

Pharmacy Practice Residency Manual (2022-2023)

Updated 01/21/2022

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Section 1: Introduction



S E N T A R A®

RMH Medical Center

Sentara Mission/Vision and Values

Mission

We improve health every day

Vision

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

Our Values

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

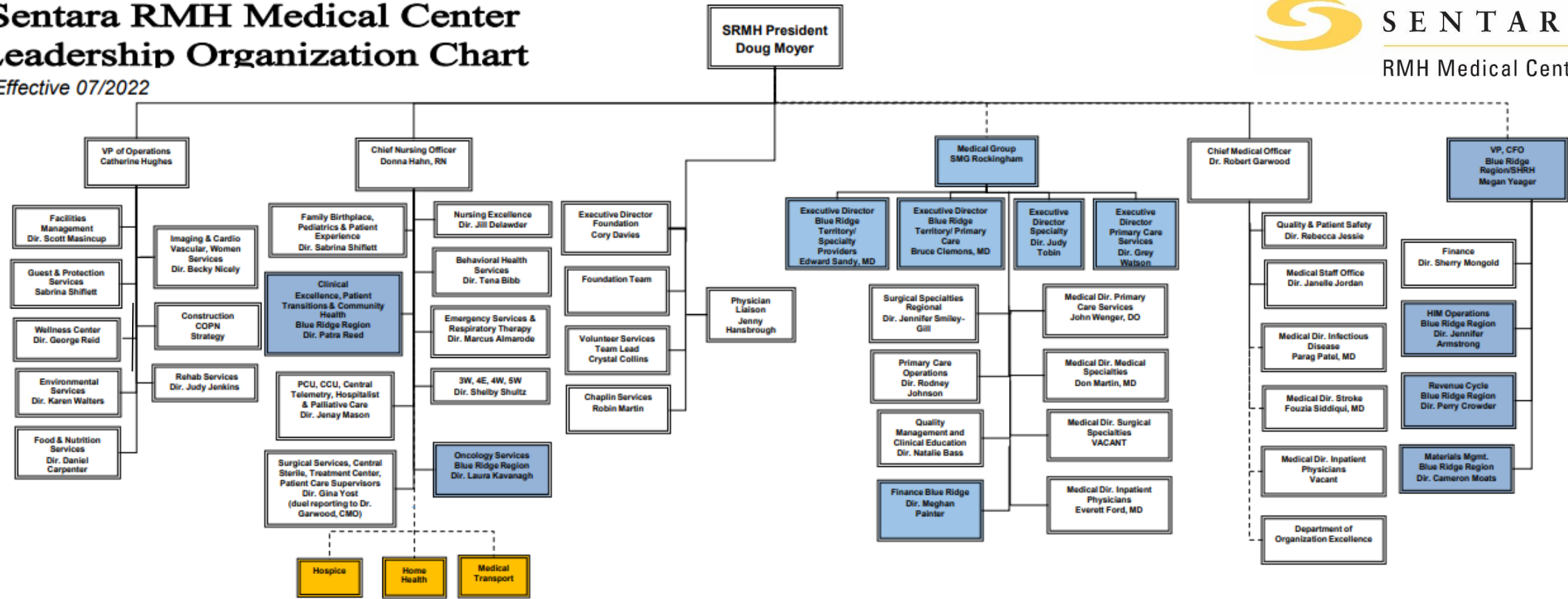
Sentara Commitments

We commit to:

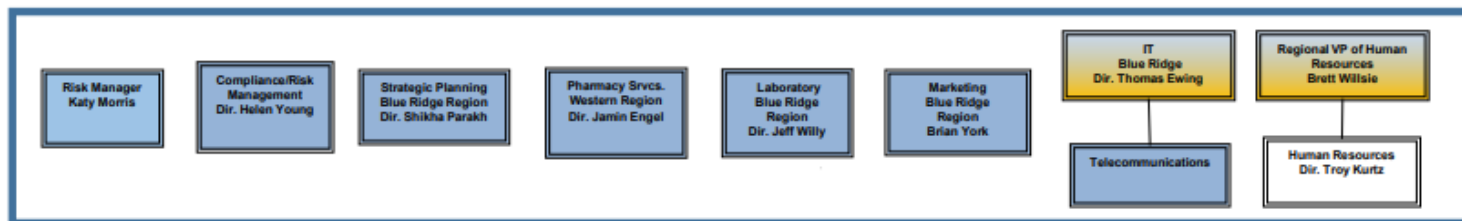
- *ALWAYS keep you safe*
- *ALWAYS treat you with dignity, respect, and compassion*
- *ALWAYS listen and respond to you*
- *ALWAYS keep you informed and involved*
- *ALWAYS work together as a team to provide you quality healthcare*

Sentara RMH Medical Center Leadership Organization Chart

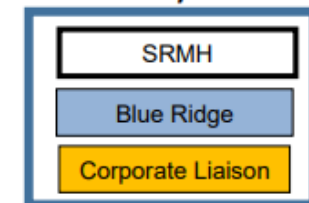
Effective 07/2022



Support Functions



Key



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



Sentara RMH Policy Access

Sentara RMH policies are accessible on SharePoint. You can access these policies on any hospital computer that is connected to the intranet (Wavenet). You must sign into the computer, then open the internet. On the right hand side of the screen you will see a link under “Resources” for “Policies and Procedures” (figure A). This will take you to Compliance 360 and the Sentara corporate policies. To navigate to the Sentara RMH Policies, click on “Sentara Hospitals” on the left side of the screen (Figure B). Then select “Sentara RMH Medical Center”. Once you are on the Sentara RMH Medical Center page, there are 2 links to Policies and Procedures. The link on the right side of the screen under “Resources” (Figure A), still takes you to the corporate policies on Compliance 360. There will also be a link on the left side of the screen, under “Sentara RMH Medical Center” for “Policies/Procedures/Job Aids”. This link will take you to the SRMH policies and procedures page. SRMH has tried to link all corporate policies in which we are included on our SRMH policies and procedures sharepoint site as well. From that page you can then select any department (e.g. Pharmacy) to see their policies and procedures. **Make sure you review the Pharmacy policies and procedures.** There is also a link for “Hospital-Wide” policies. This contains policies and procedures that pertain to the entire hospital. Make sure to check out relevant policies & procedures here as well.

A. Sentara Corporate Policies (Compliance 360)

Resources

- > [Sentara MyChart](#)
- > [Facilities Map](#)
- > [The Sentara Store](#)
- > [MSDSonline User App](#)
- > [STARS Incident Reporting](#)
- > [Practitioner Profile DB](#)
- > [Practitioner Privileges DB](#)
- > [Policies and Procedures](#)
- > [Forms Library](#)
- > [Media Library](#)



B. To Navigate to the Sentara RMH page

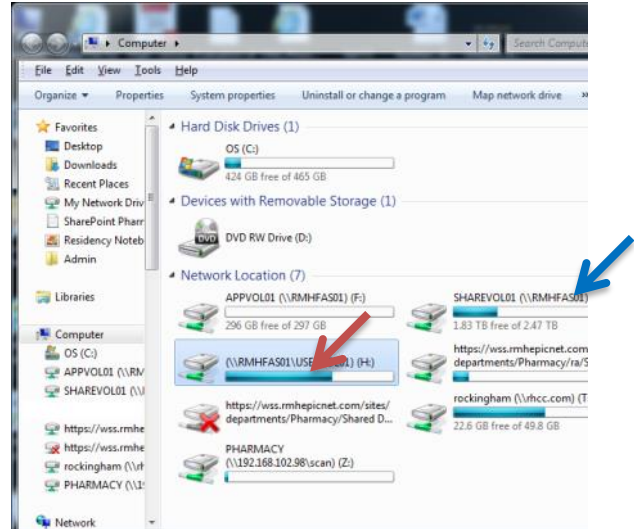
Lines of Business

- > [Sentara Hospitals](#)
- > [Sentara LifeCare](#)
- > [Sentara Medical Group](#)
- > [Sentara Enterprises](#)
- > [Optima Health](#)



Personal Folder Access

Go to “Computer”; select the H:/ drive (red arrow). Your folder should appear. If your folder does not appear, make sure you are signed into the computer. Using a generic login or using a computer someone else has signed into will result in not seeing any user folder, or seeing someone else’s folder.



Shared Document Access (“Teams”)

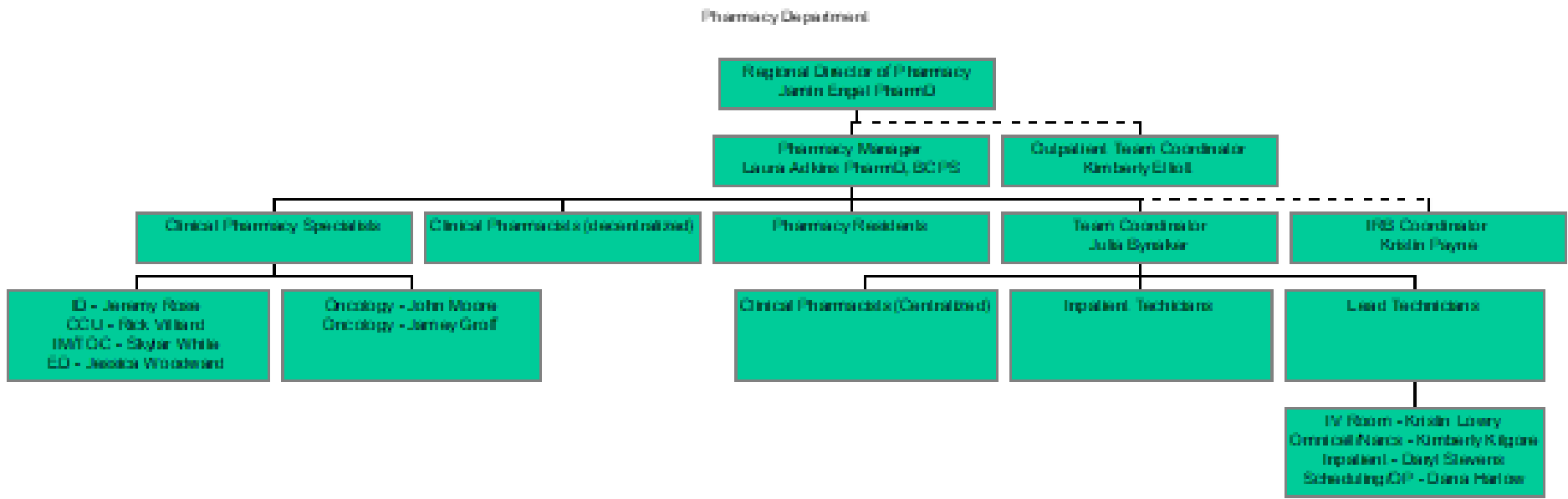
Go to Microsoft "Teams" Site->SRMH Pharmacy->Files We have many shared resources on the “Teams” site, including parenteral nutrition (PN). Select Active PN once in files to access current patients for work-up.

Section II: Department of Pharmacy Services

Department of Pharmacy Services Mission

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

Pharmacy Organizational Chart



Phone Numbers

INPATIENT NURSING UNITS	
2 East CCU	32520
2 West A Tele	32571
2 West B PCU	32581
3 East L&D	33380
3 East FBP	33300
3 East Nursery (sick)	33360
3 East Nursery (well)	33350
3 West	33950
4 East	34350
4 West A (Ortho)	34071
4 West B (Peds)	34081
5 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	31900
POISON CONTROL	1-800-222-1222
MISCELLANEOUS	
Cafeteria	36343
Care Managers	36700
Central Sterile	36980
Coffee Cup	36345
Emp. Health	36240
Facilities Mgmt.	36550
Housekeeping	36910
HR	36200
IT Help Desk	35610
NSG Coord.	31171
Material Mgmt	36900
Patient Rep	31234
Quality	31650
Risk Mgmt.	31680
Security	34516
PHARMACY MANAGERS	
Laura A.	32374 (540) 421-1322
Jamin	37088 (540) 421-6981
Julia	32367 (703) 963-0230
Kim	32375 (585) 507-5252
Kristin	32368

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

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

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

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

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



Our program...then and now

History of SRMH Pharmacy Services

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

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

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

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

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

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

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

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

July 2007 – The first pharmacy resident starts.

July 2009 – We graduate our first residents.

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

2011 – Infectious Disease Clinical Pharmacist Specialist position created

2012 - Emergency Medicine Clinical Pharmacist Specialist position created

2013 – Antimicrobial Stewardship program is expanded

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

2016 – Medication History program moved under pharmacy purview

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

2019 – Epic AMS module implemented

Current scope of services

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



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

Pharmacy SharePoint Site

<https://teams.sentara.com/teams/Pharmacy/SRMH/default.aspx>

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

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



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Pharmacy SharePoint Site

Site Actions | Browse | Page | SAUMIL H VAGHELA

SRMH Pharmacy | Like | Tag & Notes

Home | Pharmacists | Residency Administration | Quality Assurance

SRMH Pharmacy Departmental site.

Search this site...

Documents

- Dept Docs
- Meeting Highlights (Minutes)
- Compounding Recipes
- Epic Go-Live Resources
- On Call Materials

Pictures

- Dept Images

Lists

- Tasks
- Current Drug Shortages
- Drug Information
- Med Variances
- P&T Task List
- Potential Journal Club articles
- Presentations
- Rotation Calendar
- Daily Pharmacy Huddle
- ePrescribing and Sentara to Home Issue Tracking
- Residency Time Tracking
- Cancer Center Pharmacy
- COVID-19 Tracking

Discussions

- General Discussion

Surveys

Sites

- Pharmacists
- Residency Administration
- Quality Assurance

SRMH Pharmacy Departmental site.

Daily Pharmacy Huddle

Announcements

- Current Drug Shortages

Team Discussion

Subject | Created by | Replies | Last Updated

There are no items to show in this view of the "Team Discussion" discussion board. To add a new item, click "New".

[Add new discussion](#)

Departments

Links

- [Inetico - Onix Link](#)
- [COVID - Sentara Comprehensive Treatment Guidelines & other policies](#)
- [Pharmacist Self-Schedule](#)
- [Pharmacy Managers](#)
- [Policies and Procedures](#)
- [Labs4drugs.com \(Sentara/SentaraH\)](#)
- [GlutenFreeDrugs.com](#)
- [Therapeutic Drug Monitoring](#)
- [Do Not Crush List](#)
- [ADMP Inspector Toolkit](#)
- [Global Rph](#)
- [MicroMedex](#)
- [LexiComp Online](#)
- [SRMH Residency Site](#)
- [2018 Intravenous Medications by Gahart](#)
- [Basic Skills in Interpreting Laboratory Data](#)
- [E-Books \(int_library@sentara.com / Hubert\)](#)
- [Pediatric Injectable Medications \(Teddy Bear Book\)](#)
- [Critical Point Peer Network](#)
- [Pharmacy Clinical Resources - Sentara Library](#)

[More Links...](#)

[Add new link](#)

Presentations

<input type="checkbox"/>	Begin	Title
<input type="checkbox"/>	1/14/2022 9:00 AM	Medication Safety

<https://teams.sentara.com/join/PharmacySRMH/>



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RMH Medical Center

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

Residents are expected to satisfactorily complete all requirements of the SRMH Residency Program. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. **Satisfactory Completion for the Required Program Competency Areas/Goals is defined as no more than 1 required goal/objective scored as “Needs Improvement”.**

Competency Area: Categories of the residency graduates’ capabilities.

Educational Goals (Goal): Broad statement of abilities.

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

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

Required By PGY-1 Pharmacy Residency Accreditation Standard

Competency Area R1: Patient Care

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

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

Criteria:

- Interactions are cooperative, collaborative, communicative, respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.



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

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
 - History of present illness.
 - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
 - Social history.
 - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
 - Laboratory values.
 - Pharmacogenomics and pharmacogenetic information, if available.
 - Adverse drug reactions.
 - Medication adherence and persistence.
 - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making. Clarifies information as needed.
- Displays understanding of limitations of information in health records.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria:

- Includes accurate assessment of patient's:
 - health and functional status,
 - risk factors
 - health data
 - cultural factors
 - health literacy
 - access to medications
 - immunization status
 - need for preventive care and other services when appropriate
 - other aspects of care as applicable.
- Identifies medication therapy problems, including:
 - Lack of indication for medication.
 - Medical conditions for which there is no medication prescribed.
 - Medication prescribed or continued inappropriately for a particular medical condition.
 - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
 - Therapeutic duplication.
 - Adverse drug or device-related events or potential for such events.
 - Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
 - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.



- Patient not receiving full benefit of prescribed medication therapy.
- Problems arising from the financial impact of medication therapy on the patient.
- Patient lacks understanding of medication therapy.
- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Laboratory monitoring needed.
- Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
 - Relevant patient-specific information including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient's disease state(s).
 - Medication-specific information.
 - Best evidence.
 - Ethical issues involved in the patient's care.
 - Quality-of-life issues specific to the patient.
 - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
 - Are appropriate for the disease states being treated.
 - Reflect:
 - The therapeutic goals established for the patient
 - The patient's and caregiver's specific needs
 - Consideration of:
 - Any pertinent pharmacogenomic or pharmacogenetic factors.
 - Best evidence.
 - Pertinent ethical issues.
 - Pharmacoeconomic components (patient, medical, and systems resources).
 - Patient preferences, culture and/or language differences.
 - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
 - Adhere to the health system's medication-use policies.
 - Follow applicable ethical standards.
 - Address wellness promotion and lifestyle modification.
 - Support the organization's or patient's formulary.
 - Address medication-related problems and optimize medication therapy.
 - Engage the patient through education, empowerment, and self-management.
- Designs/redesigns monitoring plans that:
 - Effectively evaluate achievement of therapeutic goals.
 - Ensure adequate, appropriate, and timely follow-up.
 - Establish parameters that are appropriate measures of therapeutic goal achievement.
 - Reflect consideration of best evidence.
 - Select the most reliable source for each parameter measurement.
 - Have appropriate value ranges selected for the patient.
 - Have parameters that measure efficacy.



- Have parameters that measure potential adverse drug events.
- Have parameters that are cost-effective.
- Have obtainable measurements of the parameters specified.
- Reflects consideration of compliance.
- If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
- When applicable, reflects preferences and needs of the patient.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team.
 - Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.
 - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
 - Creates an atmosphere of collaboration.
 - Skillfully defuses negative reactions.
 - Communication conveys expertise.
 - Communication is assertive not aggressive.
 - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.
 - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Criteria:

- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.



- Written in time to be useful
- Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Criteria:

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

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

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

Criteria:

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

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

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

Criteria:

- Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
 - Identifying, clarifying, verifying, and correcting any medication order errors.
 - Considers complete patient-specific information.
 - Identifying existing or potential drug therapy problems.



- Determining an appropriate solution to an identified problem.
- Securing consensus from the prescriber for modifications to therapy.
- Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
 - When required, accurately calibrates equipment.
 - Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
 - Adheres to appropriate safety and quality assurance practices.
 - Prepares labels that conform to the health system's policies and procedures.
 - Medication contains all necessary and/or appropriate ancillary labels.
 - Inspects the final medication before dispensing.
- When dispensing medication products:
 - Follows the organization's policies and procedures.
 - Ensures the patient receives the medication(s) as ordered.
 - Ensures the integrity of medication dispensed.
 - Provides any necessary written and/or verbal counseling.
 - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

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

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

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

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use process.
- Effectively prioritizes work load and organizes work flow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.



Competency Area R2: Advancing Practice and Improving Patient Care

Ideally, objectives R2.1.1-R2.1.5 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Criteria:

- Displays objectivity.
- Effectively synthesize information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.

- Uses evidence-based medicine to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.



- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care
- Uses best practices or evidence-based principles to identify opportunities for improvements
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
- Plan is based upon appropriate data.
- Gains necessary commitment and approval for implementation



- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:

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

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:

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

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

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

Criteria:

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



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

Criteria:

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

Goal R3.2: Demonstrate management skills.

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

Criteria:

- Identifies and explains factors that influence departmental planning, including:
 - Basic principles of management.
 - Financial management.
 - Accreditation, legal, regulatory, and safety requirements.
 - Facilities design.
 - Human resources.
 - Culture of the organization.
 - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

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

Criteria:

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

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

Criteria:

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



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

Criteria:

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

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

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

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

Criteria:

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

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

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.



- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

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

Criteria:

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

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

Criteria:

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

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

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

Criteria:

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



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

Criteria:

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

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

Objective E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization’s policies and procedures.

Criteria:

- Acts in accordance with the organization’s policies and procedures for medical emergencies.
- Applies appropriate medication therapy in medical emergency situations.
- Accurately prepares medications and calculates doses during a medical emergency.
- Effectively anticipates needs during a medical emergency.
- Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS).



Expectations and Responsibilities of the Resident

Professional Conduct

It is the responsibility of all residents of SRMH to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

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. A detailed dress code policy may be found on WaveNet.

Employee Badges

SRMH requires all personnel (including residents) to wear his/her badge at all times 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 may be found on WaveNet.

Patient Confidentiality

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

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. 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 the hospital policy on WaveNet for more info.



Attendance

Residents are expected to attend all functions as required by the Residency Committee, the Residency Program Director and rotation preceptors. The residents are solely responsible for their assigned operational pharmacy practice duties and are responsible for assuring that these service commitments are met in the event of an absence. Thus, if a resident would like a weekend off that is their regular weekend, the resident is responsible for finding a pharmacist to switch weekends. All switches must be approved by the Residency Program Director.

Weekend switches must be arranged and approved prior to the “self-scheduling” deadline. This allows the schedulers to appropriately schedule pharmacists around weekends. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. **Once the rotation preceptor has approved a request for time off, the resident must email the request to the Residency Program Director to approve** (and copy the involved preceptor and Jennifer Bennett, pharmacist scheduler). The resident should include in the comments that the preceptor has approved the request. An excused absence is defined as paid annual leave (PAL), sick leave, or professional leave discussed with and signed off by the respective rotation preceptor and the program director. A maximum of 20 days may be taken during the residency year for all time-off (vacation, holidays, sick, interviews, days off, etc). See information below for PAL, vacation and sick time policies. See Page 30 for discussion of moonlighting/duty-hours policy.

Attendance at professional meetings is expected. If a resident does not attend the full day of the conference, PAL 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). Expenses associated with a PAL day are the resident’s responsibility (e.g. food, hotel).

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. 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.



Residency Requirements

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

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

Specific Residency Requirements

- Residents will complete a research project designed to improve the services of the department or to achieve a specific research objective.
- All residents have a service commitment designed to ensure that residents gain experience and can function as a pharmacy generalist. To achieve this objective, residents are scheduled approximately 36 hours per month in a distributive pharmacist position. In order 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 local P&T committee meetings (Exec P&T formulary actions table, MEC Update, P&T newsletter) or equivalent.
- Residents prepare a manuscript for publication and submit the manuscript.
- Residents participate in department documentation activities (e.g. interventions)
- Residents participate in the recruitment efforts of the department.
- Residents successfully complete the ACLS curriculum
- Residents successfully complete Parenteral Nutrition Certification.
- Residents successfully complete Heparin, Warfarin, Vancomycin, Aminoglycoside, Direct Thrombin Inhibitor, and Renal Dosing, and Insulin Certification.
- Residents present at a Regional Residency Conference.



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

Detailed Descriptions of Required Activities

Residency Orientation Program

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

Hospital Pharmacy Practice

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

Journal Clubs

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

Expectations include:

- Select a journal article from the primary literature. The article must be original research and should be published in the last 6 – 12 months. Check the Presentations List on the Pharmacy Sharepoint site to ensure the articles has 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.
- Record the journal club presentation using Microsoft Teams. Upload the audio recording to the Presentations List by the end of the day of the presentation.
- Complete a self-assessment using the same evaluation form as the audience. Note – this must be completed prior to receiving feedback from the journal club mentor or reviewing the evaluation forms!



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

Case Presentation

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

Note – The preceptor may opt to have the resident complete a rotation project instead of a case presentation.

Other Formal Presentations

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

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



Pharmacy and Therapeutics Committee

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

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

Written Documents

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

Newsletter Articles

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

SBAR

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

Drug Information Questions

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



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

Residency Project

Each resident will conduct a research project over the course of the residency year. This project will include idea development, literature review, study design, IRB submission (as appropriate), data collection, data analysis, data interpretation, oral presentation and a written manuscript. The written manuscript is to include identification of an appropriate journal for potential submission and must follow the instruction 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.

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 first author and be responsible for submission and revisions to a journal. Submission to a journal is required.

Medication Use Evaluation

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

Recruitment

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

Block Rotations

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

Other Educational Programs

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



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

Out-of-State Conferences

Also see information in Section IV regarding Travel

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

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

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

Residency Administrative Support

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

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



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

Residency Notebooks

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



Residency Project

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

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

<u>Deadline</u>	<u>Progress Point</u>
1 st Fri of Aug	Project topic and preceptor identified and submitted (Project Description Worksheet must be completed)
3 rd Fri of Aug	Initial literature review completed and bibliography compiled, draft of background information complete.
1 st Fri of Sep	Key stakeholders input received into project design and implementation steps
2 nd Fri of Sep	Project design and statistical plan approved by preceptor; proposal due for presentation to the Residency Director/Committee
4 th Fri of Sep	IRB applications submitted (background and materials/methods written) <i>Note – deadline to submit for IRB approval is 2 weeks prior to the meeting if not requesting expedited review. IRB meets the 2nd Tue of the month.</i>
Oct.	Project implementation (education, etc)
Oct. to Feb.	Project initiation and data collection (Data collection milestones: 12/1-25% complete; 1/15 – 50% complete; 2/28 – 75% complete)
Jan 15	Residency Conference Abstract and Registration (Check website for specific date)
3 rd Fri of Feb	Meeting with statistician complete or established
4 th Fri of Mar	Data Collection complete
1 st Fri of Apr	Final results complete and slides underway
3 rd Fri of Apr	Analysis and interpretation of results complete and slides complete
April-May	Practice Sessions
May	Residency Conference
3 rd Fri of May	Manuscript submitted to project mentor for review
1 st Fri of Jun	Final Edits Complete & Final Manuscript due to residency director
June 15	Manuscript submission to a 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:

Commitments:

_____ **Resident**

_____ **Preceptor**

_____ **Other**



Resident Evaluation Procedures

All evaluations will be completed using PharmAcademic

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

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

Residents' Evaluation of the Preceptor and Learning Experience

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



Assessment Definitions

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

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



Completion of Program Requirements and Disciplinary Process

Residents are expected to satisfactorily complete all requirements of the SRMH Residency Program (see the grid on the next page). Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Satisfactory Completion is defined as no more than 1 required goal/objective scored as “Needs Improvement”. Evaluation of the resident’s progress in completing the requirements is done as part of the quarterly review process. The Residency Program Director (RPD) in conjunction with the Residency Advisory Committee shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

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

In the event that 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 6 weeks to complete the criteria for the residency program as an unpaid student of the hospital. In the event that you do not satisfactorily complete the residency program in that time, you are not eligible to repeat the residency program at SRMH.



Resident Graduation Requirement Tracking

Item	Details	0		
		Due	Complete	Notes
Goals & Objectives	No more than 1 objective as Needs Improvement			
ACLS				
ACLS				
Certifications				
Heparin				
Warfarin				
DTI				
GPI				
Kinetics (Vanc, AG)				
Insulin				
Parenteral Nutrition				
Residency Project				
Project Description Worksheet	1st Fri Aug			
Literature Review/Bibliography	3rd Fri Aug			
Project Design/Stats Plan	2nd Fri Sep			
IRB Application/Proposal	4th Fri Sep			
IRB Approval	October			
Residency Conf Abstract/Registration				
Meeting with statistician	3rd Fri Feb			
Data Collection complete	1st Fri Apr			
Final Results complete	3rd Fri Apr			
Slides complete	4th Fri Apr			
Residency Conference	May			
Manuscript to preceptor	3rd Fri May			
Manuscript to RPD	1st Fri Jun			
Final Manuscript submitted for publication	Preceptor must have approved final version. Must show proof of submission for publication.			
IRB Closure Report	Submitted to IRB Admin Asst			
Pharmacy & Therapeutics				
Formulary Review #1				
Formulary Review #2				
Administrative Month #1				
Administrative Month #2				
Medication Use Evaluation				
Criteria approval				
Results presented	Feb			
Action Plans Implemented				
Written Documents				
Newsletter #1				
Newsletter #2				
SBAR #1				
SBAR #2				
Drug Info Response #1				
Drug Info Response #2				
Choice #1				
Choice #2				
Choice #3				
Choice #4				
Presentations				
JC: Prospective				
JC: Retrospective				
JC: Meta Analysis				
JC #4: Choice				
CE Presentation				
Residency Conference				
Distributive Services				
Clinical weekend				
Residency Administrative Responsibilities				
Coordinator Role				
Notebook Updated				
Other (not graduation requirement)				
Fuel your Fire	Choose 1 area to focus on			
Teaching Certificate				



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Schedules

I. Rotation Schedule

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

II. Staffing Schedule

Residents will staff every other weekend through September, then every 3rd weekend.

III. Presentations

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

Sentara SRMH PGY-1 Residents have a variety of required rotations (Table 1), and 3 elective rotations (Table 3 & 4). Residents must complete 3 Internal Medicine rotations. Residents can select their order of preference for these rotations in Table 2. Residents that choose to participate in the Shenandoah University Teaching Certificate Program must select a Precepting elective in order to meet the teaching certificate requirements.

Table 1: Required Rotations

Learning Experience	Weeks	Preceptor
Orientation	4	Jennifer Bennett, RPh
Therapeutic Drug Monitoring	3	Lesley Rose, Pharm.D., BCPS
Internal Medicine I	4	See below
Internal Medicine II	4	See below
Internal Medicine III	4	See below
Critical Care	5	Rick Villiard, Pharm.D., BCPS
Medication Safety/Drug Information	4	Laura Adkins, Pharm.D., BCPS
Infectious Disease	4	Jeremy Rose, Pharm.D., BCPS
Pharmacy Management & Leadership	4	Laura Adkins, Pharm.D., BCPS
Clinical Management – Longitudinal		Laura Adkins, Pharm.D., BCPS
Pharmacy Distributive Services - Longitudinal		Jennifer Bennett, RPh
Research Project – Longitudinal		Varies

Table 2: Internal Medicine Rotations

Please rank these in order of preference (1 = most desired, 4 = least desired). Three Internal Medicine rotations are required and will be scheduled.

Rank	Learning Experience	Weeks	Preceptor
	Internal Medicine - Cardiology	4	Victoria Shelor, Pharm.D., BCPS
	Internal Medicine - Nephrology	4	Skylar White, Pharm.D.
	Internal Medicine - Surgery	4	Laura Deavers, Pharm.D.,
	Internal Medicine – Oncology Supportive Care/Palliative Care	4	Richard Ware, Pharm.D., BCNSP

Table 3: Electives - Two will be scheduled

Please rank at least 6 electives in order of preference.

Rank	Learning Experience (4 weeks each)	Preceptor
	Emergency Medicine	Jessica Woodward, Pharm.D.,
	Oncology	John Moore, Pharm.D., BCOP
	Pediatrics & Women's Health	Victoria Shelor, Pharm.D., BCPS
	Precepting (Required for Teaching Certificate)	varies
	Psychiatry	Laura Adkins, Pharm.D., BCPS
	Transitions of Care	Skylar White, Pharm.D.
	Internal Medicine	Varies – See Table 2
	Critical Care *	Rick Villiard, Pharm.D., BCPS
	Other:	

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



Example Rotation Schedule

Wks	Rotation
4	Orientation
3	TDM
4	IM/Nephro
4	IM/Surgery
4	IM/Cardio
5	Critical Care
1	MCM
1	Project Week
1	Staff/Vacation
4	Inf Disease
1	Vacation
4	Elective
4	Pharmacy Administration
4	Medication Safety
4	Elective
4	Elective



RESIDENT ACTIVITY TIMELINE**

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

This may not be all-inclusive !

June	Baseline self-assessment (Entering resident interest and preference information) Complete requirements for VA pharmacist license
July	Elective Rotations Selected Discuss possible residency projects with preceptors Decision regarding participation in SU Teaching Certificate Program Have you obtained VA pharmacist license?
August	VA Pharmacist license required by Aug 15 or staffing time must be repeated. Certifications should be completed & turned in to RPD by the end of TDM (heparin, warfarin, aminoglycosides, vancomycin). Parenteral Nutrition certification should be well under way. Project topic/preceptor selected Project literature review and bibliography completed and submitted. Key Stakeholders contacted and input received regarding research project MUE topic selected and timeline for completion established. Register for ASHP Midyear Meeting and book hotel
September	Project design/Methods complete & submitted to RPD/Residency Comm IRB Application submitted by end of the month If taking a poster to MCM, investigate deadlines for abstract submission Evaluate where you stand with longitudinal assignments (e.g. monograph, MUE) ACLS is usually done in Sept or Oct VA pharmacist license MUST be obtained by 90 days of hire or termination! Preauthorization for Travel form for Midyear Meeting
October	Once IRB approved, establish timeline for project data collection and analysis etc. Do you have a timeline for your MUE? Just checking!!! ACLS is usually done in Sept or Oct Date for CE presentation? Preauthorization for Travel form for Midyear Meeting due by 10/15!
November	If taking a poster to MCM need to complete slide by mid-November (optional) Curriculum Vitae preparation and interview skills If you want to work on MUE data collection during your project week in December, you must have your MUE criteria approved by P&T in November!
December	ASHP Midyear –Posters, showcase Evaluate where you stand with longitudinal assignments (e.g. monograph, MUE) Preauthorization for Travel form for REPS is due by 12/30 Finish MUE Data collection



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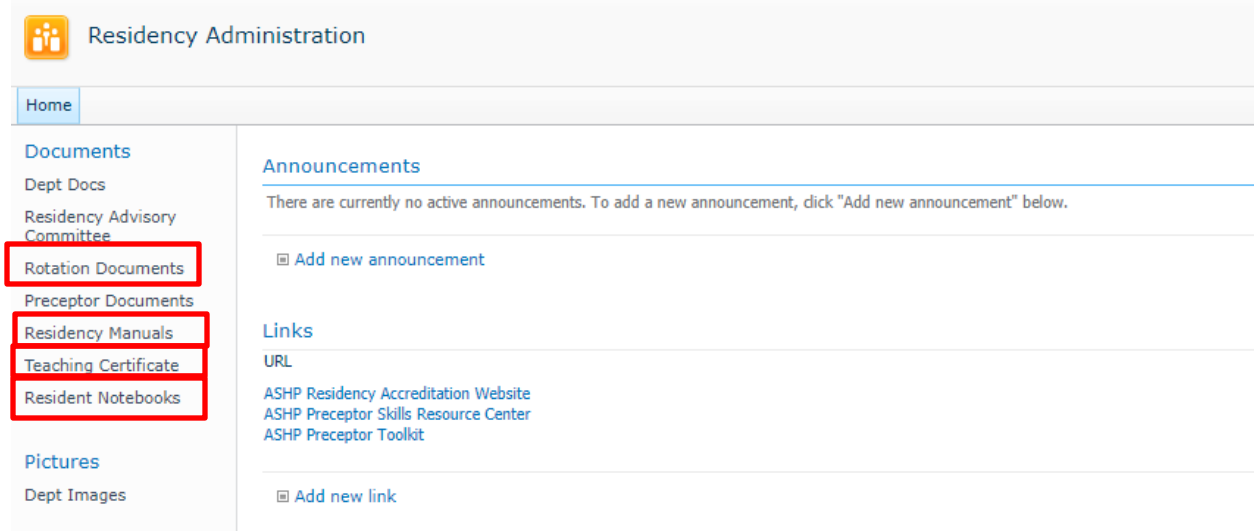
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Have you completed a formulary review yet? How many newsletters have you completed?

January	Register for REPS and Prepare REPS abstract MUE data reviewed, prepare final results write-up.
February	Complete and submit REPS abstract MUE Results Presented to P&T Evaluate where you stand with longitudinal assignments
March	Wind up data collection for project Begin organizing data – preliminary results Implementation of action plans from your MUE Where are you with longitudinal requirements (formulary reviews, newsletters)?
April	Project Final results. Project Results interpreted and slides complete. REPS Practice Sessions
May	REPS Project manuscript – first draft completed mid-May Submit paperwork to IRB for study closure All MUE Action Plans completed? All P&T requirements met (formulary reviews, newsletters, FDA updates)?
June	Final Project manuscript and submission for publication All requirements fulfilled no later than graduation day

Residency Sharepoint Site

We have created a residency Sharepoint 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.



Residency Administration

Home

Documents

- Dept Docs
- Residency Advisory Committee
- Rotation Documents**
- Preceptor Documents
- Residency Manuals**
- Teaching Certificate**
- Resident Notebooks**

Pictures

- Dept Images

Announcements

There are currently no active announcements. To add a new announcement, click "Add new announcement" below.

-

Links

URL

- [ASHP Residency Accreditation Website](#)
- [ASHP Preceptor Skills Resource Center](#)
- [ASHP Preceptor Toolkit](#)

-

Residents will be able to access:

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

To access Rotation Documents:

1. Go to the Residency Admin sharepoint site.
[Rotation Documents - All Documents \(sentara.com\)](#)
2. Select Rotation Documents from the menu on the left.



Residency Administration ▶ Rotation Documents ▶ All Documents ▾

Home

Documents

- Dept Docs
- Residency Advisory Committee
- Rotation Documents**
- Preceptor Documents
- Residency Manuals
- Teaching Certificate
- Resident Notebooks

Pictures

- Dept Images

Lists

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<input type="checkbox"/>	Type	Name
<input type="checkbox"/>	Folder	Admin
<input type="checkbox"/>	Folder	Critical Care
<input type="checkbox"/>	Folder	Electives
<input type="checkbox"/>	Folder	Infectious Disease
<input type="checkbox"/>	Folder	Internal Medicine
<input type="checkbox"/>	Folder	LearningExperienceDescriptions
<input type="checkbox"/>	Folder	Longitudinal Rotations
<input type="checkbox"/>	Folder	Medication Safety
<input type="checkbox"/>	Folder	Orientation
<input type="checkbox"/>	Folder	Therapeutic Drug Monitoring

+ Add document

3. Then select the folder. In this case, the Longitudinal rotation folder will take you to the P&T folder, presentations, research, etc.

<input type="checkbox"/>	Type	Name
<input type="checkbox"/>	Folder	Pharmacy Distributive Practice
<input type="checkbox"/>	Folder	Pharmacy-Therapeutics
<input type="checkbox"/>	Folder	Presentations
<input type="checkbox"/>	Folder	Research

+ Add document

4. Navigate to the document example that you want to see (in this case the Exec P&T Summary Table Example). You can view the document. They are usually in Word/Excel so that you can also erase the content and use the document as your “template” for your work.



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Residency Administration > Rotation Documents > ... Pharmacy-Therapeutics > All Documents >

Home

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<input type="checkbox"/>	Type	Name
		MUE
		Class Review Example - PAH
		Exec PT Summary Table Example
		formulary review example - Uplizna
		MEC Update.4.13.17
		MEC Update
		P TNewsletter 10.12.17
		P TNewsletter Version 4.6.15.17

+ Add document



Section IV: General Information for Residents

Residency Benefits

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

Time and Attendance

- Residents will accrue *Paid Annual Leave (PAL)* as do other hospital employees. Hence, the resident will accrue about 23 days of PAL throughout the residency year. Ten (10) PAL days may be used for vacation during the residency year, five (5) PAL days may be used as personal days throughout the year (e.g. sick time, interview days), additional PAL days may be taken for holidays. **A maximum of 20 days may be taken during the residency year for all time-off (vacation, holidays, sick, interviews, days off, etc).** Any remaining PAL time at the end of the residency year will be paid out or can be kept in the event of continued employment at Sentara. PAL requests should be made by the 2nd week of orientation to allow your rotation schedule to be configured with your PAL. All requests for PAL must be approved by the Residency Director. Each resident is encouraged to take no less than 5 days of PAL time prior to January 15 of the residency year (Residency Director may approve alterations in certain situations). PAL may not be taken during ASHP Midyear Meeting, Regional Residency Conference meeting days, or departmental holidays (see holiday information below). PAL requested for June is discouraged and will be reviewed on a case by case basis by the Residency Director. Any requests for PAL made after the second week of orientation must be approved by the preceptor of the rotation affected and the Residency Director. The maximum number of PAL days granted during a rotation will be 1 day for each week of rotation. PAL time cannot be requested for weekend staffing shifts. If you want one of your regularly scheduled staffing weekends off, you must arrange a switch with another pharmacist. This switch must then be approved by the Residency Program Director. **Requests for days off must be emailed to the RPD and copied to your preceptor and Jennifer Bennett (scheduler).** Note: PAL time may not be taken until it has been accrued. For more information see the Human Resources policy.
- *Family Medical Leave*: Since the residency is a one year program, and Family Medical Leave Act is not effective until after 1 year of employment, residents will not qualify for FMLA. However, in the event that you are not able to satisfactorily complete the requirements of the residency program, as defined above, in your allotted period of employment, due to serious medical illness or family serious medical illness that would ordinarily qualify for FMLA (as per the FMLA policy), the term of your employment will be extended for up to 6 weeks as an unpaid student of the hospital. See “Completion of Program Requirements” for more information.



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

Other Information

- **Photocopying**
The department of pharmacy has a copier available in the department. For large quantities of copies (e.g. handouts for presentations), these should be sent to the Printing department along with a Printing Requisition form. The copies will be returned via interoffice mail.



- **Intranet Access from Home**
Access to the hospital intranet, Epic, and Micromedex are available from your home. You can log into www.wavenet.com from home to obtain access. You will not be able to access your H: drive from home. Wavenet can also be accessed from home from the Sentara home page (look for the employee link).
- **Duty Hours/Moonlighting Policy:** External Employment (moonlighting) is not allowed. A residency is a full-time obligation; hence, the resident shall manage activities so as not to interfere with the goals and objectives of the program. If the resident wishes to pick up extra shifts while on a residency rotation, the shift may only be on a weekend (Friday evening through Sunday). The resident may not work more than an average of 80 duty hours per week (when averaged over 4 weeks). In addition the resident must have at least 1 day off per 7 days (when averaged over 4 weeks). If at any time the program director is informed that the resident is not completing their rotation duties appropriately, the PGY-1 Residency Advisory Committee shall meet to discuss whether or not the resident should continue employment. Note: Duty hours are defined as per ASHP Residency Accreditation Standards and does not include reading, studying, preparation time for presentations or journal clubs, travel time to conferences, or hours not scheduled by the RPD or preceptor. Residents are expected to keep track of their duty hours. Residents will attest whether they have or have not exceeded duty hours every 4 weeks and the number of duty hours for each week.
- **Resident Disciplinary Action and Dismissal:** A resident may be dismissed from the Residency Program if he/she does not satisfactorily complete the requirements for hire. In addition, a resident may be dismissed from the program for failure to progress toward completion of residency goals and objectives or in accordance with the SRMH Disciplinary Process. A resident will be dismissed from the program and employment terminated for failure to obtain a license to practice pharmacy in Virginia by 90 days from date of employment (barring extreme extenuating circumstances which must be reviewed by RAC). (If the resident does not receive licensure by August 15 the resident will be required to repeat any staffing hours until licensure is obtained.)
- **Licensure:** Residents are expected to obtain licensure to practice pharmacy within the state of Virginia by August 15. Failure to obtain licensure by 90 days from date of employment will result in dismissal from the program (barring extreme extenuating circumstances which must be reviewed by RAC). If the resident does not receive licensure by August 15 the resident will be required to repeat any staffing hours until licensure is obtained. The resident is required to post a copy of their Virginia License in the pharmacy department once obtained. The hospital will also complete primary source verification of licensure.
- **Pharmacy Access/Security:** The resident's ID badge will provide access to 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 may be found on WaveNet. In order to obtain access to the Behavioral Health Unit, the resident must complete a OneLink learning module regarding BHU access then contact Security to have this access added to their badge.
- **Use of Paging System:** Sentara uses Spok Paging. There is a link on the main Wavenet page (on the right). You can look up an individual by name and then can send a text message. Residents may choose to use a pager device, or their personal cell phone. Pagers will be provided to residents upon request. If the resident chooses to use their personal cell phone,



they must load the SpokMobile app. This app must be purchased through Service Now. See the directions on Wavenet (link below).

<https://wavenet.sentara.com/channels/services/Communications/Documents/Spok%20Mobile/Spok%20Mobile%20Sign%20Up%20Sentara%20Employee.pdf>

- ***Mail and Mailboxes:*** Interoffice mail is picked-up and delivered to the pharmacy once per day. In and Out boxes are located under the pharmacy inpatient window. Each pharmacy employee has a mailbox located within the department, near the clinical workstations / outpatient pharmacy. The hospital also has a mailroom, which is available for both business or personal use.
- ***Travel Request:*** Residents will complete a Preauthorization for Travel Request (Form #413) for any travel/meetings (including both the ASHP Midyear Clinical Meeting and the Residency Conference). The RPD will indicate an approved budget on this form. Expenses incurred beyond the budgeted amount will not be reimbursed immediately. Unreimbursed expenses that are eligible for reimbursement per the hospital travel policy may be resubmitted for reimbursement at the end of the calendar year. These additional expenses may be reimbursed depending on fund availability. Please see the policy on WaveNet. Note: Preauthorization for Travel must be received by 10/15 for ASHP Midyear Clinical Meeting and 12/30 for the Residency Conferences. Expenses may not be reimbursed if the preauthorization for travel is not received by these deadlines. *Also see “Out of State Conferences” for more information.*
- ***Library Services:*** The hospital has a medical library available for use by hospital staff. The library has extensive online journal collection as well as physical journal collections. The librarian is available for tour 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.



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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 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.



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Related Documents:

Policies

- 202: Paid Annual Leave
- 202b: PAL Accrual
- 202d: PAL Cash-Out
- 203: Employee Sick Leave
- 208: Leave of Absence

Procedures

Legal References
