs will be assigned as they come to the attention of the RPD. A resident will have approximately 30 days to prepare the monograph once assigned.
- Each resident will be assigned 2 P&T meetings for which they have administrative responsibilities. This will include writing the Exec P&T formulary table, attending the pre-P&T meeting, assisting in developing the agenda and packet, attending the post-P&T meeting, assisting in developing follow-up actions & implementation steps, preparing the P&T report for Medical Executive Committee, and the hospital P&T update newsletter. If a P&T committee is cancelled, the resident will complete similar administrative requirements for another committee as determined by the RPD.

Written Documents

Each resident will complete at least 10 written documents. These will include a minimum of 2 each of the following. The other 4 documents can be any combination of these choices.

- **Newsletter Articles**

Each resident will complete at least 2 articles that are distributed to medical, nursing, and/or pharmacy staff (or equivalent). Article topics must be approved by the Residency Program Director and can include MUE results, current pharmacotherapeutic controversies, drug information questions requiring review of the literature, medication safety updates, etc. Publication of these newsletters can be Nurses Notes, Now You Know, or equivalent. The P&T newsletter that is part of your P&T administrative months does not count toward this requirement.

- **SBAR**

SBAR (Situation, Background, Assessment, Recommendation) is the standardized format Sentara uses to communicate with staff. We use this format to communicate drug shortages, reminders to prevent medication errors, etc. Each resident will create at least 2 SBAR communications throughout the year.

- **Drug Information Questions**

Each resident will complete at least 2 written drug information responses throughout the year (in addition to the 2 written responses required during the Medication Safety/Drug Information rotation). These should be questions received during rotations that are appropriate for a written response (e.g. requires primary literature evaluation). These must be approved by the rotation preceptor or RPD prior to sending to the requestor. The



final version must be provided to the RPD and uploaded to the DI list on the Pharmacy sharepoint site.

Residency Project

Each resident will conduct a research project over the course of the residency year. This project will include idea development, literature review, study design, IRB submission (as appropriate), data collection, data analysis, data interpretation, oral presentation and a written manuscript. The written manuscript is to include identification of an appropriate journal for potential submission and must follow the instructions to authors for that journal. The manuscript must be written and submitted (to a journal) in final form prior to completion of residency. The manuscript must be reviewed by the project mentor(s) and approved by the residency director. See “Residency Project” on subsequent pages for more information. Discuss timeline with Residency Project Coordinator.

Preparation of a Manuscript Acceptable for Publication

All residents write at least one manuscript suitable for publication in a biomedical journal. The resident’s research project is required to be written in a final form suitable for publication and must be submitted to a journal. Other options for potential publications may include a drug monograph, journal article, case report, research project results, etc. The topic of this written work will be determined by the resident and his/her residency program director based on the resident’s background, experience, and goals. Editorial assistance by a preceptor is required. The resident must be the first author and be responsible for submission and revisions to a journal. Submission to a journal is required.

Medication Use Evaluation

Each resident will complete one medication use evaluation during the residency year. Residents select their MUE in the first or second quarter of the year. MUE criteria must be approved by the P&T committee (or equivalent) prior to beginning data collection. Results must include recommendations of the most appropriate course of action based on the findings to the P&T Committee and/or appropriate committee. **MUE should be completed and presented no later than February** to give residents time to implement action plans. Discuss timeline with Residency Project Coordinator.

Recruitment

Residents will assist in the resident recruitment and candidate selection process.

Block Rotations

Residents will fulfill many of the clinical core competency areas of the residency as well as develop interest areas through rotations. Rotation requirements may vary based on preceptor. Criteria based assessments should be reviewed at the outset of each rotation by resident and preceptor to assure completion of all requirements by the end of the residency year.

Other Educational Programs

Tumor Board, CME (continuing medical education) programs, pediatric grand rounds, and other educational conferences are offered throughout SRMH. Sentara Pharmacy CE series are offered



about twice per month via Teams. Residents are encouraged to attend various conferences related to specific rotations.

Out-of-State Conferences

Also see information in Section IV regarding Travel

- ASHP Midyear: Usually occurs the first week of December. Residents should register for this meeting and book hotel in August. Preauthorization for Travel should be submitted in September. If it is not submitted by 10/15, expenses may not be reimbursed.
- Regional Residency Conference:

We usually attend the UNC Pharmacy Residency Conference: Research in Education and Practice (REPS). We expect registration will begin in January/February and abstract submission deadline varies. Residents are expected to present their research projects as platform presentations (not posters). Residents are responsible for meeting registration deadlines as well as abstract submission deadlines and other deadlines related to the Conference. Residents are to confirm these deadlines and register early. Information for this conference can be found at: <https://pharmacy.unc.edu/events/reps/>

- **Residents are expected to ATTEND the conference** and sessions at the conference. These conference days should be treated as WORK days not vacation days. If you do not attend the conference, you will not be reimbursed for expenses (e.g. hotel, food). You are expected to be learning at these conferences for your own professional development and to bring ideas back to the organization that may benefit the organization/hospital/department. See the Sentara Employee Travel Policy on Compliance 360 for more details. Important points to consider:
 - Sentara will reimburse employees for **reasonable** and **necessary** expenses when traveling on authorized Sentara company business.
 - If food is provided at the conference, you will not be reimbursed for food expenses for that meal unless you have appropriate justification for the additional expense.
 - Sentara will not reimburse alcohol. Sentara will not reimburse for food purchased very late at night/very early in the morning (e.g. 11pm – 4am) as these expenses are not usually reasonable or necessary.
 - Food Allowances will be pro-rated for partial days.

Residency Administrative Support

Residents will be responsible for assisting the RPD with planning and organizing residency related activities:

- Travel Coordinator – One resident will be responsible for coordinating and organizing travel activities during the midyear clinical meeting and regional residency conference (including preauthorization for travel forms, transportation, hotels). This person is also responsible for working with the Residency Recruiting Coordinator on the Residency Booth for Midyear. This person will be responsible for setting up a meeting with all Midyear attendees prior to the meeting to discuss timeline of events at Midyear (when is the Residency showcase, time to arrive, who will set up, how will materials arrive at the meeting, etc). This person will also reach out to all residency interview candidates to provide hotel information and directions to the hospital.



- Residency Recruiting/Interview Coordinator – One resident will be responsible for assisting with coordinating residency recruiting efforts, including scheduling residency interviews and agendas, ensuring resident availability for tours/lunches, and ensuring preceptor/interviewers have adequate coverage to participate in interviews, assisting with ordering of lunches/food, obtaining water bottles to provide to candidates, etc. This person will also work with the Travel Coordinator on Midyear Meeting plans. This person will be responsible for the Residency Showcase booth (sign-in, banners, poster, promotional materials, etc), and will work with the travel coordinator as noted above.
- Social Coordinator – The social coordinator will be responsible for scheduling and organizing at least 4 joint functions with the Martha Jefferson residents and preceptors. These could include picnics, baseball game outings, snowtubing, etc. The first activity should be scheduled within the first 2 months. Note there is not a budget for these activities, so everyone will have to pay out of pocket. One joint function will be a dinner at Midyear Clinical Meeting with all Sentara staff/residents (preferably the night of our showcase), and one dinner at Residency Conference with all Sentara staff. These dinners must be organized and scheduled prior to departure for the trip. Social Coordinator will also help assist with staff orientations as time allows.

Residency Notebooks

1. **Residents are responsible for maintaining their residency notebook with all written documentation/feedback provided by preceptors (e.g. comments written on a draft newsletter provided by a preceptor), and evidence of all activities of the residency program.** Therefore, you must keep ALL drafts of documents, including those with preceptor's hand-written or electronic comments/edits and upload ALL of them to your notebook!
2. Residency Notebooks will be kept electronically on a secured, restricted access SharePoint site. Preceptors will have access to the residency notebook.



Residency Project

A project, administered by the resident and mentored by a preceptor, is required of all residents. The project is to be of benefit to the individual, the Department, and to the institution. There is to be a significant amount of literature review, project design, data gathering, statistical evaluation, writing, and reporting done by the resident. The end product is a presentation at a Regional Residency Conference and a written manuscript suitable for publication, written according to the Instructions for Authors of the American Journal of Health-System Pharmacists or selected journal requirements. Residency project ideas will be submitted by the Department to the residents early in the year. Deadlines are set for initial submission of project plans. Projects must be evaluated for feasibility and approved by the residency director before performing the project. One preceptor will be selected for each project who will act to facilitate the project, mentor the resident, and who shares responsibility for meeting deadlines, submission of applications for research (IRB, etc.), presentations and manuscript development and submission. The project plan submitted should be binding to the resident and to the preceptor(s) involved.

Project designs will be reviewed by the Residency Project Committee. The program director will serve as a consultant and advisor for the residency project. Residents should make every attempt to stick as close to the following schedule as possible. **These dates represent the dates that information must be submitted to the Residency Project Committee (the project preceptor should have previously reviewed the information).**

Residency Project Timeline

July

- 3rd week (anticipated): Research Project and MUE rank list due
- 4th week: CITI training completed

August

- 1st week (anticipated): Project assignments announced
- 1st week (anticipated): **Establish preceptor-resident agreement with deadlines for the year (e.g. data collection, drafts of presentations/abstracts/presentation/manuscript and final due dates etc)**
- 1st week: Reach out to Kristin to create IRB account
- Thursday, 8/8 Present Project Worksheet to preceptor and project committee
- 3rd Friday: Annotated bibliography approved by preceptor
- 3rd Friday: Preceptor-approved background submitted to project committee
- 4th Friday: Finish gathering input from key stakeholder(s) (including statistician) into design/implementation plan

September

- 2nd Friday: Project design and statistical plan (IRB proposal) approved by preceptor
- Thursday, 9/12: Present preceptor-approved slides on Research and MUE Background and Design/Methodology to project committee
- 3rd Friday: IRB Proposal submitted to project committee
- Late September (tentative): Present slides on Research and MUE Background and Design/Methodology to system preceptors at the residency retreat

October

- 1st Friday: Submit research project to IRB
- Tuesday, 10/15: 1st quarter update to project committee and project preceptor

January

- Tuesday, 1/7: 2nd quarter progress report to project committee and preceptor



February

- 2nd Friday: Data collection 50% complete

March

- 1st Friday: Data collection 75% complete
- Friday, 3/14: 3rd quarter progress report to preceptor and project committee
- 3rd Friday: Data collection complete
- 4th Friday: Data analysis complete and sent for statistical analysis if needed
- 3/31 (anticipated): UNC REPS early bird registration deadline

April

- Thursday, 4/10: UNC REPS Practice Session 1
- Thursday, 4/17: UNC REPS Practice Session 2
- Thursday, 4/24: UNC REPS Practice Session 3
- 4/28 (anticipated): UNC REPS' speaker presentation materials and CE packet due
- Wednesday, 4/30: UNC REPS Practice Session 4

May

- 2nd week (anticipated): UNC REPS
- 3rd Friday: Manuscript results and discussion sections approved by preceptor
- 4th Friday: Full manuscript submitted to preceptor

June

- 1st Friday: Preceptor-approved manuscript submitted to project committee
- 2nd Friday: Project committee-approved manuscript submitted to journal



**Residency Project Description
Worksheet**

Resident:

Project Advisor:

Date of Initiation:

Date of Completion:

Responsible Investigators:

Department(s) Involved:

Key Personnel to Obtain Approval From:

Question to be Answered:

Expected Outcomes of the Study:

Rationale for the Study:

Defining Measurements:

Data that will be Collected:

Databases to Study or Create:

Data Analysis:

Description of Results:

Benefit to the Resident:

Benefit to the Department:

Likelihood of Publication:

Commitments:

_____ **Resident**

_____ **Preceptor**

_____ **Other**



Resident Evaluation Procedures

All evaluations will be completed using PharmAcademic

Residents' Self-Evaluation of Their Attainment of Goals and Objectives

1. Residents will complete the same summative evaluation instruments at the end of each learning experience or at quarterly intervals for longitudinal learning experiences.
2. Where scheduled snapshots are used, residents will complete the same formative evaluation instruments completed by preceptors on the same schedule.
3. Residents will check the appropriate rating to indicate progress during the learning experience and should provide narrative comments for any goal for which progress is "Needs Improvement".
4. Residents must have evaluation instruments completed to be used in evaluation sessions with preceptor(s). They will be reviewed and discussed with preceptors. Evaluations will be electronically signed and dated by the resident and the preceptor via PharmAcademic. The evaluation will be sent electronically by PharmAcademic to the RPD.
5. At the end of the residency year, the residents will be provided a list of educational goals and objectives for the year and asked to self-rate their achievement via PharmAcademic.
6. **Residents are responsible for maintaining their residency notebook with all written documentation/feedback provided by preceptors (e.g. comments written on a draft newsletter provided by a preceptor).**

Residents' Evaluation of the Preceptor and Learning Experience

1. Residents will complete the program's evaluation form no later than the last day of each learning experience or quarterly for longitudinal learning experiences.
2. Completed evaluations will be discussed with preceptors, signed and dated by both electronically via PharmAcademic.
3. PharmAcademic will electronically send completed, signed evaluations to the residency program director for review on the day of their completion.



Assessment Definitions

Score	Short Description	Long Description
1	Needs Improvement-1	Resident is not performing at the level expected at this point in their residency experience. Comments must be written to give the resident specific behaviors/activities that must be improved. If the resident needs constant supervision to perform the job functions specified by this goal and the criteria, the goal should be scored as NEEDS IMPROVEMENT.
2	Needs Improvement-2	Resident is not performing at the level expected at this point in their residency experience. Comments must be written to give the resident specific behaviors/activities that must be improved. Resident can perform some of the job functions specified in the criteria independently for short periods of time (e.g. 1-2 days), but can't perform all of them independently (requires supervision). However, resident is close to performing independently on all the criteria specified by the criteria.
3	Satisfactory Progress-3	Resident is performing at the expected level at this point in their residency experience. The resident can perform the job functions specified by this goal and criteria independently for a short period of time (e.g. 1 to 2 days) but needs supervision when applying the skills to new patient populations/experiences.
4	Satisfactory Progress-4	Resident is performing at the expected level at this point in their residency experience; but has not had sufficient experience to master the goal and all of the objectives & criteria. The resident may require some supervision on some of the criteria when applying this skill to new patient populations or experiences. The resident is close to mastering this goal/objective and all of the associated criteria.
5	Achieved-5	Resident has mastered this goal/objective and all of its associated criteria for this rotation. The resident can perform all of the skills outlined in the criteria independently for a prolonged period of time (e.g. 1-2 weeks) and adeptly applies this skill to new patient populations or experiences without supervision.

Achieved for Residency = Resident has mastered this goal, **all** of its objectives and criteria; and can translate their experience to other patient populations and situations. Preceptors cannot score “Achieved for Residency” but can recommend to the Residency Advisory Committee (RAC) to consider this status by emailing the residency program director the goal and why they believe the resident has “achieved for residency”. If the RAC determines the goal is “achieved for residency”, the goal is optional for the preceptors to score on all future evaluations.

Completion of Program Requirements and Disciplinary Process

Completion of Sentara RMH Medical Center Residency Program Requirements (must complete both criteria listed below):

4. Complete all projects/assignments/presentations as defined on grid on following page (Resident Graduation Requirement Tracking)
5. In regard to the ASHP PGY1 Accreditation Objectives (see page 15 of Manual), the resident must achieve the following:
 - a. 100% Achieve for Residency of Competency Area R1: Patient Care
 - i. 14/14 Objectives
 - b. 70% Achieve for Residency of Competency Areas R2-R4 (Practice Management, Leadership, Teaching and Education)
 - i. 12/17 Objectives
6. Zero documented “needs improvement” in any ASHP PGY1 Objectives (within 7 days of graduation)

Disciplinary Process (Sentara System Policy)

Policy: Pharmacy Residency – Disciplinary Action and Dismissal	Original Date: 3/1/2023
Manual: Click here to enter Manual.	Revision Date: Click here to enter a date.
Section: Click here to enter Section.	Approved By:
Location(s): SMJH, SNGH, SRMH, SMG, IT	Process Owner: Residency Program Directors
Revision Description (Most Recent): Click here to enter Most Recent Revision.	

Policy Statement:

DISCIPLINARY ACTION

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures.

Disciplinary action will be initiated if a resident:

- Does not follow policies and procedures of Sentara Healthcare
- Does not present him/herself in a professional manner
- Does not make satisfactory progress on any of the residency goals or objectives as documented in PharmAcademic
- Does not make adequate progress towards the completion of residency requirements as documented in PharmAcademic (e.g. residency project, rotation requirements, etc.)
- Does not attend and participate in educational sessions during paid conferences
- Does not attend and support the residency recruitment at ASHP Midyear meeting or other assigned conferences
- Does not adhere to set deadlines for assignments

DISMISSAL AFTER DISCIPLINARY ACTION

- Failure to meet standards or make satisfactory progress after disciplinary action or remediation can result in dismissal from the program

IMMEDIATE DISMISSAL

Refer to the Sentara Code of Conduct policy and procedure (301 and 301a) for additional details

- Failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the hospital
- If licensure within the state of Virginia is not obtained within 90 days of the start date
- The resident knowingly or due to negligence of action places a patient, employee or any other

- person in danger
- The resident commits a major offense as outlined in Human Resources Policy 301a, Employee Conduct Procedure
- The resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of at least the director of pharmacy services, the resident's program director, and a clinical specialist in the appropriate area of practice.

Assessment of "Satisfactory Progress" of Residency

Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The Residency Program Director (RPD) in conjunction with the Residency Advisory Committee shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion.

Remediation Process

If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

1. Residents shall be given verbal counseling by the RPD. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the RPD.
2. If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
3. If the RPD determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Advisory Committee. No action shall be taken against the resident until the Director of Pharmacy and the RPD review the report and recommendations concerning any action.
4. If the Director of Pharmacy feels that the action recommended by the Residency Advisory Committee is appropriate, the action will be implemented. Action may include remedial work or termination. A decision for termination may be appealed to the Director of Pharmacy.

If you are not able to satisfactorily complete the requirements of the residency program, as defined above, in your allotted period of employment, due to failure to meet the criteria for the residency program, the term of your employment will not be extended. However, at SRMH's discretion, you may be allowed an extended period of no more than 5 weeks to complete the criteria for the residency program (see Pharmacy Residency- Days Away from Residency Policy). If you do not satisfactorily complete the residency program in that time, you are not eligible to repeat the residency program at SRMH.



Example Resident Development Plan

Resident Development Plan				
Item	Details	Due	Complete	Notes
Licensure				
VA Pharmacy License	Due within 90 days of hire	10/1/2024	7/3	Completed before start of residency
Law Exam	Due within 90 days of hire	10/1/2024	7/3	Completed before start of residency
Goals & Objectives				
R1: Patient Care	100% Completion (Achieve for Residency) 3 goals (12 Objectives) to be met (R1.1.1 R1.3.3), See Manual for Descriptions	6/16/2024		<ul style="list-style-type: none"> Q1: 2/12 Objectives Complete, No NI Q2: 5/12 Objectives Complete, No NI Q3: Q4:
R2: Advancing Practice and Improving Patient Care	MUE Research Project Formulary 2 goals (9 objectives) to be met (2.1.1 2.2.5), See Manual for Descriptions	6/16/2024		<ul style="list-style-type: none"> Q1: 0/9 Objectives Complete, No NI Q2: 0/9 Objectives Complete, No NI Q3: Q4:
R3: Leadership and Management	2 goals (6 objectives) to be met (R3.1.1 R3.2.24), See Manual for Descriptions	6/16/2024		<ul style="list-style-type: none"> Q1: 0/6 Objectives Complete, 1 NI Q2: 1/6 Objectives Complete, No NI Q3: Q4:
R4: Teaching, Education, and Dissemination of Knowledge	Presentations Teaching Certificate Journal Clubs 2 goals (6 objectives) to be met (R4.1.1 R4.2.2), See Manual for Descriptions	6/16/2024		<ul style="list-style-type: none"> Q1: 0/6 Objectives Complete, No NI Q2: 5/6 Objectives Complete, No NI Q3: Q4:
R5: Management of Medical Emergencies	1 goal (1 objective) to be met (E5.1.1), See Manual for Description	6/16/2024		<ul style="list-style-type: none"> Q1: 0/1 Objectives Complete, No NI Q2: 0/1 Objectives Complete, No NI Q3: Q4:

Overall	75% Completion of Objectives (26/34) (Achieve for Residency) Zero "Needs Improvement" (within 7 days of graduation)	6/16/2024		<ul style="list-style-type: none"> Q1: 2/34 ACHR; 1 NI Q2: 11/34 ACHR, No NI Q3: Q4:
Advanced Cardiovascular Support (ACLS)				
ACLS	Register for RQJ	9/1/2023		ACLS Megacode Completed, Enrolled in ACLS RQJ
Certifications				
Heparin		8/11/2023	8/30	Preceptor: Lesley
Warfarin		8/11/2023	8/11	Preceptor: Lesley
Vancomycin		8/11/2023	8/11	Preceptor: Lesley
Aminoglycosides		8/11/2023	8/11	Preceptor: Lesley
Insulin	Due to complexity, certification due date may be extended	9/15/2023		Not yet complete
Parenteral Nutrition	Due to complexity, certification due date may be extended	9/15/2023		Patients done; need paperwork completed
Residency Administrative Responsibilities				
Coordinator Role	Recruiting: Set up Shenandoah virtual residency interviews, updated and uploaded new info to Residency website			
Notebook Updated	Notebook should be updated regularly	6/26/2024		
Pharmacademic	Must be Complete to Receive Graduation Certificate	6/28/2024		
Workstation	Clean out and wipe down workstation	6/28/2024		
Distributive Services				
Clinical Weekend				
Pharmacy and Therapeutics				



Schedules

I. Rotation Schedule

See attached list of required and elective rotations, as well as an example rotation schedule. Residents' individual rotation schedules will be provided by the end of orientation for the first half of the year.

II. Staffing Schedule

Residents will staff every other weekend through September, then every 3rd weekend plus 2-4 hours of evening staffing per week.

III. Presentations

Four journal club presentations will be scheduled at the beginning of the year. Case presentations will be scheduled during patient care rotations.

Sentara SRMH PGY-1 Residents have a variety of required rotations (Table 1 and 2) and elective rotations (Table 3). Residents must complete 2 Internal Medicine rotations. Residents can select their order of preference for these rotations in Table 3.

Table 1: Required Rotations

Learning Experience	Weeks	Preceptor
Orientation	3	Jennifer Bennett, Pharm.D.
Therapeutic Drug Monitoring	3	Lesley Rose, Pharm.D., BCPS
Sterile Compounding	3	Julia Bynaker, Pharm.D., BCPS
Internal Medicine - Cardiology	4	Victoria Shelor, Pharm.D., BCPS
Internal Medicine – Nephrology/TOC	4	Skylar White, Pharm.D, BCPS
Critical Care	5	Rick Villiard, Pharm.D., BCPS
Medication Safety/Drug Information	4	Laura Adkins, Pharm.D., BCPS
Infectious Disease	4	Jeremy Rose, Pharm.D., BCPS
Pharmacy Management & Leadership	4	Laura Adkins, Pharm.D., BCPS
Emergency Medicine	4	Jessica Woodward, Pharm.D.
Precepting	4	varies
Elective	4	See Table 3
Elective	4	See Table 3

Table 2: Longitudinal rotations

Rotation	Preceptor
Clinical Management – Longitudinal	Jeremy Rose, Pharm.D., BCPS
Pharmacy Distributive Services - Longitudinal	Jennifer Bennett, Pharm.D.
Presentations	Atal Wassimi, Pharm.D.
Research Project – Longitudinal	Varies

Table 3: Electives- Two will be scheduled

Please rank at least 4 electives in order of preference.

* Note – this would be a 2nd rotation in this area, as this is also a required rotation.

Rank	Learning Experience	Weeks	Preceptor
	Internal Medicine - Surgery	4	Laura Deavers, Pharm.D.
	Oncology	4	John Moore, Pharm.D., BCOP
	Pediatrics/Women’s Health	4	Victoria Shelor, Pharm.D., BCPS
	Internal Medicine – Oncology Supportive Care/Palliative Care	4	Richard Ware, Pharm.D., BCNSP
	Psychiatry	4	Laura Adkins, Pharm.D., BCPS



Example Rotation Schedule

Weeks	Rotation
3	Orientation
3	Sterile Compounding
3	Therapeutic Drug Monitoring
4	IM/Nephrology + TOC
4	Elective
4	IM/Cardio
5	Critical Care
1	MCM
1	Project Week
1	Staff/Vacation
4	Infectious Disease
1	Precepting
4	Elective
4	Pharmacy Administration
4	Medication Safety
4	Emergency Medicine



RESIDENT ACTIVITY TIMELINE**

(For Guidance Purposes Only; Dates are subject to change based on individual resident goals/assigned tasks)

This may not be all-inclusive !

June	Baseline self-assessment (Entering resident interest and preference information) Complete requirements for VA pharmacist license
July	Elective Rotations Selected Discuss possible residency projects with preceptors Have you obtained VA pharmacist license?
August	VA Pharmacist license required by Aug 15 or staffing time must be repeated. Certifications should be completed & turned in to RPD by the end of TDM (heparin, warfarin, aminoglycosides, vancomycin). Parenteral Nutrition certification should be well under way. Project topic/preceptor selected Project literature review and bibliography completed and submitted. Key Stakeholders contacted and input received regarding research project MUE topic selected and timeline for completion established. Register for ASHP Midyear Meeting and book hotel
September	Project design/Methods complete & submitted to RPD/Residency Comm IRB Application submitted by end of the month If taking a poster to MCM, investigate deadlines for abstract submission Evaluate where you stand with longitudinal assignments (e.g. monograph, MUE) ACLS is usually done in Sept or Oct VA pharmacist license MUST be obtained by 90 days of hire or termination! Preauthorization for Travel form for Midyear Meeting
October	Once IRB approved, establish timeline for project data collection and analysis etc. Do you have a timeline for your MUE? Just checking!!! ACLS is usually done in Sept or Oct Date for CE presentation? Preauthorization for Travel form for Midyear Meeting due by 10/15!
November	Poster slide for MUE at MCM due by mid-November (optional) Curriculum Vitae preparation and interview skills



December	ASHP Midyear –Posters, showcase Evaluate where you stand with longitudinal assignments (e.g. monograph, MUE) Preauthorization for Travel form for REPS is due by 12/30 MUE Poster for MCM Have you completed a formulary review yet? How many newsletters have you completed?
January	Register for REPS and Prepare REPS abstract Preceptor MUE approved MUE write-up sent to RPD/RPC
February	Complete and submit REPS abstract Evaluate where you stand with longitudinal assignments MUE Project Implementation Complete
March	Wind up data collection for project Begin organizing data – preliminary results Implementation of action plans from your MUE Where are you with longitudinal requirements (formulary reviews, newsletters)?
April	Project Final results. Project Results interpreted and slides complete. REPS Practice Sessions
May	REPS Project manuscript – first draft completed mid-May Submit paperwork to IRB for study closure All MUE Action Plans completed? All P&T requirements met (formulary reviews, newsletters, FDA updates)?
June	Final Project manuscript and submission for publication All requirements fulfilled no later than graduation day



Residency Teams Site

We have created a Residency Teams Site to store many of the documents and templates that you will use throughout the residency year. This is also where your electronic Residency Notebook is stored.

The screenshot shows the SRMH Pharmacy Residency site interface. On the left is a sidebar menu with various categories like 'Articles', 'Rx Operations and IT', and 'SRMH Pharmacy Site'. The main content area displays a table of files and folders under the heading 'SRMH Pharmacy Residency'.

Name	Modified	Modified By	Last F
Clinical Management	July 28, 2023	LAURA E ADKINS	
Critical Care	March 4	FREDERICK L VILLI...	
Emergency Medicine	March 27, 2023	JESSICA D WOOD...	
Internal Medicine - Cardiology	November 20, 2023	VICTORIA S DINH	
Internal Medicine - Surgery	November 21, 2023	LAURA L DEAVERS	
Internal Medicine Nephrology-TOC	April 12, 2023	SKYLAR WHITE	
Medicare Cost Report	February 19	LAURA E ADKINS	
Medication Safety & Drug Information	March 23, 2023	LAURA E ADKINS	
Oncology	May 3, 2023	JOHN E MOORE	
Orientation	March 29, 2023	LAURA E ADKINS	

Residents will be able to access:

1. Rotation Documents – many preceptors upload example documents/templates, reading material for topic discussions, etc.
2. Residency Manuals – residents will be able to access the current residency manual
3. Teaching Certificate – information related to the teaching certificate program
4. Resident Notebooks – residents will only be able to access their own notebook

To access Rotation Documents:

1. Select “SRMH Pharmacy Site” from the menu on the left
2. Select “SRMH Pharmacy Residency” underneath “SRMH Pharmacy Site”
3. Select “Files” at the top of the page, residency folders will cascade



Section IV: General Information for Residents

Residency Benefits

Residents receive the same employment benefits as other full-time exempt hospital employees. Information on benefits will be provided during hospital orientation. More information regarding benefits is available on Wavenet on the Human Resources Department Page. Residents are considered “**Exempt**” positions. This means residents are not eligible for overtime pay. For more information see WaveNet.

Time and Attendance

- Residents will accrue *Paid Annual Leave (PAL)* as do other hospital employees. Hence, the resident will accrue about 23 days of PAL throughout the residency year. **A maximum of twenty-five (25) days may be taken during the residency year for all time-off (vacation, holidays, sick, interviews, days off, conferences, etc). According to new ASHP standards time off now includes professional leave for conferences. Per Sentara residency standards, ten (10) of the twenty-five (25) days may be used for professional leave for conferences (ASHP Midyear, UNC REPs, other conference(s) as approved by RPD). Fifteen (15) of the twenty-five (25) days may be used for other time away from the residency (vacation, sick time, holidays, interviews, licensing tests, etc). Compensation on days away will be determined according to Sentara Human Resource policy.** Any remaining PAL time at the end of the residency year will be paid out or can be kept in the event of continued employment at Sentara. PAL requests should be made by the 2nd week of orientation to allow your rotation schedule to be configured with your PAL. All requests for PAL must be approved by the Residency Director. Each resident is encouraged to take no less than 5 days of PAL time prior to January 15 of the residency year (Residency Director may approve alterations in certain situations). PAL may not be taken during ASHP Midyear Meeting, Regional Residency Conference meeting days, or departmental holidays (see holiday information below). PAL requested for June is discouraged and will be reviewed on a case by case basis by the Residency Director. Any requests for PAL made after the second week of orientation must be approved by the preceptor of the rotation affected and the Residency Director. The maximum number of PAL days granted during a rotation will be 1 day for each week of rotation. The maximum number of days away allowed during rotation is 1 day per each week of rotation. This includes all time away designations (PAL, Sick, Conference Days), but does not include project days. PAL time cannot be requested for weekend staffing shifts. If you want one of your regularly scheduled staffing weekends off, you must arrange a switch with another pharmacist. This switch must then be approved by the Residency Program Director. **Requests for days off must be emailed to the RPD and copied to your preceptor and Jennifer Bennett (scheduler).** Note: PAL time may not be taken until it has been accrued. For more information see the Human Resources policy.
- *Family Medical Leave*: Since the residency is a one-year program, and Family Medical Leave Act is not effective until after 1 year of employment, residents will not qualify for FMLA. However, if you are not able to satisfactorily complete the requirements of the residency program, as defined above, in your allotted period of employment, due to serious medical illness or family serious medical illness that would



ordinarily qualify for FMLA (as per the FMLA policy), the term of your employment will be extended for up to 6 weeks as an unpaid student of the hospital. See “Completion of Program Requirements” for more information.

- **Sick Time:** Sick leave is accrued for full time Employees at a rate of 1.536 hours per pay period. Sick leave can be taken for the employees own bona-fide medical illness or to care for dependents’ medical illness. For more information see the Sentara policy.
- **PAL Cash-In:** Residents may cash-in PAL according to the same restrictions as other hospital employees. For more information see the Sentara policy.
- **Professional Leave:** is defined as any approved activity in which a staff member attends or participates which removes that person from routine assignments in their particular work area. Residents will be granted professional leave for meetings and activities approved by the Residency Program Director. Professional Leave does not count as PAL/time off. **Attendance at professional meetings is expected.** If a resident does not attend the full day of the conference, PAL/time off will be used for that day. For example, if a resident decides to take a day to do some sight-seeing while at Midyear Clinical Meeting, this day will be a PAL day. These days must be discussed and approved by the Residency Program Director prior to the conference and cannot interfere with the resident’s responsibilities at the conference (e.g. residency showcase). See [Out-of-State Conferences](#) for more information.
- **Holidays:** The hospital recognizes six holidays of July 4th, Thanksgiving Day, Christmas Day, and New Year’s Day, Memorial Day and Labor Day. The Department of Pharmacy Services schedules Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year’s Eve, and New Year’s Day as major holidays. PAL requests cannot be made for these days. Note that PAL time around these holidays goes quickly, and is granted on a first-come, first-serve basis. So if you want to travel over a holiday – get PAL requests submitted early! Make sure to communicate any travel plans/requests you have with the Residency Program Director. You will staff two shifts during one major holiday [Thanksgiving Day (Nov 27 and 28) , Christmas (December 24 and 25) or New Year’s (December 31 and January 1)]. Note that the week around Christmas is scheduled as staffing/vacation. You will be scheduled to staff some days this week, depending on your major holiday and to keep staffing hours consistent between residents (e.g. if Christmas Eve & Day are your major holidays – you may staff 3 days that week; while another resident may staff 1 day that week because he/she staffed Thanksgiving Day and Black Friday). You will also staff one minor holiday (Memorial Day, or Labor Day). [Note – if you are not scheduled to staff, then this is a PAL day (and counts as a day off). As with any PAL days make sure to discuss these with your preceptor to ensure appropriate scheduling]. Residents may work an extra weekend shift in lieu of the minor holiday.



Other Information

- *Photocopying*
The department of pharmacy has a copier available in the department. For large quantities of copies (e.g. handouts for presentations), these should be sent to the Printing department along with a Printing Requisition form. The copies will be returned via interoffice mail.
- *Intranet Access from Home*
Access to the hospital intranet, Epic, and Micromedex are available from your home. You can log into www.wavenet.com from home to obtain access. You will not be able to access your H: drive from home. Wavenet can also be accessed from home from the Sentara home page (look for the employee link).
- *Duty Hours/Moonlighting Policy*: External Employment (moonlighting) is not allowed. Residency is a full-time obligation; hence, the resident shall manage activities so as not to interfere with the goals and objectives of the program. If the resident wishes to pick up extra shifts while on a residency rotation, the shift may only be on a weekend (Friday evening through Sunday). The resident may not work more than an average of 80 duty hours per week (when averaged over 4 weeks). In addition, the resident must have at least 1 day off per 7 days (when averaged over 4 weeks). If at any time the program director is informed that the resident is not completing their rotation duties appropriately, the PGY-1 Residency Advisory Committee shall meet to discuss whether the resident should continue employment. Note: Duty hours are defined as per ASHP Residency Accreditation Standards and do not include reading, studying, preparation time for presentations or journal clubs, travel time to conferences, or hours not scheduled by the RPD or preceptor. Residents are expected to keep track of their duty hours. Residents will attest whether they have or have not exceeded duty hours every 4 weeks and the number of duty hours for each week.
- *Resident Disciplinary Action and Dismissal*: A resident may be dismissed from the Residency Program if he/she does not satisfactorily complete the requirements for hire. In addition, a resident may be dismissed from the program for failure to progress toward completion of residency goals and objectives or in accordance with the SRMH Disciplinary Process. A resident will be dismissed from the program and employment terminated for failure to obtain a license to practice pharmacy in Virginia by 90 days from date of employment (barring extreme extenuating circumstances which must be reviewed by RAC). (If the resident does not receive licensure by August 15 the resident will be required to repeat any staffing hours until licensure is obtained.)
- *Licensure*: Residents are expected to obtain licensure to practice pharmacy within the state of Virginia by August 15. Failure to obtain licensure by 90 days from date of employment will result in dismissal from the program (barring extreme extenuating circumstances which must be reviewed by RAC). If the resident does not receive licensure by August 15 the resident will be required to repeat any staffing hours until licensure is obtained. The resident is required to post a copy of their Virginia License in the pharmacy department once obtained. The hospital will also complete primary source verification of licensure.
- *Pharmacy Access/Security*: The resident's ID badge will provide access to the pharmacy. If the badge is lost the resident must report the loss immediately to Security and render a fee for replacement. A detailed policy regarding employee badges can be found on WaveNet. To obtain access to the Behavioral Health Unit, the resident must complete a OneLink



learning module regarding BHU access then contact Security to have this access added to their badge.

- *Use of Paging System:* Sentara uses Spok Paging. There is a link on the main Wavenet page (on the right). You can look up an individual by name and then can send a text message. Residents may choose to use a pager device, or their personal cell phone. Pagers will be provided to residents upon request. If the resident chooses to use their personal cell phone, they must load the SpokMobile app. This app must be purchased through Service Now. See the directions on Wavenet (link below).
<https://wavenet.sentara.com/channels/services/Communications/Documents/Spok%20Mobile/Spok%20Mobile%20Sign%20Up%20Sentara%20Employee.pdf>
- *Mail and Mailboxes:* Interoffice mail is picked up and delivered to the pharmacy once per day. In and Out boxes are located under the pharmacy inpatient window. Each pharmacy employee has a mailbox located within the department, near the clinical workstations / outpatient pharmacy. The hospital also has a mailroom, which is available for both business or personal use.
- *Travel Request:* Residents will complete a Preauthorization for Travel Request (Form #413) for any travel/meetings (including both the ASHP Midyear Clinical Meeting and the Residency Conference). The RPD will indicate an approved budget on this form. Expenses incurred beyond the budgeted amount will not be reimbursed immediately. Unreimbursed expenses that are eligible for reimbursement per the hospital travel policy may be resubmitted for reimbursement at the end of the calendar year. These additional expenses may be reimbursed depending on fund availability. Please see the policy on WaveNet. Note: Preauthorization for Travel must be received by 10/15 for ASHP Midyear Clinical Meeting and 12/30 for the Residency Conferences. Expenses may not be reimbursed if the preauthorization for travel is not received by these deadlines. *Also see “Out of State Conferences” for more information.*
- *Library Services:* The hospital has a medical library available for use by hospital staff. The library has extensive online journal collection as well as physical journal collections. The librarian is available for tours and information. The library has an intranet page for more information on how to access the various research tools provided including EBSCOhost, Natural Standard, Micromedex, Lexicomp online, and STATref. Residents should familiarize themselves with the library and the resources available through the library. Any journal articles that are not accessible through the online collection or the physical collection may be requested from the librarian.



Appendix A: Important Websites

- I. UNC Pharmacy Residency Conference: Research in Education and Practice Symposium (REPS)
<https://pharmacy.unc.edu/events/reps/>
- II. ASHP Foundation – check out funding/grant opportunities for research projects
<http://www.ashpfoundation.org/index.cfm>
- III. ASHP (Midyear Clinical Meeting information, Residency Information)
www.ashp.com
- IV. PharmAcademic
www.pharmacademic.com

Revision Date:	Revision Description:
June 2024	Updated Residency Graduation Requirements and allowable days away per rotation. Updated Residency Project Timeline and included Committee.
March 2024	Updated with Harmonized CAGOs per ASHP Accreditation. Updated Pharmacy Access Sites (TEAMS, Sharepoint, etc). New Example of goal/objective tracking and completion.
November 2022	Updated preceptors/rotations, modified extended time allowable to 6 weeks (under general and FMLA section), Sick Time updated (PAL not required before SICK can be used), Webex changed to Teams, Organizational Structure Updates; removed extra weekend requirements and updated Graduation Requirement Tracking.
January 2022	Added section on Integrity under Expectations and Responsibilities of the Resident; removed requirement for additional staffing weekends; updated organizational chart to reflect Outpatient Pharmacy Team Coordinator for Blue Ridge Region; updated phone numbers; reformatted page breaks; removed on-call information
April 2020	Updated organizational charts, rotation preceptors, changes to elective rotations (3 instead of 2) and IM rotations. Added details about unreimbursed expenses during travel. Added more details about the Presentations List for journal clubs. Added that due to COVID all travel is cancelled at this time.
May 2019	Added details around Travel Reimbursement (must attend sessions at conference, only reimburse necessary expenses, food allowance is prorated).
June 2018	Specified that P&T newsletters do not meet Newsletter Requirements; Added Graduation Requirement Grid; Changed Rotation Structure to 3 IM rotations (instead of 4) and 3 electives (instead of 2) - one elective must be patient care elective. Added details to Recruiting Coordinator (Residency Showcase), and Travel Coordinator (hotel info to interview candidates, pre-MCM meeting with all attendees), and Social Coordinator (dinner at MCM and REPS).
June 2017	Updated organizational chart, removed FDA updates & newsletters for requirements – changed to 10 written documents, changed formulary reviews to 2 drug reviews (removed class review requirement), changed P&T Administrative month to 2; added residency administrative support requirements
January 2017	Updated information on where to access policies and procedures. Updated rotation information (changed from 3 electives to 2 electives, changed IM-Surgery, IM-PC/OSC, and Med Safety to 4 weeks) – decision by RAC in Nov. Updated Regional Residency Conference from ESRC to REPS. Updated timeline to reflect earlier MUE deadline.
May 2016	Updated Holiday staffing info on p 44 to be clear about Christmas week and staffing one minor holiday.
August 2015	Updated P&T requirements (3 formulary reviews changed to 2; Journal Clubs changed from 6 to 4). Updated the rotations table to reflect the change to 4 IM rotations with different areas of focus and changing oncology to an elective and shortening Mgmt/IT. Update information for UNC Pharmacy Residency Conference instead of Eastern States. Included the new assessment levels and definitions from RAC.
April 2015	Updated Benefits, H: drive and SharePoint information, rotation list, and PGY-1 Goals and Objectives. Added references to WaveNet. Changed ResiTrak to PharmAcademic. Corrected formatting, spelling, and grammar.
September 2014	Changed licensure requirements to 8/15 expectation (must repeat staffing hours after 8/15) and added “barring extreme extenuating circumstances which must be reviewed by RAC” to the 9/1 termination deadline. (Voted on by RAC 9/17). Also updated the SRMH Mission/Vision to the Sentara Mission/Vision.