



Sentara Medical Group PGY-2 Pharmacy Residency

Program Manual 2024-2025

Candidate Status



Updated: January 2025

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Organizational Overview

Sentara Health is an integrated, not-for-profit health care delivery network whose unique people, processes, and technologies has made it a leader of innovative healthcare services and a nationally recognized front-runner in the healthcare industry.

- 135+ year not-for-profit history that serves multiple regions with 12 hospitals, 4 medical groups, over 300 sites of care including primary care, physical therapy and retail clinics, and 30,000+ members of the team
- Sentara Health Plans division serves more than 1 million members in Virginia and Florida.
- Sentara is recognized nationally for clinical quality and safety and is strategically focused on innovation and creating an extraordinary health care experience for our patients and members.
- Sentara was named to IBM Watson Health's "Top 15 Health Systems" (2021, 2018) and was recognized by Forbes as a "Best Employer for New Grads" (2022), "Best Employer for Veterans" (2022, 2023), and "Best Employer for Women" (2020).

There are multiple pharmacy residency programs within Sentara Healthcare.

- PGY-1 Sentara Norfolk General Hospital (SNGH) – Norfolk, VA
- PGY-1 Sentara Martha Jefferson Hospital (SMJH) – Charlottesville, VA
- PGY-1 Sentara Rockingham Memorial Hospital (SRMH) – Harrisonburg, VA
- PGY-2 Sentara Healthcare Informatics – Hampton Roads area
- PGY-2 Sentara Medical Group – Hampton Roads area

Mission Statements

Sentara Mission: We improve health every day.

Pharmacy Mission: We improve health every day by helping people make the best use of medications.

Pharmacy Vision

Be the healthcare choice of the communities we serve by improving the utilization of medications by individuals and the overall process for medication use.

One Sentara Cultural Attributes

- We Exist for Our Consumers
- We Collaborate
- We Empower
- We Continuously Learn
- We Deliver

Cultural attributes are the values, beliefs, and norms that shape the behavior and actions of leaders and colleagues within One Sentara. These attributes reflect the organization's culture and guide how we interact with each other, consumers, and other stakeholders.

Ambulatory Clinical Pharmacy Services

Ambulatory care pharmacy services encompass pharmacists embedded in clinic practices, centralized teams of pharmacists and pharmacy technicians, and anticoagulation pharmacists aimed at improving patient safety, quality, and access related to medications. They work cohesively to support the care team and patients to optimize medication therapy, improve adherence, and avoid/correct medication therapy problems (MTPs). Current efforts are focused on primary care, anticoagulation and population health initiatives. Opportunities exist to extend similar services within specialty clinic practices (i.e., rheumatology, GI, endocrinology, cardiology, etc.). Additionally, support with Medical Group refills and prior authorizations are provided.

Residency Program Overview

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete a PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist positions and potential board certification eligibility.

The Sentara Medical Group PGY2 Ambulatory Care Pharmacy Residency will provide the resident with the skills and knowledge required to become a competent pharmacy practitioner.

This 12-month program is designed to foster the development of pharmacists in ambulatory care. The resident can implement and manage new areas of pharmacy practice in the outpatient environment, conduct research in practical areas of ambulatory care pharmacy practice, become an expert in the education of pharmacy learners and other professions, and become a professional leader in the field of ambulatory care pharmacy.

Sentara Medical Group/Ambulatory Service Division is comprised over > 250 primary care and specialty physician practices in various markets across Virginia and northeastern North Carolina.

Statement on Accreditation

Sentara Medical Group PGY-2 Ambulatory Care Pharmacy Residency is in accreditation “candidate” status with ASHP, with accreditation site survey to be scheduled by ASHP and determination of accreditation to be voted on by ASHP Council on Credentialing (COC).

Annual Program Evaluation

This residency program will be evaluated annually during the month of January to allow for feedback from current pharmacy residents and prior to conducting interviews with residency applicants.

Residency Program Administrators

Organizational Chart

- Residents report directly to the residency program director (RPD)
- The residency program is overseen by the SMG Pharmacy Operations Manager.
- See Appendix A for pharmacy organizational charts

Residency Program Director (RPD)

The RPD is responsible for ensuring that the resident is receiving a well-rounded experience and is meeting all ASHP goals and objectives. The program director selects all available mandatory and elective rotations outlined in this manual. Preceptor development and preceptor selection will be defined by the RPD.

Residency Program Director:

Candace S. Minter, PharmD, BCACP

Manager, Pharmacy Operations

Email: cmsampso@sentara.com

Residency Program Coordinator (RPC)

Under ASHP standard 4.1.a.1 the RPD may delegate, with oversight, to one or more individuals [e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program. The residency program coordinator (RPC) will assist in program development and oversight.

Residency Program Coordinator:

Allison S. Dery, PharmD, BCGP, CACP

Team Coordinator, Pharmacy Clinical Services/Operations

Email: asdery@sentara.com

Preceptors

Each rotation will have an assigned preceptor(s). Preceptors are responsible for guiding the resident and ensuring that the predefined goals and objectives are met by the resident. The preceptor will provide the resident with a final evaluation and an optional midpoint evaluation. Preceptors will also take part in resident-led topic discussions. They provide guidance and assistance to the resident to ensure that the resident is receiving a high-quality rotation.

The residency program coordinator and residency program director will review preceptor appointment and reappointment annually. Preceptor eligibility includes but is not limited to the following:

- Completion of an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience
- Completion of an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience
- Without completion of an ASHP-accredited residency, has three or more years of pharmacy practice experience

The preceptors must be able to meet all of the following responsibilities to continue to be a residency preceptor:

- Precept using teaching roles (instructing, modeling, coaching, facilitating)
- Assess resident performance with verbal and written feedback
- Recognition in their area of practice (BPS certifications, credentialing, formal recognition by peers, sustained exemplary job performance, etc.)
- Establish active practice in the area they precept (development of policies/guidelines/protocols, contributions to the implementation of new clinical services, active participation in multi-disciplinary patient care committees, and demonstrated leadership)
- Continuity of practice while precepting
- Ongoing professionalism (active service in organization, reviewer/presenter/author for medical journal, student preceptor, participate in research/publication, etc)

Pharmacists selected to be a Residency Preceptor are appointed to a 2-year term as Preceptor and are assigned a preceptor development program by the RPD (if necessary) to promote their professional growth and promote an excellent learning experience for the residents they precept.

Prior to each learning experience, the resident will discuss their goals with the preceptor so as to provide an opportunity for the preceptor to evaluate and, if possible, design specific activities to meet the resident's goals. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

Research Project Advisors

Residents will be responsible for completing a yearlong residency project and a medication use evaluation. The resident will be assigned a project advisor(s) who will aid the resident in completing the required projects.

Residents will be responsible in presenting their research project in a platform presentation to be given at the Research in Education and Practice Symposium (REPS) or equivalent residency conference. Residents may present their interim research projects (or another project) as a poster presentation at ASHP Midyear if desired, but this is not a requirement.

Residency Advisory Committee

The Residency Advisory Committee (RAC) is a committee composed of the RPD, RPC and preceptors. The committee serves in an advisory capacity to the RPD and endeavors to maintain and improve the quality and consistency of the residency program.

The committee provides a forum for preceptors to discuss common residency concerns, to develop additional learning experiences, and to promote new and innovative areas of practice. The committee meets monthly. The specific functions of the committee include:

- Continuous evaluation of the curriculum, goals and objectives
- The evaluation and support of residency projects
- Resident recruitment and selection

Pharmacy Resident Position Description

Definition

The Pharmacy Resident participates in a one-year post-graduate residency training program that offers rotational experiences in ambulatory care and administrative pharmacy practice environments.

Distinguishing Characteristics

The Pharmacy Resident will participate in the post-graduate residency training program sufficient to assure they become the expert in all areas related to drug therapy and to function as a consultant to other health care professionals. They will also be responsible for meeting all the requirements of the Residency Program within the training year.

Essential Functions

- Participates in service commitment assignments as delineated in the Residents' Manual
- Initiates, adjusts, monitors, and recommends changes in drug therapy based on information obtained through patient interviews, objective monitoring parameters, review of drug profiles and the patient medical record under collaborative practice agreement.
- Provides patient monitoring for the purpose of evaluating and optimizing patient outcomes, drug utilization and patient compliance, detecting and/or minimizing adverse drug reactions, eliminating unnecessary drug use and duplication.
- Identifies, interprets, and resolves prescribing and dispensing issues, including pharmacotherapeutics and the formulary. Documents interventions as necessary.
- Provides patient education related to the patient's disease state and pharmacotherapy regimen, including predictable actions, side effects, reasons for proper compliance, and any special instructions.

Other Functions

- Participates in daily ambulatory clinics to provide chronic disease state management to patients with a variety of illnesses, including but not limited to diabetes, hypertension, dyslipidemia, anticoagulation, with the intent to maximize patient care outcomes taking into consideration choice of therapy, safety, efficacy, and pharmacoeconomics.
- Provides care and/or services appropriate to the demographics of the patients being served. Assesses data reflective of the patient's status and interpret the information needed to identify each patient's requirements relative to their age-specific needs and to provide care needed as described in the services' policies and procedures.
- Provides consultative services to all professional staff regarding drug therapy.
- Completes a residency research project and write a report that is suitable for publication within the guidelines outlined in the Residents' Manual.

Resident Roster

PGY-2 Ambulatory Care Pharmacy Residents

2024-2025

- Ashley Marie Varela Martinez, PharmD
 - PGY-1 Community-Based Pharmacy Residency, Baystate Medical Center
 - Massachusetts College of Pharmacy and Health Sciences (MCPHS)

Recruitment and Selection of Residents

Sentara Medical Group strives to recruit a diverse and inclusive pool of candidates for its residency programs. Sentara's diversity and inclusion strategy has three pillars - a diverse and talented workforce, an inclusive and supportive workplace, and outreach and engagement with our community. The program will participate in ASHP Residency Showcase both in-person and virtually (if available) for program recruitment. Sentara Health is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin or disability.

Program webpage: [Sentara Ambulatory Care Residency \(PGY2\) – Sentara Medical Group/Ambulatory Service Division](#)

Applicant Requirements

Applicants to Sentara Medical Group's PGY-2 Ambulatory Care Residency program must be graduates of an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy (PharmD) degree program (or one in the process of pursuing accreditation). Applicants must also be actively completing, or have completed, a PGY-1 Pharmacy Residency, Community-Based Pharmacy Residency, or Managed Care Pharmacy Residency program accredited by ASHP or one in the ASHP accreditation process. Applicants must submit their complete application via Pharmacy Online Residency Centralized Application Service (PhORCAS) and include the following:

- An official transcript from their School of Pharmacy
- Current Curriculum Vitae
- Letters of Recommendation (3)
- Letter of Intent

Application Process

The Residency Program Director (RPD), Residency Program Coordinator (RPC), and/or member(s) of the resident selection committee evaluates the qualifications of all applicants in the same manner through a documented, formal, and thorough procedure based on predetermined criteria. Applications are objectively scored and the top applicants will be invited to interview. If an applicant declines an interview, an invitation will be sent to the next highest scoring applicant in order to fill all interview spots. Additional interviews may be offered on a rolling basis to ensure an ample cohort of ranked applicants. Highly qualified applicants are invited for a virtual interview.

The applicant will receive an agenda specific for the date of the interview. Additionally, the System Residency Manual and applicable Human Resource procedures are provided to potential candidates.

Interviews consist of the following:

- Meet and greet with RPD and RPC and program overview (30 minutes)
- Case-Based Presentation by the applicant (30 minutes)
- RPD and RPC interview (30 minutes)
- Traditional Panel Interview with preceptors (30 minutes)
- Current Resident Q&A (30 minutes)

Interviewers will be given pre-written questions to ask each applicant. Each interviewer will score the applicant's response to all questions in their group using an objective scoring system to rate performance.

Applicant Scoring

Applicants are scored based on a combination of the following (with approximated weighted percentage next to each component in parenthesis):

- Pre-Screening Evaluation Score (50%)
- Interview Evaluation Score (50%)

Note: The aforementioned scoring rubric serves to guide the resident selection committee and the RPD with objective data from which to assess and compare applicants. However, the residency selection committee, in conjunction with the RPD, retains final discretion when determining rank list of applicants.

Match Process

Residency Applicants must participate in the National Residency Match administered by National Matching Services, Inc. (NMS) and agree to abide by rules for ASHP Pharmacy Residency Matching Program, available at: <https://natmatch.com/ashprmp/documents/ashpmatchrules.pdf> Sentara Medical Group Pharmacy Residency Program Director, Residency Program Coordinator, Preceptors, and all staff members at Sentara Medical Group also agree to adhere to these rules and agree that that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant.

Phase II Match Process

In the event that Sentara Medical Group does not match its available PGY-2 residency position, the non-matched position will be offered through the Phase II match process. Application requirements for Phase II are identical to Phase I applications as outlined above and will be scored and ranked in an identical manner as well. Due to the abbreviated timeline of the Phase II match process as compared to Phase I, interviews will be offered virtually and, on a rolling basis based on the strength of the application.

Match Results

Successful applicants matched to Sentara Medical Group will receive an acceptance letter within 30 days from the match results that is to be signed and returned acknowledging the Match. Additionally, they will receive the contract agreement with the general terms and conditions of the residency, including the list of criteria for successful completion of the PGY-2 residency at Sentara Medical Group. Acknowledgement by the resident will constitute acceptance of the match and the agreement to fulfill the duties of the residency position for the upcoming year.

Early Commitment

An early commitment program is not available for the PGY-2 program.

Licensure

Residents are expected to be licensed pharmacists in the state of Virginia within 90 days of the resident's start date. It is the responsibility of the resident to meet all necessary requirements mandated by the Virginia Board of Pharmacy in anticipation for obtaining a pharmacist license. Therefore, residents are strongly encouraged to apply for licensure early and take licensing exams (MPJE) if necessary as soon as possible.

Failure to obtain license

Unlicensed residents will not be able to perform any tasks that require a pharmacist licensure. Tasks include but are not limited to providing clinical consultation services provided under collaborative practice agreement. Residents who fail to become licensed in the state of Virginia by within 90 days will be dismissed from the program.

PGY-1 Program Completion Verification

Residents shall provide proof of completion of a PGY-1 Pharmacy Residency, Community-Based Pharmacy Residency, or Managed Care Pharmacy Residency program accredited by ASHP or one in the ASHP accreditation process. An official copy of PGY-1 certificate of completion is preferred, but verification of graduation in PharmAcademic is acceptable.

If graduation certificate is not available by first day of PGY-2 Residency training, then the RPD will verify successful completion of PGY-1 Residency through completion documentation in PharmAcademic, by communication (phone or email) with resident's PGY-1 RPD, or both.

Residency Program Standards

There are 5 standards in the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs. These standards serve as the basis for evaluating residency programs for accreditation.

Standard 1: Recruitment and Selection of Residents

Standard 1 provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy and support the organizations' mission and values.

Standard 2: Program Requirements and Policies

Standard 2 details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and, requirements of ASHP Regulations on Accreditation of Pharmacy Residencies and ASHP Duty Hour Requirements for Pharmacy Residencies.

Standard 3: Structure, Design, and Conduct of the Residency Program

Standard 3 defines required components of program structure, design, and conduct. It is important that the program's structure and design enable residents to achieve the purpose of the residency program through skill development in the program's required competency areas. Requirements for oversight of residents' development, formative and summative evaluations, and self-assessment are defined.

Standard 4: Requirements of the Residency Program Director and Preceptors

Standard 4 defines eligibility and qualification requirements for residency program directors (RPDs) and preceptors as well as requirements for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

Standard 5: Pharmacy Services

Standard 5 serves as a guide to best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department that are applicable to all practice environments.

Education Standards

The PGY-2 Ambulatory Care Pharmacy Residency Program has been designed in accordance with the American Society of Health-System Pharmacists (ASHP) accreditation standards (currently the 2023 Harmonized Accreditation Standard).

Educational Outcomes

Educational goals are broad statements of the residency graduates' abilities. The objectives required to achieve the goals that follow are listed in ASHP's 2015 document entitled: "Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY-2) Pharmacy Residencies" that can be found on the ASHP website

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-ambulatory-care-residency-competency-areas-goals-objectives.pdf>

The objectives are observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. Criteria are examples that are intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Upon successful completion of the program, the resident will at a minimum have achieved for the residency (ACHR) the following competency areas.

Postgraduate Year Two Pharmacy Residency Training in Advanced Areas of Pharmacy Practice - Competency Areas, Goals, and Objectives (CAGO)

Competency Area R1: Patient Care

Goal R1.1 Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.

Goal R1.2 Design and/or deliver programs that contribute to public health efforts or population management.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1 Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.

Goal R2.2 Demonstrate ability to conduct a research project.

Competency Area R3: Leadership and Management

Goal R3.1 Demonstrate leadership skills

Goal R3.2 Demonstrate management skills in the provision of care for ambulatory care patients.

Goal R3.3 Manage the operation of an ambulatory care pharmacy service.

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

Goal R4.1 Demonstrate excellence in providing effective medication and practice-related education.

Goal R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.

Objectives have been selected to assure the above outcomes and goals are achieved through structured learning experiences. Flexibility has been designed into the program to permit individualization of the program to meet the personal interests and goals of the resident while directing attention to areas identified for improvement. Elective goals and objectives may be added based upon residents' interests as part of their customized development plan.

Evaluations/PharmAcademic

PharmAcademic is a computer-generated evaluation system managed by ASHP. It is a tool utilized by residency programs that outlines the required goals and objectives for residency rotations. Prior to the start of a residency program, the RPD and rotation preceptors will be responsible in pre-selecting which required goals and objectives, as outlined by ASHP's required and elective educational outcomes, goals, objectives and instructional objectives for a post-graduate year one pharmacy program, will be selected to be evaluated for both required and elective rotations. All required outcomes including all goals and objectives discussed under such outcome must be included in the program. Elective outcomes are not required per ASHP's residency standards. When selecting elective outcomes, it is not mandatory to include all goals and objectives that fall under that elective outcome.

Preceptors will be required to complete an informal verbal mid-point evaluation and a formal final evaluation in PharmAcademic within one week following the completion of the rotation. Copies of the resident's rotation evaluations and quarterly evaluations will be kept electronically in the PharmAcademic system. Evaluations in PharmAcademic are available to the facilitator, rotation preceptor, and the Residency Advisory Committee.

Resident progress on program objectives will be evaluated using the ASHP Learning Experience Scale of 'Achieved', 'Satisfactory Progress' and 'Needs Improvement'. Definitions of each of these components are listed in the table below. Preceptors are to use these definitions on learning experience evaluations and residents are to use these definitions when completing self-assessments.

Definitions of Scores Used in Learning Experience Evaluations

NI = Needs Improvement	<p>The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress". This means the resident could not:</p> <ul style="list-style-type: none"> • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. <p>This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Resident recommendations are always incomplete and poorly researched/or lack appropriate data to justify making changes in patient's medication regimen. • Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team, and/ or to follow up on issues related to patient care.
SP = Satisfactory Progress	<p>This applies to a goal whose mastery requires skill development in more than one learning experience. In the current experience the resident has progressed at the</p>

	<p>required rate to attain full mastery by the end of the residency program. This means the resident can:</p> <ul style="list-style-type: none"> • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. <p>There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Resident is able to consistently answer questions of the healthcare team and provide concise and complete response with minimal preceptor prompting or assistance. An area where the resident can focus on continued development would be to work on anticipating the needs of the healthcare team during patient rounds. • Resident is able to make recommendations to the team without preceptor prompting when recommendations are straightforward and well received. Resident sometimes struggles with more complex recommendations and tackling difficult interactions. Encourage resident to continue to identify supporting evidence for recommendations to assist in difficult interactions.
ACH = Achieved	<p>The resident has fully mastered the goal for the level of residency training to date. This means that the resident has consistently performed the task or expectation without guidance.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Resident's recommendations are always complete with appropriate data and evidence to support medication related adjustments in therapy. This is achieved without preceptor prompting. • Resident consistently makes an effort to teach members of the healthcare team his/ her rationale for therapy recommendations.
Achieved for the Residency	<p>The resident's preceptors and program director will collaborate throughout the residency year to determine if the resident has demonstrated consistency between learning experience evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various learning experiences. At such time, the Program Director has the ability to mark the resident as "achieved for the residency". This means that the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary.</p> <p>Once an objective has been "achieved" 3 times for the residency it will be removed from evaluations.</p>

Each rating should have accurate and objective comments documented within the evaluation that provide an explanation for the chosen rating.

Program Structure

The residency preceptor provides guidance and assistance to the resident to ensure that the resident is receiving a high-quality rotation. **The resident should maintain contact with the assigned preceptor one week prior to the start of the rotation to review the goals and objective of the rotation and to discuss the outline of the rotation.** Each rotation will have predefined goals and objectives to be met by the conclusion of the rotation.

Clear communication is necessary between the resident and the assigned preceptor. It is the responsibility of the resident to arrange and seek out communication as needed.

Requirements for each rotation will be addressed in the rotation outline. The assigned preceptor will be responsible to review all rotation requirements at the start of the rotation. The resident must provide the assigned preceptor with a list of any scheduled meeting or prior obligations by the start of the rotation.

An informal midpoint evaluation is optional by the assigned preceptor. A written final evaluation discussing predefined goals and objectives must be completed by no later than 7 days after the rotation completion.

Orientation

The first 4-6 weeks of the residency program year consists of orientation activities. This includes pharmacy system wide orientation as well as ambulatory care pharmacy residency onboarding. During orientation, the RPD, RPC, and preceptors will review the program description, scheduling information and rotation descriptions, Sentara's policies and procedures, and Sentara's intranet (WaveNet).

Residents must complete mandatory online training modules in Workday Learning during the orientation period. Residents will have basic discussions at orientation and be introduced to Sentara's electronic medical record, Epic.

Learning Experiences

Following orientation, longitudinal and block learning experiences will begin. Longitudinal learning experiences will occur on a regular schedule and be from 6 months to one year in duration. Block rotations will be incorporated around longitudinal experiences and be 4-6 weeks in duration.

The resident schedule is tailored to meet the special interests of the resident throughout the residency program with at least 2/3 of the rotations involving direct patient care activities in collaboration and communication with other healthcare team members.

Core (Required) Learning Experiences

- Orientation
- Anticoagulation Management (longitudinal)
- Primary Care I (Centralized Medication Renewal)
- Primary Care II (PACE)
- Population Health

- Specialty Pharmacy
- Transitions of Care
- Pharmacy Administration/Leadership (longitudinal)
- Managed Care
- Research (longitudinal)
- Diabetes Pharmacotherapy Service/Endocrinology
- Service Commitment (longitudinal) – population health and medication renewal

Elective Learning Experiences

Elective learning experiences are mutually agreed upon by the resident and the RPD and should be chosen based on the resident's previous experiences, interests, and perceived areas of weakness. Scheduling of elective learning experiences occurs on a first come, first served basis and is dependent on the preceptor's availability.

Elective learning experiences:

- Antimicrobial Stewardship
- Thrombosis and Hemostasis Management
- Medication Safety
- Clinical Informatics
- Solid Organ Transplant (Kidney/Pancreas)
- Cardiology/Advanced Heart Failure
- Geriatrics – Comprehensive Care

Learning Experience Schedule

At the start of the residency, the RPD and RPC will form a residency rotation schedule for each individual resident. Residents will select their top elective rotations and preferred schedule based on interests. The RPD will try to ensure that the resident is accommodated in order to provide rotation experiences that are aligned with his/her interests.

Schedule Changes

Rotation schedules are subject to change based on available elective rotations and preceptor availability. Residents will be able to request changes to the rotation schedule when possible. Due dates for changes are listed in the resident schedule.

Pharmacy Service Commitment

Residents are required to complete a pharmacy practice component (i.e., staffing support) of the residency program. This learning experience component of the residency program will provide residents with the opportunity to broaden their knowledge of pharmacy practice and is crucial in developing a well-rounded practitioner. After completion of orientation, residents work 4 hours every other Friday providing coverage of population health and medication renewal services. A designated back-up pharmacist is available if assistance is needed.

Meeting Requirements

Throughout the residency year, residents will be requested to attend departmental meetings, administrative meetings, various committee and subcommittee meetings, and clinical meetings. Residents will be made aware of pre-scheduled meetings by the designated attendees. **The residents should keep up to date with Outlook calendar appointments** for changes in the meeting time, location, or agenda items. Listed below are examples of such meetings. **If the resident is unable to attend a scheduled meeting, they are to notify the person in charge of that meeting before the meeting convenes.**

Clinical Pharmacy Workgroup

Clinical Pharmacy Workgroup is a required monthly meeting on the first Thursday of the month. It is comprised of clinical specialists, residents, and director of clinical services. Each of the pharmacy residents within Sentara will be assigned a month for minutes. The pharmacy residents work with the system manager and system director for the preferred format of the meeting minutes. Pharmacy residents are expected to participate in clinical workgroup meetings and understand the agenda items discussed each month.

Resident Meeting

This meeting is a private meeting scheduled by the RPD and RPC on a quarterly basis with each resident. This meeting serves to keep the resident informed of his or her progress in the residency program and any concerns or grievances voiced by any preceptors. This meeting will also allow the resident to voice his or her opinion on his or her progress. This meeting will inform the resident of any projects to be completed and their deadlines.

SASD Pharmacy and Therapeutics Committee

This committee governs the appropriate use of high quality and cost-effective pharmaceuticals within the physician practices. The residents will be required to prepare a minimum of one drug monograph presented at the SASD Pharmacy and Therapeutics (P&T) Committee meeting as assigned throughout the year.

SASD Medication Use and Safety Improvement Committee (MUSIC)

This meeting reviews medication-related safety incidents within the ambulatory practices and serves as the approval body for medication related policies, procedures, and job aids.

Pharmacy Tactical Operations Committee (PharmTOC)

This meeting serves as a platform for ambulatory pharmacy program alignment between SASD, Sentara Health Plan (SHP), and Sentara Quality Care Network (SQCN)/Sentara Accountable Care Organization (SACO) pharmacy teams.

Resident Plan for Development/Training Program Customization

ASHP Accreditation Standard states that the resident's training program is to be customized based on their entering knowledge, skills, attitudes, and abilities. Progress toward achievement of the program's outcomes should be assessed at least quarterly.

The residency director assumes the role to mentor the resident and assist in the decision process for the resident. Within the framework of the ASHP residency standard and the administrative guidelines of the residency program, the resident is encouraged to assume ownership of their training experience and development plan.

ASHP Development Plan

The ASHP Development Plan is to collect baseline information for use in the development of individualized educational goals and objectives for the upcoming year in the residency. The form asks residents to write a narrative addressing the following topics: career goals; current practice interests; strengths; weaknesses; three goals to accomplish during residency; activities that have contributed to skills in written communication, verbal communication, public speaking, time management and supervision; areas of concentration during the residency; ideal frequency and type of preceptor interaction; strategy for life-long continuing education; and role of professional organizations. The ASHP Development Plan is utilized as part of the resident enrollment at the beginning of the residency year and then quarterly throughout the residency.

The RPD will review the ASHP Development Plan and will forward comments to all preceptors prior to the first rotation. Residents will have identified a number of areas where improvement is desired based on the topics reviewed. The RPD should explain to the residents how each topic will be addressed within the residency program.

The RPD will review the ASHP Development plan prior to the first resident meeting and will add his/her own comments. It is expected that the RPD will develop a strategy to facilitate achievement of goals. The RPD should provide a summary of the plan versus simply indicating 'no additional comments' or 'agree.'

Goal-Based Residency Evaluation

The Goal-Based Residency Evaluation form (also referred to as Goal-Based Entering Interests Form or Goal-Based Entering Evaluation) is selected when enrolling a resident in PharmAcademic and is used to collect baseline information for use in the development of individualized educational goals and objectives for the upcoming year in the residency. The form asks residents to self-evaluate on all of the program's outcomes and goals.

Sentara Medical Group PGY-2 residents will complete the Goal-Based Residency Evaluation at the beginning of the residency year. Residents will add comments to the "Comment" section at the end of the form. The form will be reviewed by the RPD and RPC prior to the start of the first rotation.

Customized Training Plan

ASHP requires the Customized Training Plan to be reviewed quarterly; PharmAcademic provides a reminder to do this. The Customized Training Plan is where 1) the RPD determines which goals the resident has achieved for the residency program and 2) where a narrative is to be written relating to customizing the plan for the resident, as it relates to the initial plan. This narrative should include 1) comments on resident progress, 2) suggestions for improvement and 3) any changes to the plan from the previous quarter. After the RPD completes the comments section and clicks on “Submit”, the plan will be sent to the resident for co-signature. The document will be sent back and forth between the RPD and resident until neither makes any additional comments to the document.

Residents will write a thorough self-evaluation on a quarterly basis addressing their progress or changes as related to their initial plan. The RPD will comment on a quarterly basis how changes to the resident’s initial plan will be accommodated. This may include rotation changes, attending a class or conference, or other activity to meet the change in plan. These comments will be included in the residents’ quarterly Customized Training Plan, in addition to providing the RPD’s own assessment. The RPD will also review the goals for each resident on a quarterly basis, and will indicate in PharmAcademic which goals have been achieved for the residency.

Follow-Up

The information attained through the first clinical rotations will continue to be assessed throughout the residency year, and the progress of the resident will be followed closely by the RPD who will act as the intermediary between residents and preceptors. Residents should expect that the areas identified as needing improvement will be re-evaluated as they progress from one rotation to the next. Ideally, by the end of the year, the resident will gain the knowledge and experience required in order to achieve the goals of the residency.

Residency Project

In accordance with ASHP requirements residents will be responsible for conducting a year-long residency project. The Residency Project is designed to teach the resident about the scientific method and facilitate their application of knowledge to a research project. For each project, the resident is considered to be the project manager with guidance available from project preceptors and other resources. As a project manager, the resident is responsible for all appropriate communication surrounding the project, deadlines and goals of project to be met on a timely basis, presentation of the projects at local and national conferences, and in general for the overall progress of projects.

Project lists will be given to the resident in July with the selection of projects to be made at the end of July. After the project lists are given out, the residents should find time to learn more about potential projects they are interested in by talking to the potential project preceptors. Once the residents select their projects, these decisions should not be changed barring unanticipated events i.e. project's purpose no longer exists.

In August, during the initial project meetings, the preceptors and resident should meet and assess the project timeline. Any barriers that impede the progress of the project should be communicated to the project preceptors as soon as possible. At the end of the year, it is expected that each resident completes a final manuscript for each project that is ready for submittal for publication to a peer-reviewed pharmacy/medical journal.

Progress with each project will be presented throughout the year using a PowerPoint template. Each version presented to the preceptors should be saved and added to the resident's portfolio. Research projects must be presented as a platform presentation at the Research in Education and Practice Symposium (REPS) or equivalent conference. Manuscripts are due by the completion of the residency year.

- This is a paid conference and an educational opportunity for the resident to learn and collaborate with other residents. Virtual or in-person participation to be determined by RPD.

Residents who seek publication of their research must start the process of submitting within 6 months of completing the residency or they may lose their opportunity to be the first author.

Resident Research Proposal

When submitting an original research idea, it is the responsibility of the resident to develop a formal research proposal to be presented to the residency director and coordinator. The proposal should outline what the goals of the project are and what methods will be used to complete the project. Topics addressed include the following:

1. Research question: what exactly are you trying to answer?
2. Objective: be as specific as possible. The objectives should be quantifiable. Discuss primary objective and any additional objectives
3. Research hypothesis (if applicable)
4. Background: Summarize literature related to your research idea.
5. Methods: How do you plan to conduct your research project?

6. Data analysis: how do you plan to analyze your data?
7. References

Research Advisor

The preceptor serving as the research advisor will serve as the facilitator for the residents' research. The advisor will serve as a primary contact person throughout the research process. The goal of the research advisor is to ensure the successful completion of the research project as well as to stand as a guide for the resident. The advisor will ensure that all time deadlines are met.

Presentations

Case Presentations

The resident will present a minimum of 2 case presentations, 1 will be given for CE credit hours.

The case presentations should be 30 minutes total including time for questions (no less than 20 minutes of presented content). There should be a minimum of 2 primary literature sources discussed in the presentation. A schedule for the year's presentation assignments will be distributed during orientation.

- Presentation topics should be emailed to the RPD and RPC 3 weeks prior to the presentation. A content advisor/subject matter expert (SME) will be assigned to work with the resident on each presentation based on the topic.
- The resident is expected to communicate early with the assigned SME. The resident is responsible for scheduling these meetings. The presentation is due to the SME for review no later than 1 week prior to the presentation date.
- All presentations should be uploaded onto the Teams page.

Continuing Education

Residents will be responsible for completing 2 ACPE-accredited continuing education (CE) presentation to be given to Sentara Healthcare system pharmacy department.

The 1-hour CE presentation topic is to be selected by the resident early in the year so as to ensure the approval of an ACPE credit. The CE presentations must be at least 55 minutes in length each including time for questions. Audiovisuals such as slides and videos must be used during the presentation. Appendices may be included along with the audiovisuals. There must be audience engagement in all CE presentations. See CE requirements for additional details.

Once assigned a content advisor, it is the responsibility of the resident to come prepared with an outline of the topic and literature to support the presentation as well as lead the discussion. The resident should meet at least 2 times with the mentor prior to the presentation. Final slides should be available for the mentor to review no later than 7 days before the presentation date.

CE Documentation:

For each session in your series, the following is **due at least 14 days in advance of session date**:

- Title and objectives for that date
- PowerPoint presentation including active learning documentation (audience participation within the presentation) and any educational materials/handouts
- Faculty information
 - o CV
 - o Conflict of interest form (Resolution of COI if applicable)

Must INCLUDE:

Audience disclosures:

- Planning committee conflicts of interest (or lack of)

- Speaker conflicts of interest (or lack of)
- Commercial support of activity (or lack of)

Journal Clubs

Residents are expected to present a minimum of 2 journal clubs throughout the year.

- Article should be submitted for approval no later than 2 weeks before the presentation date.
- For all journal clubs the resident must prepare a one-page handout or PowerPoint slides. Handouts should be included in the resident's portfolio.
- Journal clubs should be 10-15 minutes of presentation and 5 minutes of questions.

Slide Format

Formal presentations (including posters) made at local and national conferences should be presented using the standard Sentara PowerPoint templates.

CANNOT:

- Use trade names in presentations/slides (must include generic names)
- Include company logos

SHOULD:

- If you use transition or effect between slides, be consistent on every slide.
- An acknowledgement slide is optional. If added, it should be last slide of the presentation, after the questions slide.
- In general, **be consistent** from beginning to end.

Residency Portfolio

Throughout the residency year, residents will be required to keep an electronic portfolio. This portfolio will serve as a manual which includes all of the resident's activities as he/she progresses through the residency year. Portfolios will include things such as: case presentations, topic discussions, topic presentations, journal club presentations, drug monographs, pharmacy job aids, project progress, IRB documents, continuing education presentation, manuscript and much more. Portfolios will be reviewed periodically throughout the residency year. This portfolio will allow the resident to see his or her progression from the start of the residency until the completion of his or her residency program.

Every document/presentation created should include resident's name, date created, document description either in header or footer of document.

Leave Management

Paid Time Off (PTO)

Paid time off is earned at the accrual rate of 0.088500 per hour (total annual accrued days – 23 days). A pay period is every 2 weeks starting on Sunday. PTO that is unused at the end of the residency will either be paid out or rolled over for future usage at Sentara. This is determined by the employment status at the end of the residency. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). Leave must be requested in advance, preferably 4 weeks, and approved before being taken.

As a courtesy, it is the resident's responsibility to directly notify the immediate supervisor and immediate preceptor of their learning experience area prior to taking approved leave. All leave requests are subject to the approval of the Pharmacy Residency Director and will be acted on in light of the resident's ability to complete the program's required learning experience experiences as well as the overall completion of the residency requirements.

If a resident attends a pharmacy related professional meeting that is not required by the residency program, these days will be counted as paid time off unless otherwise approved by the RPD and rotation preceptor.

The final approval for paid time off will be left at the discretion of the RPD. The RPD will reply to all members involved with the final approved or unapproved decision. See Sentara's Wavenet Compliance 360 repository for specific regulations on paid annual leave.

Employee Sick Leave

Sick leave is earned at the accrual rate of 0.019250 per hours (total annual accrued days – 5 days) and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. Sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled tour of duty, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the immediate supervisor and immediate preceptor of their learning experience area and the Pharmacy Residency Director of the absence (voice messages are not acceptable).

Bereavement Leave

Residents are eligible for bereavement leave after completing their probationary period. In compliance with Sentara's Human Resources Policy, residents are entitled to a leave of absence with pay at their base rate. See Sentara's Wavenet Compliance 360 repository for specific regulations on allotment of bereavement days.

Residents must notify the RPD when a death in the immediate family occurs and indicate the expected date of return to duty.

Leave of Absence – Extended Leave/Family Medical Leave

The Leave of Absence is not guaranteed, but subject to the discretion of the RPD. Leaves may be granted for the following reasons:

1. **Health:** Leave of Absence due to health reasons may be granted by the department head for a non-work related disability resulting from illness (acute care or emotional), injury or pregnancy, or as an accommodation for a disability, provided it does not cause an undue hardship for the department. An employee may request a leave for health reasons or management can place an individual on a leave for health reasons as long as they meet the eligibility requirements. Leave of Absence form should be completed by both the employee and Department and forwarded to the HR Service/Benefits Office.
2. **Child or Dependent Care:** Leave of Absence for caring for a child or dependent may be granted by the department head. Upon request, the employee may need to provide valid proof, as determined by the department, in support of the leave request.
3. **Personal:** Leave of Absence for personal reasons may be granted by the department in order for the employee to attend to personal needs or emergencies. Upon request, the employee will be required to provide valid proof to support the need for leave.

Leaves of Absence are granted under certain conditions without pay. It is the resident's responsibility to contact the RPD as soon as possible to determine leave options and arrange for coverage of project and patient care responsibilities as necessary. It is also a resident's responsibility to contact his/her residency director as least two weeks before the end of any leave so that the return to work can be discussed.

Based on this requirement, an equivalent time to the duration of the leave will be added to the end of the residency for a period not to exceed 5 weeks. Leaves requiring more than 5 weeks are unlikely to allow the resident sufficient time to complete the necessary goals and objectives. The RPD will evaluate each situation on an individual basis. A necessary part of the early discussion will be short term versus long term goals and helping the resident balance any short-term emergencies with the experiences and advice of the RPD for perspective on their long term outlook. See Sentara's Wavenet Compliance 360 repository for specific regulations on a leave of absence.

Additional Leave Guidance

The ASHP standards require 52 weeks for completion of the residency and certification of the resident. Time away from the residency program cannot exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

- Program maximum allowance is 25 days away from residency program

In the event that an unexpected situation causes a resident to be unavailable for work without proper notice, this time would be covered by unscheduled PTO or SICK leave. Incidents might include illness, inclement weather, traffic accidents, etc. However, residents are expected to accrue no more than 3 incidents of unscheduled PTO or SICK leave occurrences during their residency year. In accordance with Sentara policy, a resident who misses three (3) or more consecutive working days must be cleared to return to work by Occupational Health if due to illness and/or injury or provide other (non-medical) appropriate documentation specific to the reason for the unexpected call out to the RPD.

Program Extension

The ASHP PGY2 standards require 52 weeks for completion of the residency and certification of the resident. Based on this requirement, an equivalent time to the duration of the leave will be added to the end of the residency.

The RPD will evaluate each situation on an individual basis:

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

Duty Hour Requirements

Please see the ASHP Duty Hour Requirements for Pharmacy Residencies document for additional information and requirements located at [Duty-Hour Policy](#)

- A. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
 - a. Duty hours **includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
 - b. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.
- B. Maximum Hours of Work per Week
 - a. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
- C. Mandatory Duty-Free Times
 - a. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
 - b. Residents must have at a minimum of 8 hours between scheduled duty periods.
- D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
 - a. Continuous duty periods for residents should not exceed 16 hours.
 - b. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section.
- E. Tracking of Compliance with Duty Hours
 - a. All duty hours will be tracked and actively monitored for compliance with ASHP policy by the RPD.
 - i. Residents will be required to submit all hours worked that are not recorded in the timecard monitoring system (e.g. home call, external moonlighting, etc) to the RPD via email at each week's end. RPD will assume responsibility for maintaining compliance with ASHP duty hour requirements.
 - ii. The RPD will review the tracking method on a monthly basis.
 - b. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

Moonlighting

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives or the residency program. Moonlighting hours must be approved by the RPD and RPC. A moonlighting contract must be signed if the resident is participating in additional hours outside of the residency program.

1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
2. Duty hour reporting requirements include:
 - a. Residents are required to log all duty hours' activities within the electronic time registry system and are accountable for totaling and tracking all hours.
 - b. Residents are required to sign in upon arrival to work and sign out upon departure from work daily.
 - c. Residents must manually log duty hours occurring off site.

If a resident goes over an 80-hour work week then he/she must immediately report this occurrence to the RPD and corrective action taken.

Resident Disciplinary Action

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

Disciplinary action will be initiated if a resident:

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

Disciplinary Action Policy and Procedure

When the need for disciplinary action arises, the involved preceptor and the RPD will discuss the issue with the resident. An action plan will be devised to address the specific behavior or deficiency. The action plan must include appropriate measures for follow-up and goals for monitoring progress. Documentation of the discussion will be placed in the resident's file. Corrective actions will be in progress before the next scheduled quarterly evaluation.

If subsequent follow-up and progress, as agreed upon in the above documentation, is not appropriately or satisfactorily completed by the next quarterly evaluation, or if another deficiency or behavior requires intervention, the residency preceptor and the RPD must again be involved in discussions. If the RPD determines that the resident is not making satisfactory progress as agreed upon, an action may be taken against the resident to include assigning the resident remedial work or dismissal from the residency program.

Resident Dismissal

Dismissal

Resident's continued participation in the PGY-2 Program is expressly conditioned upon satisfactory performance of all Program elements by Resident, which will be determined in the Program's sole discretion. Resident may be dismissed or other corrective action may be taken for cause, including but not limited to: (a) unsatisfactory academic or clinical performance; (b) failure to comply with the policies, rules and regulations of the Program or Sentara Medical Group or other sites where Resident is trained; (c) revocation or suspension of license; (d) theft; (e) acts of moral turpitude; (f) insubordination; (g) use of professional authority to exploit others; (h) conduct that is detrimental to patient care; and (i) unprofessional behavior.

The Program may take any of the following corrective actions: (a) issue a warning or reprimand; (b) impose terms of remediation or a requirement for additional training, consultation or treatment; (c) terminate, limit or suspend Resident's appointment; (d) dismiss Resident from the Program; or (e) take any other action that is deemed by the Program to be appropriate under the circumstances. Issuance of a warning or reprimand and imposition of a remedial program are educational interventions and are not subject to appeal.

Automatic Termination

Notwithstanding any provision to the contrary, resident's appointment shall be terminated automatically and immediately upon the suspension, termination or final rejection of the resident's application for Virginia pharmacist license. In the event of such a suspension, termination or final rejection, Resident is obligated to report that to the Program director immediately.

Summary Suspension

Sentara Medical Group or the RPD, or their designees, each shall have the authority to summarily suspend, without prior notice, all or any portion of resident's appointment granted by Sentara Medical Group, whenever it is in good faith determined that the continued appointment of resident places the safety or health of Sentara Medical Group patients or personnel in jeopardy or to prevent imminent or further disruption of Sentara Medical Group operations.

Withdrawal by Resident

A resident may terminate appointment at any time, without cause, after notice to and discussion with the RPD and at least 30 days' prior written notice to Sentara Medical Group.

Resident and Staff Well-Being

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being.

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.

C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.

D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

E. Sentara Employee Assistance Program (EAP) is a service provided by Sentara Health Plans designed to support employees and their families with various personal and professional challenges.

www.sentaraEAP.com

The program offers a range of services, including:

- 1) Individual counseling for mental health, substance abuse, and other personal issues.
- 2) Crisis intervention to help manage urgent situations.
- 3) Support for life transitions, such as relationship improvements, building resilience, and developing self-care practices.
- 4) Assistance with child or elder care, grief counseling, and legal or financial services.

Employees and their household members can access up to four sessions at no cost. The goal is to help employees maintain their well-being and productivity, contributing to a healthier and more resilient workforce.

Educational Opportunities

The primary focus of the Sentara Healthcare pharmacy residency program is educating residents in the importance of patient care. In addition, residents will be given the opportunity to expand their knowledge about various disease states in ensuring that they are providing the best care for our patients. As such, expected tasks will include the practice of clinical pharmacy, completion of an approved residency project, and educating patients, other healthcare providers and students.

Pharmacy Students

Residents may assist rotation preceptors with pharmacy students throughout the year. Residents will also be required to complete topic discussions with pharmacy students. Also, a resident may assist the student on rounds, following up with patients, drug information question or other daily activities during the student's rotation. This opportunity will ensure that residents develop competency in teaching and training future healthcare professionals.

Travel and Professional Society Involvement

Residents are encouraged to develop and maintain involvement in professional societies on a local, state, and national level. Involvement is encouraged so as to allow the residents to be actively involved in the professional of pharmacy, open up opportunities for residents through networking and to give residents the opportunity to gain knowledge from other practitioners.

As a part of the residency year, residents are required to attend ASHP Midyear Clinical Meeting and the Research in Education and Practice Symposium (REPS) or equivalent conference. Residents will be given a yearly stipend to be applied to the mandatory meetings. The resident will not need to use PAL days for attending the ASHP Midyear Meeting or the Research in Education and Practice Symposium or equivalent.

Approval to attend meetings beyond the above-mentioned meeting is at the discretion of the RPD. Residents are required to give at least a 3-month' notice if an interest exists in attending any additional meetings. Residents will not be reimbursed for such meetings unless approval is granted ahead of time. If time off is approved by the residency director, residents may still be required to use PAL to attend the meeting.

Education days will still be counted towards the maximum time away from the residency program.

Requirements for the Successful Completion of a PGY-2 Residency Program

- 1) Residents shall provide proof of completion of a PGY-1 Pharmacy Residency, Community-Based Pharmacy Residency, or Managed Care Pharmacy Residency program accredited by ASHP or one in the ASHP accreditation process (official copy of PGY-1 certificate of completion is preferred, but verification of graduation in pharmacademic.com is acceptable)
- 2) Resident shall be licensed as a pharmacist in the state of Virginia as described in the residency manual.
- 3) Residents shall obtain “achieved” on at least 80% of the program’s goals
- 4) Residents shall have completed all required learning experiences.
- 5) Resident must spend 2/3 of residency year (35 week equivalent) in direct patient care activities. Furthermore, the maximum time away from the residency program, including all types of paid or unpaid leave as per ASHP Accreditation Standard 2.2, shall not exceed 37 days without requiring an extension to residency training.
 - a. Must abide by the ASHP duty hour requirements.
- 6) Resident shall have completed all evaluations:
 - a. Summative Self Evaluations
 - b. Evaluation of Preceptor Summative for each learning experience
 - c. Mid-Point Evaluations of Preceptor are required for longitudinal learning experiences and encouraged for block learning experiences
 - d. Final Evaluation of learning experience for each learning experience (quarterly for longitudinal experiences)
 - e. Final evaluation of Preceptor for each learning experience
 - f. Initial and Quarterly Self-Assessments for development plan
- 7) Resident shall have completed of the following presentations (at a minimum):
 - a. Journal club (2)
 - b. Case presentation (2)
 - c. Continuing education presentation (2)
- 8) Resident shall successfully complete their residency project. Successful completion will be defined as:
 - a. Presentation at Research in Education and Practice Symposium (REPS) or equivalent conference
 - b. Written manuscript submitted to the project preceptors, residency director, and residency coordinator. The quality of the manuscript should be as if submitted to a professional journal.
 - c. If the project requires IRB approval:
 - i. Submission to and approval by the IRB
 - ii. Closure of the IRB application when the project is completed
- 9) Resident shall have assembled and submitted a residency portfolio as instructed in the manual
- 10) Resident shall have completed the resident check out form and exit interview.

Only residents who have completed the above-mentioned requirements for successful completion of the residency program will be awarded a certificate.

Appendix A: Ambulatory Pharmacy Organizational Chart

