SENTARA RMH
PGY1 PHARMACY RESIDENCY MANUAL

Updated 11/22/25

Residency Program Director: Laura Adkins, Pharm.D., BCPS
Residency Program Coordinator: Jeremy Rose, Pharm.D., BCPS

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Section I: Introduction

Sentara Mission/Vision and Values

Mission

We improve health every day

Vision

To be the healthcare choice of the communities we serve

Our Values
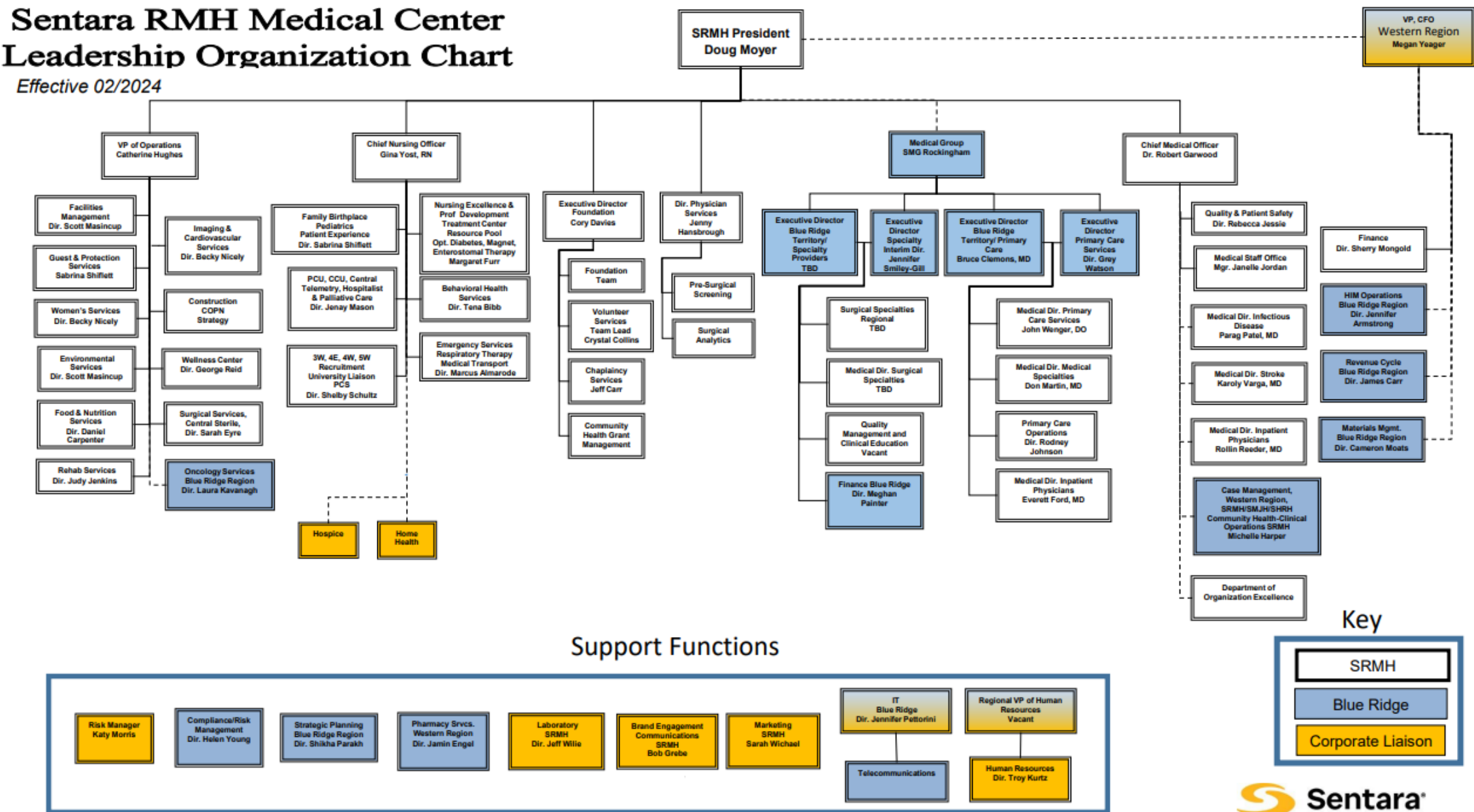
People, Quality, Patient Safety, Service and Integrity

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 02/2024

SRMH President
Doug Moyer

VP, CFO
Western Region
Megan Yeager

VP of Operations
Catherine Hughes

- Facilities Management — Dir. Scott Masincup
- Guest & Protection Services — Sabrina Shiflett
- Women's Services — Dir. Becky Nicely
- Environmental Services — Dir. Scott Masincup
- Food & Nutrition Services — Dir. Daniel Carpenter
- Rehab Services — Dir. Judy Jenkins
- Imaging & Cardiovascular Services — Dir. Becky Nicely
- Construction COPN Strategy
- Wellness Center — Dir. George Reid
- Surgical Services, Central Sterile — Dir. Sarah Eyre
- Oncology Services Blue Ridge Region — Dir. Laura Kavanagh
- Hospice
- Home Health

Chief Nursing Officer
Gina Yost, RN

- Family Birthplace Pediatrics Patient Experience — Dir. Sabrina Shiflett
- PCU, CCU, Central Telemetry, Hospitalist & Palliative Care — Dir. Jenay Mason
- 3W, 4E, 4W, 5W Recruitment University Liaison PCS — Dir. Shelby Schultz
- Nursing Excellence & Prof Development Treatment Center Resource Pool Opt. Diabetes, Magnet, Enterostomal Therapy — Margaret Furr
- Behavioral Health Services — Dir. Tena Bibb
- Emergency Services Respiratory Therapy Medical Transport — Dir. Marcus Almarode

Executive Director Foundation
Cory Davies

- Foundation Team
- Volunteer Services Team Lead — Crystal Collins
- Chaplaincy Services — Jeff Carr
- Community Health Grant Management

Dir. Physician Services
Jenny Hansbrough

- Pre-Surgical Screening
- Surgical Analytics

Medical Group
SMG Rockingham

- Executive Director Blue Ridge Territory/ Specialty Providers — TBD
  - Surgical Specialties Regional — TBD
  - Medical Dir. Surgical Specialties — TBD
  - Quality Management and Clinical Education — Vacant
  - Finance Blue Ridge — Dir. Meghan Painter
- Executive Director Specialty Interim Dir. — Jennifer Smiley-Gill
- Executive Director Blue Ridge Territory/ Primary Care — Bruce Clemons, MD
  - Medical Dir. Primary Care Services — John Wenger, DO
  - Medical Dir. Medical Specialties — Don Martin, MD
  - Primary Care Operations — Dir. Rodney Johnson
  - Medical Dir. Inpatient Physicians — Everett Ford, MD
- Executive Director Primary Care Services — Dir. Grey Watson

Chief Medical Officer
Dr. Robert Garwood

- Quality & Patient Safety — Dir. Rebecca Jessie
- Medical Staff Office — Mgr. Janelle Jordan
- Medical Dir. Infectious Disease — Parag Patel, MD
- Medical Dir. Stroke — Karoly Varga, MD
- Medical Dir. Inpatient Physicians — Rollin Reeder, MD
- Case Management, Western Region, SRMH/SMJH/SHRH Community Health-Clinical Operations SRMH — Michelle Harper
- Department of Organization Excellence
- Finance — Dir. Sherry Mongold
- HIM Operations Blue Ridge Region — Dir. Jennifer Armstrong
- Revenue Cycle Blue Ridge Region — Dir. James Carr
- Materials Mgmt. Blue Ridge Region — Dir. Cameron Moats

Support Functions

- Risk Manager — Katy Morris
- Compliance/Risk Management — Dir. Helen Young
- Strategic Planning Blue Ridge Region — Dir. Shikha Parakh
- Pharmacy Srvcs. Western Region — Dir. Jamin Engel
- Laboratory SRMH — Dir. Jeff Wilie
- Brand Engagement Communications SRMH — Bob Grebe
- Marketing SRMH — Sarah Wichael
- IT Blue Ridge — Dir. Jennifer Pettorini
  - Telecommunications
- Regional VP of Human Resources — Vacant
  - Human Resources — Dir. Troy Kurtz

Key
- SRMH
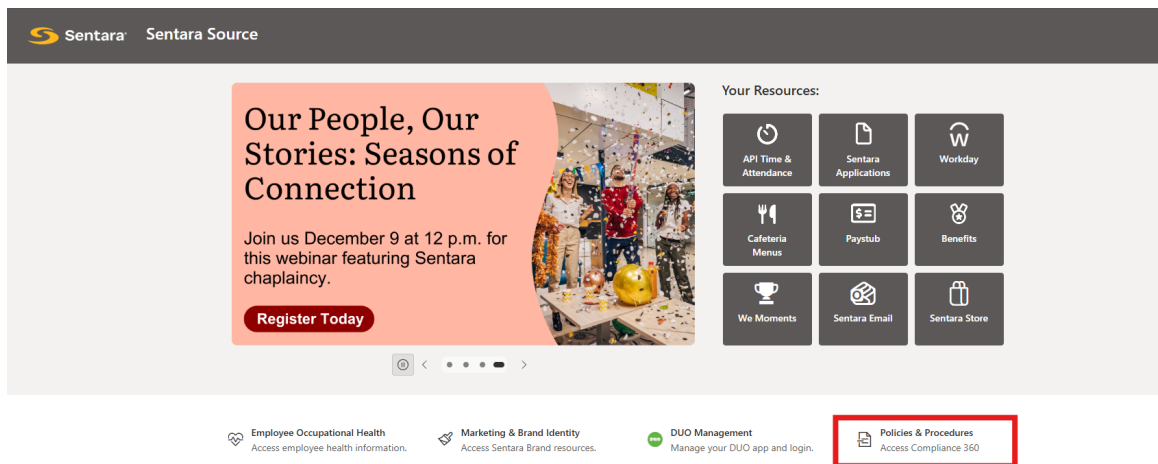- Blue Ridge
- Corporate Liaison

Sentara

Note: Blue Ridge Director of Pharmacy directly reports to the VP of Pharmacy Services. Local reporting at SRMH, SMJH and SNVMC is indirect.
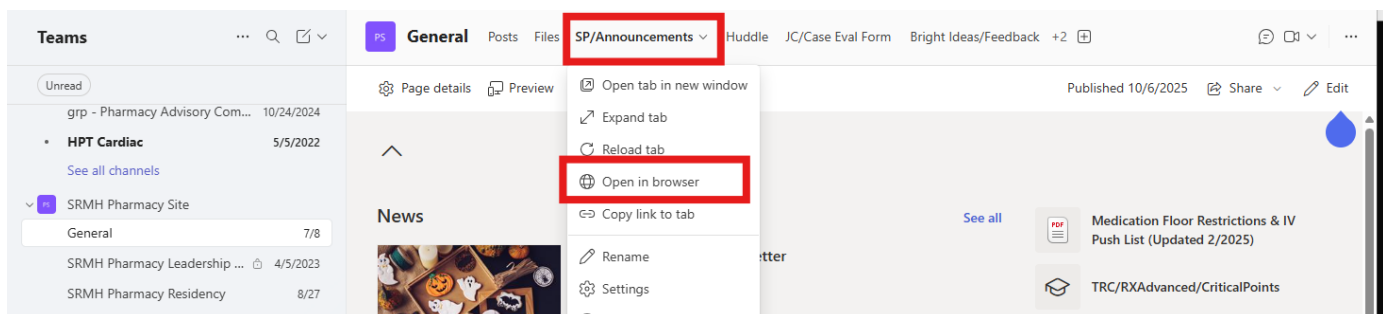
Sentara RMH Policy Access

Sentara System policies and RMH specific policies are accessible from the Sentara Source Sharepoint Site. access these policies on any hospital computer that is connected to the intranet.

- Sign into the computer, then open the internet (Home page: Sentara Source)

- Sentara System Documents (Compliance 360)

    o Locate central page banner in Sentara Source.

    o Click "Policies & Procedures: Access Compliance 360"

- Sentara RMH Pharmacy Policies & Documents

    o Access TEAMs and click "General" under SRMH Pharmacy Site

    o Right click "SP/Announcements" and select "Open in Browser"

        ▪ Recommend saving webpage as a favorite as you will use frequently

    o See TEAMs Links with Explanations under "Microsoft TEAMs" Section

Make sure you review the Pharmacy policies and procedures listed in your Orientation Checklist.

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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

Pharmacy Department

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                          Regional Director of Pharmacy
                                     TBD

         Pharmacy Manager                      Outpatient Team Coordinator
      Laura Adkins PharmD, BCPS                     Stephanie Schmidt

  Clinical Pharmacy     Clinical Pharmacists      Pharmacy        Team Coordinator      IRB Coordinator
    Specialists          (decentralized)          Residents        Julia Bynaker         Kristin Payne
                      Diversion Lead: Deanna
                           Rotenberry

Coordinator/ID - Jeremy Rose    Oncology - John Moore     Clinical Pharmacists (Centralized)    Inpatient Techicians    Lead Technicians
   CCU - Rick Villiard          Oncology - Jamey Groff       IV Room Lead - Jen Bennett
   IM/TOC - Skylar White
   ED - Jessica Woodward

                                                                                                                  IV Room - Daryl Stevens
                                                                                                            Omnicell/Narcs - Kimberly Kilgore
                                                                                                                 Inpatient - Ashley Lively
                                                                                                                Oncology - Brandy Campbell
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SENTARA
RMH Medical Center

Phone Numbers

INPATIENT NURSING UNITS

2 East CCU	32520
2 West A/B PCU	32550
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 East BHU	35450
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	31945
POISON CONTROL	1-800-222-1222

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	34567
HR	36200		

PHARMACY MANAGERS

Laura A.	32374	(540) 421-1322
Julia	32367	(703) 963-0230
Jeremy	32356	(330) 340-7953
Stephanie S	32375	(540) 664-9485

Administrative Assistant

Kristin	32368

PHARMACY NUMBERS

Carousel area	32363

	Wall	
	32397	32383
Clinical Workstations	32428	32382
	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 Pharmacist	32396 32358 (wireless)
IV Room Ante Room	**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
3rd Floor	32341		
4 East	32342		
4W/BHU	32438		
5th Floor	32343		

OTHER PHARMACY NUMBERS

Jeremy Rose (ID)	32354 (wireless)	32356 (o)
Jessica (ED)	32348 (wireless)	
Rick Villiard	32339	
Skylar White	32338	
Melinda Mowbray	32409	

RESIDENTS

Mukta (R1)	32383 (desk)	32346 (wireless)
Tamara (R2)	32381 (desk)	32439 (wireless)
Mariem (R3)	32412 (desk)	32349 (wireless)

MED HISTORY TECHNICIANS

	Office	Wireless
Nurse 1	31394	31174
Nurse 2	31416	31173

Martha Jefferson Microbiology

(434) 654-7172

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 the 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.

2010 – moved into new hospital with state-of-the-art pharmacy and Oncology Satellite

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

2025 – Medication Distribution Model converted from cart-fill to decentralized medication distribution

Current Scope of Services

- Parenteral Nutrition Consult Service consisting of ordering and monitoring parenteral nutrition
- 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
- 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

Personal Folder Access

Every employee has a Microsoft One Drive. Open the Personal File Folder and locate your personal folder on the left-hand side of the screen.

- 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.

Microsoft Teams

Teams is a collaboration app utilized by Sentara. It allows sharing and collaborating on documents, as well as linking to other resources. SRMH Pharmacy utilizes Teams and our Sharepoint site (see below) as our main methods of communication.

Please complete the **Workday Learning Module: Microsoft Teams Essential Training.**

To Access Teams, open Microsoft "Teams" from your computer.

Teamss has a vertical toolbar on the left (red box in Figure E), and a horizontal menu bar (Figure F) at the top. The vertical toolbar includes icons for navigating between different views like Activity, Chat, Calendar, Teams, Calls, etc. Different Teams that you have been added to will appear when you select the Teams icon. Some key things to locate in the SRMH Pharmacy Site Teams channel are:

- Subchannels, including General (main SRMH Pharmacy team) and SRMH Pharmacy Residency

- Locate the files tab (top menu) under the General subchannel. There are many shared resources, including parent here, including various tipsheets, kit contents, parenteral nutrition (PN) spreadsheets, etc.

- Daily Huddle Notes (top menu) under the General channel. This is where we record notes from our morning huddles. (Hint – you can search huddle notes to look for past information). These are stored in a OneNote notebook on this channel. We keep Drug Shortage information (shortages that are critical and impacting daily operations) updated in our daily huddle notes (and on a whiteboard in main pharmacy). We email our daily huddle notes to our pharmacy staff after huddle. **You are expected to attend the pharmacy daily huddle and/or review the daily huddle notes every day.**

- SP/Announcements will take you to our Sharepoint page with our announcements and newsletters.

- "SRMH Pharmacy Residency" contains shared rotation and guidance documents, as well as the residency manual.

- Residency Notebooks are also located in SRMH Pharmacy Site on TEAMs. See left hand toolbar to access your specific notebook channel.

- Applications can be added to the vertical toolbar including Shifts. Shifts is where our pharmacy schedule is kept.

Figure E: Teams Left Hand Menus   Figure F: Teams Horizontal Menu Bar

Pharmacy SharePoint Site

SharePoint Link: SRMH Pharmacy Site - Home

This SharePoint site is linked from the Teams Channel. We have links to frequently used resources on the right-hand side of this page (see Figure below). Our SRMH Pharmacy Newsletters are located here. Below the "News" section is our "Announcements" section. We post announcements for information you may need to search/find later including tipsheets and reminders. You can search for announcements to find previous announcements on a specific topic! We have the announcements list set up to send a daily email summary to pharmacists.

Sharepoint Announcements will be linked in the Daily Huddle. **You are expected to read the Announcements daily to keep abreast of information.**

The following is contained on our SharePoint sites:

- Announcements – This is the primary means of communication in the department. Any news or reminders are posted here. Anyone can post an announcement.
- Lists
  - 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.
  - Presentations List – This list helps keep track of all 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 in 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.
- Links – on the right of the Pharmacy SharePoint Home Page is a list of different useful links

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

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

Link for Full CAGOs (including criteria associated with each objective) from ASHP:

PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf

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.

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

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

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

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

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.

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.

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

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

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.

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

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

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.

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

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.

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

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

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

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.

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

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.

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

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

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.

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

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

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

COMPETENCY AREA R4: TEACHING AND EDUCATION

GOAL R4.1: PROVIDE EFFECTIVE MEDICATION AND PRACTICE-RELATED EDUCATION.

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

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

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

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.

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 Sentara Source.

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 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. 32). 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. 32). 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.

General Residency Requirements

Residents will be required to perform or participate in many 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 60 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, Renal Dosing, and Insulin Certification.
- Residents present at a Regional Residency Conference.
- To acquire precepting experience, residents will be expected to precept APPE and IPPE students as assigned while on rotation. Residents that choose to participate in the Teaching Certificate will have to select Precepting as their elective rotation.
- 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.

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 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

Three case presentations will be scheduled throughout the year. 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.

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 all 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 Coordinator/Residency Program Director (RPC/RPD), in conjunction with system pharmacy P&T representatives. Drug monographs require review and presentation of primary literature. Formulary monographs will be prepared according to the Sentara System template and must include an opinion that outlines a 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 RPC/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 (Formulary Utilization), assisting in developing follow-up actions & implementation steps, preparing the P&T report for Medical Executive Committee (including a cover letter). Residents should schedule a meeting with the RPC once the P&T Summary is complete to discuss what education and announcements are needed. If a P&T committee is cancelled, the resident will complete similar administrative requirements for another committee as determined by the RPC/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 RPC/RPD prior to sending to the requestor. The final version must be provided to the RPC/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 strongly encouraged.

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   (See additional 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 WORKDAYS, 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. Food Allowances will be pro-rated for partial days.
    - 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.

Residency Administrative Support

Residents will be responsible for assisting the RPC/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

- 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!
- 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 final 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. RPC/RPD will serve as a consultants and advisors 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

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: Obtain IRB manage account access (please reach out to Kristin Harter and she can coordinate obtaining access for you) ***NOTE emails often go to spam – check folder/add VHS-IRB@odu.edu to safe sender list***
- 1st week: Obtain REDCap access (please reach out to Jeremy Rose)
- Friday, 8/22: Present Project Worksheet to preceptor and project committee
- 4th Friday: Annotated bibliography approved by preceptor. Finish gathering input from key stakeholder(s) (including statistician if applicable) into design/implementation plan

September
- 2nd Friday: Project design and statistical plan (IRB proposal) and background approved by preceptor
- 3rd week Present preceptor-approved slides on Research and MUE Background and Design/Methodology to project committee
- 4th Wednesday: IRB Proposal submitted to project committee

October
- 1st week: Schedule a meeting with your preceptor(s) and Jeremy to discuss available data reports
- 1st Friday: Submit research proposal + required forms (i.e., Application for Approval for Research Involving Human Subjects, COI Form, Waiver of Consent Request, and Application for Waiver of Authorization for Use of PHI) to IRB
- 2nd week: 1st quarter update to project committee and project preceptor (plan on discussing draft MUE abstract/poster and data reports that you are intending to use)

January
- 4th week: 2nd quarter progress update to project committee and project preceptor (plan to discuss your data collection sheet and data analysis)

February
- 2nd Friday: Data collection 50% complete (on data points requiring manual chart review)

March

- 2nd week: 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
- Last week of March: anticipated UNC REPS early bird registration deadline

April

- 2nd week: UNC REPS Practice Session 1
- 3rd week: UNC REPS Practice Session 2
- 4th week: UNC REPS Practice Session 3
- 4th week: Anticipated UNC REPS speaker presentation materials and CE packet due

May

- 1st week UNC REPS Practice Session 4
- 2nd week: Anticipated UNC REPS (virtual vs in-person TBD)
- 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

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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:

_____

Resident Signature   Date

_____

Preceptor Signature   Date

Resident Evaluation Procedures
All evaluations will be completed using PharmAcademic

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

- Residents will complete the same summative evaluation instruments at the end of each learning experience or at quarterly intervals for longitudinal learning experiences.
- Where scheduled snapshots are used, residents will complete the same formative evaluation instruments completed by preceptors on the same schedule.
- 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".
- 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.
- 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.
- **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

- Residents will complete the program's evaluation form no later than the last day of each learning experience or quarterly for longitudinal learning experiences.
- Completed evaluations will be discussed with preceptors, signed and dated by both electronically via PharmAcademic.
- 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 Progess-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 discussing the objective with the RPC/RPD and why they believe the resident has "achieved for residency". If the RAC determines the goal is "achieved for residency", the objective is optional for the preceptors to score on all future evaluations.

Program Completion Requirements

To graduate from the Sentara RMH PGY1 Residency Program the resident must complete all criteria listed below:

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

Disciplinary Process

DISCIPLINARY ACTION

Residents are expected to always conduct themselves in a professional manner 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 RPC/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:

- 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.
- 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.
- 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.
- 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		• 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		• 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		• 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		• Q1: 0/6 Objectives Complete, No NI • Q2: 5/6 Objectives Complete, No NI • Q3: • Q4:
E5: Management of Medical Emergencies	1 goal (1 objective) to be met (E5.1.1), See Manual for Description	6/16/2024		• 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		• Q1: 2/34 ACHR; 1 NI • Q2: 11/34 ACHR, No NI • Q3: • Q4:
Advanced Cardiovascular Support (ACLS)				
ACLS	Register for RQI	9/1/2023		ACLS Megacode Completed, Enrolled in ACLS RQI
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

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.

Staffing Schedule

Residents will staff an average of 60 hours per month. This is generally accomplished by staffing every 3rd weekend plus 2-5 hours of additional staffing per week. In addition, residents will staff 2 major holiday shifts and 1 minor holiday shift.

Presentations

Four journal club presentations and three case presentations will be scheduled at the beginning of the year.

Rotations

Table 1: Required Rotations

Learning Experience	Weeks	Preceptor
Orientation	4	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/Management	6	Laura Adkins, Pharm.D., BCPS
Infectious Disease	3	Jeremy Rose, Pharm.D., BCPS
Ambulatory Care	4	Stephanie Schmidt, Pharm.D.
Emergency Medicine	4	Jessica Woodward, Pharm.D.
Oncology	5	John Moore, Pharm.D., BCOP
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	Justin Fenley, Pharm.D.
Research Project – Longitudinal	Varies

Table 3: Electives- One will be scheduled (Residents completing Teaching Certificate must select Precepting)
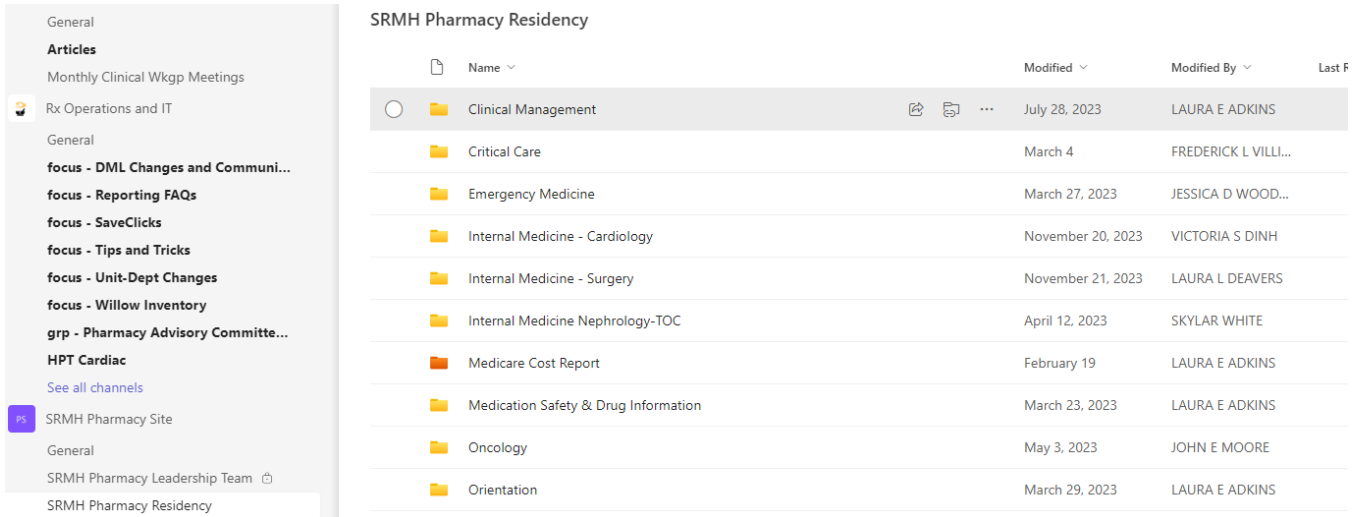
 Please rank in order of preference:

Rank	Learning Experience	Weeks	Preceptor
	Internal Medicine - Surgery	4	Laura Deavers, Pharm.D.
	Internal Medicine – Oncology Supportive Care/Palliative Care	4	Richard Ware, Pharm.D., BCNSP
	Precepting	4	Varies

Example Rotation Schedule

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

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.

Residents will be able to access:

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

To access Rotation Documents:

- Select "SRMH Pharmacy Site" from the menu on the left
- Select "SRMH Pharmacy Residency" underneath "SRMH Pharmacy Site"
- 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 Sentara Source on the Human Resources Department Page.

Residents are considered **"Exempt"** positions. This means residents are not eligible for overtime pay. For more information see Sentara Source .

Time and Attendance

- Residents will accrue *Paid Time Off (PTO)* as do other hospital employees. Hence, the resident will accrue about 23 days of PTO throughout the residency year. **A maximum of twenty (20) days may be taken during the residency year for all time-off** (vacation, holidays, sick, interviews, days off, etc).

- According to new ASHP standards, time off does not include professional leave for conferences. See "Pharmacy Residency – Days way from Residency" below for additional information.

- Any remaining PTO time at the end of the residency year will be paid out or can be kept in the event of continued employment at Sentara.

- PTO requests of greater than 2 consecutive days should be made by the 2nd week of orientation to allow your rotation schedule to be configured with your PTO. All requests for PTO must be approved by the Residency Director.

- Each resident is encouraged to take no less than 5 days of PTO time prior to January 15 of the residency year (Residency Director may approve alterations in certain situations). PTO may not be taken during ASHP Midyear Meeting, Regional Residency Conference meeting days, or departmental holidays (see holiday information below).

- PTO requested for June is discouraged and will be reviewed on a case-by-case basis by the Residency Director. Any requests for PTO 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 days away allowed during rotation is 1 day per each week of rotation. This includes all time away designations (PTO, Sick, Conference Days) but does not include project days.**

- Project Days must be completed on-site, during normal working hours, and $\geq$ 8 hours in duration. Residents are expected to clock in/out with Microsoft TEAMs. Failure to meet these requirements will result in a PTO day being utilized.

- PTO 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 RPC/RPD and copied to your preceptor and Jennifer Bennett (scheduler).**

- Note: PTO time may not be taken until it has been accrued. For more information see the Human Resources policy.

- **Residents are expected to "clock-in" and "clock-out" on the Teams site each day. This assists the program in verifying duty hours worked as well as assess issues or tardiness, if they arise.**

- *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.

- *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 5 weeks as an unpaid student of the hospital. See "Completion of Program Requirements" for more information.

- *PTO Cash-In:* Residents may cash-in PTO 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 as major holidays. PTO requests cannot be made for these days. Note that PTO 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 PTO 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). 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, New Year's Eve, or New Year's Day). [Note – if you are not scheduled to staff, then this is a PTO day (and counts as a day off). As with any PTO 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.

Days Away from Residency

Policy Statement:

Because of the limited time period for completion of a PGY-1 and PGY-2 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 20 days away from the residency program (assigned shifts/working days). This includes PTO (interviews, holidays, personal days, religious time), jury duty, military leave, sick, parental leave, medical leave, leaves of absence, 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. PTO 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 PTO, 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.

PTO

- Residents will accrue Paid Time Off (PTO) per Sentara policy.
- PTO must be approved by RPD at least 2 weeks prior. PTO during scheduled staffing must be 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.
- Each program outlines specific PTO 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 days away from residency.

- It is the resident's responsibility to communicate with all parties as required by their program.
- PTO requests must follow departmental standards.
- Days required for licensure exams and interviews will require use of PTO.
- Community service days required by the program will not require PTO.

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 maximum 20 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. 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.

Other Information

- *Printing*: The department of pharmacy has a copier available in the department. For large quantities of copies, these should be sent to the Print Services 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 [Sentara Source - The Sentara Source](#) from home to obtain access. Sentara Source can also be accessed from home from the Sentara home page (look for the employee link).

- *Duty Hours:* 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.

- *Moonlighting Policy*

  Definitions/Explanations

  Moonlighting is defined as any voluntary, compensated work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of scheduled duty hour periods of the residency program.

  Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Moonlighting must also not interfere with the resident's fitness for work and/or compromise patient safety.

  Program Requirements

  Internal Moonlighting is permitted if approved by the RPD/RPC and reflected in a signed contract. Residents must schedule a time to discuss moonlighting with RPC/RPD if interested. External moonlighting is not permitted at SRMH.

  Eligibility

  - Residents must be licensed and adequately trained to staff independently (determined by RPC/RPD in collaboration with RAC)
  - Residents must achieve satisfactory performance (SP-3, SP-4) or achieved (ACH, ACHR) scores on all objectives to initiate and continue moonlighting

- Scores of "Needs Improvement", NI-1 or NI-2, make a resident ineligible to initiate moonlighting and will also result in moonlighting privileges being revoked
- Resident must continue to meet residency program deadlines to continue moonlighting. Failure to meet deadlines and/or decreases in resident wellbeing will result in moonlighting prohibition until performance improves.
- Residents must complete make-up shifts (delay from licensure, days away from residency exceeded, etc.) before being eligible to volunteer for moonlighting shifts.

Additional Requirements/Clarifications

The resident may not exceed 8 hours per week of moonlighting activity. Moonlighting hours may have additional restrictions to maintain compliance with hospital, state, and federal work requirements.

Residents must use the badging system to record moonlighting hours in the correct cost center. Residents should refer to the following Sentara documents in C360 for additional information: Recorded Time Worked Policy, Clocking Edits Policy, Payroll Schedule Policy, Use of Clocking Device and Time and Attendance Policy.

If a resident is rescheduled for PTO for the residency program (e.g. Christmas Day), and volunteers to work instead, they will have two options: 1) Work Holiday as a Resident (no moonlighting pay, receive credit as one less "day away from residency" that can be used at a later time), or 2) Work Holiday as Pharmacist (moonlighting pay, day counts as "day away" for residency). Residents may not take an elective "day away from residency" and work as a pharmacist for moonlighting pay.

Residents must inform their preceptor, RPC, and RPD of moonlighting hours as they occur.

- *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 Sentara Source. To obtain access to the Behavioral Health Unit, the resident

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

- *Use of Paging System*: Sentara uses Amtelco. There is a link on the main Sentara Source 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 Amtelco app. This app must be purchased through Service Now. See the directions on Sentara Crouse (link below).
    - https://azureadminprodsentara.sharepoint.com/:u:/r/sites/UnifiedClinicalCommunicationsTaskForce/SitePages/Amtelco.aspx?csf=1&web=1&e=9lb7Kf

- *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 (personal use must have correct postage attached as mailroom does not offer stamps or freight payments)

- *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 Sentara Source. 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.

- *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:
November 2025	Updated Required Rotations (Oncology, AmCare) and rotation lengths (Oncology 5 weeks, Med Safety/Admin 6 weeks). Removed Precepting from Required rotations, decreased elective options. Moonlighting information updated. Activities from CAGOs removed (referred to ASHP website), Amtelco for Spok. Wavenet to Sentara Source, SharePoint and TEAMs info/screenshots updated. Research Project timeline updated.
April 2025	Changed PAL to PTO. Updated organizational charts
August 2024	Updated with the Sentara Residency Time Off Policy which was updated to align with new ASHP Residency Accreditation Standards (removed conference days as days away from residency). Updated holidays to remove Labor Day as an option for minor holiday as residents may not be licensed in time. Added New Year's Eve/Day as options to fulfill minor holiday requirement.
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.