



**Sentara Norfolk General Hospital
PGY1 Pharmacy Residency
Program Manual**

Updated: June 2023



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Program Purpose

Post Graduate Year-1 (PGY1) pharmacy residency programs build on the Doctor of Pharmacy (PharmD) 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.

Overview

The Sentara Norfolk General Hospital PGY1 Pharmacy Residency will provide the resident with the skills and knowledge required to become a skilled pharmacy practitioner.

The program is designed to be 52 weeks of postgraduate training experience composed of required and elective rotations. The goal of our residency program is to train residents in the proper management of medications, provide evidence-based patient-centered medication therapy management, work with other health care professionals in managing patients in an inpatient and outpatient setting, exercise leadership skills, demonstrate the ability to manage and prioritize their time when given multiple tasks, provide medication counseling and practice related education, and utilize medical references. The elective choices are designed to customize the residency program to the resident's interests.

The residency program follows the ASHP Accreditation Standard for Postgraduate Residency Programs. More information on the newly harmonized standards that are effective July 1, 2023 can be viewed at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

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.

Sentara Commitments

- 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

Description of Sentara Health System

Sentara Health is a non-profit integrated 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 operates 3 health plans - Optima Health, Virginia Premier, and AvMed Health Plans which serve over 1 million members
- Sentara was the first in the nation to pioneer an eICU in 2000, a remote monitoring system for the intensive care units
- Sentara performed the first heart and kidney transplant in Hampton Roads in addition to the first open-heart surgery
- Sentara Health conducted the world's largest clinical trial of copper preventing healthcare-associated infections. We have copper-infused linens and hard surfaces in every hospital.
- We were one of the first health systems to join and provide data for the IBM Watson Health global initiative.
- Sentara has been voted best hospitals in the U.S. News and World Report for 20+ years.
- Sentara hospitals were ranked one of the best employers for women by Forbes in 2020.

There are multiple pharmacy residency programs within Sentara.

- Sentara Norfolk General Hospital (SNGH) PGY-1 Pharmacy Residency
- Sentara Martha Jefferson Hospital (SMJH) PGY-1 Pharmacy Residency
- Sentara RMH Medical Center (SRMH) PGY-1 Pharmacy Residency
- Sentara Health PGY-2 in Clinical Informatics
- Sentara Medical Group PGY-2 in Ambulatory Care

Sentara Norfolk General Hospital (SNGH) – Norfolk, VA

- 525-bed tertiary care facility located on a large medical campus that includes Children's Hospital of the Kings Daughters and Eastern Virginia Medical School
- Recognized as the area's only Level I trauma center, home of the region's only air ambulance "*Nightingale*"

Program Administrators

Organizational Chart

- Residents report directly to the residency program director (RPD) but also have dotted line reporting to the SNGH IP pharmacy manager and team coordinators
- The residency program is overseen by the System Director, Clinical and Financial Pharmacy Services

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:

Ashlee G Hamel, PharmD, MHA, BCPS

System Manager, 340B Programs

Email: agsommer@sentara.com

Residency Program Coordinator (RPC)

Under ASHP standard 4.1.c. 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:

Amanda I Ingemi, PharmD, MPH, BCPS, BCIDP

Clinical Pharmacy Specialist – Transplant

Email: aiingemi@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

Individuals must be able to meet all of the following responsibilities 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 an 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)

Research and MUE Project Advisors

Residents will be responsible for completing a year-long residency research project and a medication use evaluation. The resident will be assigned a project advisor(s) for each who will aid the resident in completing the requirements.

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 chief pharmacy resident will be invited to each RAC meeting to convey resident concerns and feedback.

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

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

Rotations

The resident should contact the assigned preceptor one week prior to the start of the rotation to review the goals and objectives 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. These can be viewed in the learning experience description within PharmAcademic.

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. Discuss any concerns regarding the rotation with the preceptor first and escalate to the RPD as necessary.

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.

Orientation

During orientation, residents will gain knowledge about the program description, scheduling information and rotation descriptions, Sentara's policies and procedures, and Sentara's intranet (WaveNet). Orientation will be 4 weeks in duration.

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

Hospital and pharmacy department orientation will be completed at the beginning of the residency program. Residents should complete and sign all required forms and turn each into the RPD before the end of orientation.

Rotation Schedule

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. Unless otherwise specified rotations will be for the calendar month.

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. Residents should submit their rotation preferences within 2 weeks.

Schedule changes

Rotation schedules are subject to change based on available elective rotations and preceptor availability. Change requests should be communicated to the RPD as soon as known.

Core (Required) Rotations

- Orientation
- Administration/Management
- Internal Medicine and Patient Care Transitions (IMPACT)
- Critical Care (Preference of practice setting by resident)
- Emergency Medicine
- Transplant or Cardiology
- Infectious Diseases
- Chief Resident
- Pharmacy Practice Experience (Staffing)
- Teaching and Learning Certificate
- Research Project
- Medication Use Evaluation (MUE)

The Pharmacy Practice Experience, Research Project, and Teaching and Learning Certificate are 12-month longitudinal rotations that each resident is responsible for through the residency year. The MUE rotation will be a 7-month rotation.

The Chief Resident rotation is a condensed three-month rotation that each resident will complete during the residency year. Responsibilities of the Chief Resident include but are not limited to: responding to all Code Blue alerts with Chief Resident preceptor, attending RAC meetings, attending Executive Pharmacy and Therapeutics, presenting at IP pharmacist staff meetings, taking minutes for Pharmacy Clinical Workgroup and acting as point-of-contact for all pharmacy staff with resident-related questions and duties.

Elective Rotations

Elective rotations are mutually agreed upon by the resident and the RPD. They should be chosen based on previous experiences of the resident, interests, and perceived areas of weakness. Scheduling of elective rotations are on a first come, first serve basis and can be granted based on the preceptor's availability. Core rotations may also be repeated as an elective rotation. If the resident has a special interest and there is not a rotation available for that specialty, the RPD and RPC should be informed. These unique electives may be available based on the resident's performance during the residency, approval of the RPD, RPC, and availability of a preceptor in that area. Residents may select 4 elective rotations and only 2 of these may be in non-direct patient care.

Elective rotations:

- Antimicrobial Stewardship
- Ambulatory (Cardiac or Transplant)
- Clinical Informatics*
- Drug Information
- Medication Safety
- Nephrology
- Oncology
- Pharmacy Business*
- Pulmonary Hypertension
- Sterile Compounding*
- Repeat of any core rotation

**Denotes not direct patient care*

Meetings

Throughout the residency year, residents will be requested to attend departmental, administrative, and various committee meetings. Residents will be made aware of pre-scheduled meetings by the designated attendees. It is expected that residents are fully engaged and active participants in meetings they attend. Residents should not be multi-tasking during these meetings.

The residents should keep up to date with Outlook calendar appointments and pay close attention 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. If a conflict exists, the resident should discuss with the meeting organizer.

Clinical Pharmacy Workgroup

Clinical Pharmacy Workgroup is a required monthly meeting on the first Thursday of the month. It is comprised of the clinical specialists, residents, and leaders of clinical services. Residents are expected to participate in clinical workgroup and have an understanding of the agenda items discussed each month.

Each of the PGY1 residents within Sentara will be assigned a month for minutes. The residents should work with the system team coordinator and system director for the preferred format of the meeting minutes.

Resident Quarterly Development 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.

The resident should be prepared with a self-assessment each quarter. Self-reflection will be a critical part of the residency year and is a measured objective on many rotations.

Executive Pharmacy and Therapeutics Meeting

Residents will be required to prepare a minimum of one drug monograph to present at an Executive Pharmacy and Therapeutics (P+T) Committee meeting as assigned throughout the year. Presentation requirements will be assigned by the drug information specialist and/or residency director. These drug monographs should be included in the resident's portfolio.

The chief resident must attend P+T meetings. Residents who are not assigned chief resident are welcome to attend as their schedule allows. The chief resident will be asked to assist with attendance, safety stories, and organization of the meeting as needed. Residents should attend these meetings in person unless otherwise instructed.

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 are responsible in outlining which required goals and objectives will be evaluated for each rotation.

Preceptors will be required to complete a formal final evaluation in PharmAcademic no later than 7 days following the completion of the rotation. Copies of the resident's rotation evaluations and quarterly evaluations will be kept electronically within PharmAcademic. 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. Each rating should have accurate and objective comments documented within the evaluation that provide an explanation for the chosen rating.

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>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. This conveys that the resident has progressed at the 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 some 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>Examples:</p> <ul style="list-style-type: none"> • Resident is able to consistently answer questions of the healthcare team and provide concise and complete responses with minimal preceptor prompting or

	<p>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.</p> <ul style="list-style-type: none"> • 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. <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>
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.</p> <p>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>

Self-Assessment & Development Plans

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 RPD 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.

Resident Entering Self-Assessment

Residents are required to complete the new ASHP Resident Entering Self-Assessment Form at the beginning of, or prior to, the start of the residency year. Residents will no longer receive entering self-evaluation tasks in PharmAcademic upon enrollment. Instead, residents will use the new template, which is available in PharmAcademic. For Community Pharmacy programs, the new template also replaces the resident initial and final self-reflections.

The Development tab in PharmAcademic was renamed the “Self-Assessment & Development Plans” tab and now includes an area where you and/or the resident can download the new ASHP self-assessment template and upload the completed document. The PharmAcademic welcome email to residents will provide information about this requirement and include instructions for accessing the template in PharmAcademic. Please see the PharmAcademic Help Center document, “Completing the Resident Entering Self-Assessment Form” for more detailed instructions.

This form 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 select topics of focus for the residency program. Residents will complete the form at the beginning of the residency year within PharmAcademic.

The RPD will review the ASHP Standard Entering Interests form prior to the first quarterly development meeting and will add their own comments. It is expected that the RPD will develop a strategy to facilitate achievement of goals and to address self-identified areas of weakness. The RPD will provide a summary of the plan to the resident and all preceptors.

Customized Training and Development Plan

ASHP requires the Customized Training and Development 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.

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 Development 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.

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. Unlicensed residents will not be able to perform any tasks independently that require licensure. Tasks include but are not limited to: order entry, order verification and dispense checking.

Failure to obtain license

Residents who fail to become licensed in the state of Virginia within 90 days will be dismissed from the program.

Days Away from the Residency

Residents may not exceed 25 days away from the residency program (assigned shifts/working days). This includes conferences, professional leave, PAL, HOLPAL, sick, medical leave, and bereavement.

- It is up to the program if and how excess days away from the residency may be made up – during the program or an extension at the end of the residency year.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

Conference Attendance

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

PAL

- Residents will accrue Paid Annual Leave (PAL) per Sentara policy.
- PAL must be approved by RPD at least 2 weeks prior to the request date. PAL during scheduled staffing must be requested prior to the department scheduling deadlines.
- Weekend switches are allowed, but must be approved by the RPD and must still meet duty hour requirements.
- Residents may take no more than 15 days of PAL during the residency (this does not include bereavement or FMLA, if eligible).
- Residents will use HOLPAL per Sentara policy if not working on observed holidays. HOLPAL and floating HOLPAL does count towards the 15 days of PAL.
- It is the resident's responsibility to communicate with all parties as required per their program.
- Community service days required by the program will not require PAL.

SICK

- Residents may take sick time according to Sentara policy.
- All sick time must be communicated with the RPD according to department standards.
 - If during rotation – the RPD, RPC, and rotation preceptor must be notified.
 - If during a weekend – the RPD, RPC, IP manager, and IP pharmacy should be notified as soon as possible.
- Residents must follow system Attendance Policy 304.

Program Extension

The ASHP PGY1 standards require 52 weeks for completion of the residency and certification of the resident. Based on this requirement, an equivalent time to the duration of the leave will be added to the end of the residency. The RPD will evaluate each situation on an individual basis.

- Residents who require more than 10 days of PAL, 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 Hours and Moonlighting

Sentara Norfolk General Hospital is dedicated to providing residents with a comprehensive and challenging residency program. The program supports compliance with the ASHP Duty Hour Requirements to ensure that residents are not compromising patient safety or minimizing the learning experience by working extended periods of time. The residency program director, preceptors, and residents share responsibility to ensure that residents abide by the ASHP requirements during the residency year. Residents are at an increased risk of burnout and depression and the program's focus is on wellness and resilience.

- <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Duty Hours

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs, or topic discussions; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Continuous duty periods must not exceed 16 hours in duration, must be scheduled for a minimum of one day free of duty every week (when averaged over 4 weeks), must provide adequate time for rest and personal activities, and must have a minimum of 8 hours free of duty between scheduled duty periods.

Duty-hours and external professional activities and moonlighting will be addressed during each RAC meeting and within the resident's quarterly development plan. The RPD and RPC will evaluate residents' overall performance or residents' judgment while on scheduled duty periods and following moonlighting activities that may affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.

Residents will attest to adherence with ASHP duty hours monthly within PharmAcademic.

Moonlighting

If a resident wishes to moonlight, they must schedule time to discuss with the RPD and RPC. The resident must have a signed moonlighting contract on file before moonlighting activities begin.

- Defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program. *These are not only pharmacy-related hours and can be any compensated work.*
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

Program Requirements:

- Internal or external moonlighting is allowed, but must be approved by the RPD and reflected on a signed contract.
- Residents must have satisfactory performance remarks while moonlighting (satisfactory progress or achieved on evaluation objectives).
- If a resident's progress in the residency program declines or resident's wellbeing is impacted, the resident will be prohibited from moonlighting until performance improves
- The resident should not exceed 4 hours per week initially and not to exceed 8 hours per week of moonlighting activity.
- Residents must inform their preceptor, RPC and RPD of moonlighting hours as they occur.

Disciplinary Action

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

Disciplinary Action

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

Disciplinary action will be initiated if a resident:

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

Dismissal after Disciplinary Action

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

Immediate Dismissal

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

- Failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the hospital
- If licensure within the state of Virginia is not obtained within 90 days of the start date
- The resident knowingly or due to negligence of action places a patient, employee or any other person in danger
- The resident commits a major offense as outlined in Human Resources Policy 301a, Employee Conduct Procedure
- The resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of at least the director of pharmacy services, the resident's program director, and a clinical specialist in the appropriate area of practice.

Pharmacy Department

Staffing

Consistent with the ASHP residency standards, each resident will be required to complete a pharmacy practice component of the residency program. This component of the residency program will provide residents the opportunity to broaden their knowledge of pharmacy practice. Residents will be exposed to all aspects of pharmacy practice. This experience is crucial in developing a well-rounded practitioner.

Residents will complete Epic training during the orientation period. Residents will staff every other weekend with a focus on both clinical and central staffing for a minimum of eight hours a shift every other weekend. Residents may also be assigned other activities as deemed appropriate by the weekend preceptor.

Preceptors involved in weekend training will complete a staffing evaluation for the resident on a quarterly basis. The resident will complete an evaluation for the staffing experience and for the preceptors involved.

Holiday Staffing Coverage

Residents are assigned to work holidays as assigned by their rotation or weekend preceptor. Holidays that fall on a resident's assigned weekend are not to be selected as paid holidays off.

Requirements of the Residency

Below outline the minimum requirements for the successful completion of a PGY-1 Residency Program at Sentara Norfolk General Hospital.

- 1) Residents shall be licensed as a pharmacist in the state of Virginia as described in the residency manual
- 2) Residents shall successfully complete their residency project. Successful completion will be defined as:
 - a. Submission to and approval by the IRB
 - b. Presentation at Research in Education and Practice Symposium (REPS) or equivalent conference
 - c. Written manuscript submitted to the project preceptors, residency director, and residency coordinator. The quality of the manuscript should be as if submitting to a professional journal.
 - d. Closure of the IRB application when the project is completed
- 3) Residents shall obtain "achieved" on at least 80% of the program's educational objectives

- 4) Residents shall have completed a minimum of 23 staffing weekends. In case of extenuating circumstances, see section on leave of absence or bereavement leave. Staffing weekends can be made up by evening shifts if approved by the RPD or RPC.
- 5) Resident shall have completed all PharmAcademic evaluations
- 6) Resident shall complete the Teaching and Learning Certificate requirements
- 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) – 1 full CE presentation and 1 shared CE presentation on resident research projects
- 8) Resident shall have assembled and submitted a residency portfolio as instructed in the manual
- 9) Resident shall have completed the resident check out form

Unless all requirements are met for successful completion of the residency program, residents will not be eligible to attend the end-of-year residency ceremony when certificates of residency training are awarded. Only residents who have completed the above mentioned requirements for successful completion of the residency program will be awarded a certificate.

Residency Research Project and MUE

The resident is considered to be the project manager for both the research project and the MUE with guidance available from project preceptors and other resources. As the 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 and MUE lists will be given to the resident during orientation. After the lists are given out, the residents should find time to learn more about potential projects they are interested in by talking to the project advisors. Once the residents select their projects, these decisions should not be changed barring unanticipated events.

Any barriers that impede progress should be communicated to the project preceptors as soon as possible.

Research Project

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 may be presented as poster presentations at ASHP Midyear Clinical meeting if desired and must be presented as a platform presentation at the Research in Education and Practice Symposium (REPS) or equivalent conference.

At the end of the year, it is expected that each resident completes a final manuscript for the project that is ready for submittal for publication to a peer-reviewed pharmacy/medical journal. Manuscripts are due by the completion of the residency year. 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.

Residents will be responsible for presenting their research project in a platform presentation to be given at the Research in Education and Practice Symposium (REPS) or equivalent residency conference.

MUE

The medication use evaluation will be presented as a poster at the Vizient December meeting. The final manuscript for the MUE should be completed as outlined in the residency schedule.

Presentations

Case Presentations

The resident will present a minimum of 2 formal case presentations.

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 "final" 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.

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 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.

Continuing Education

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

- 1) CE presentation
- 2) 15-minute research project presentation (all 4 residents present their REPS research project as a combined CE)

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 50 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.

The following is due at least 14 days in advance of session date to the system CE coordinator.

- 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 within the slides audience disclosures for the following:

- Planning committee conflicts of interest (or lack of) – RPD, RPC, SME, CE Coordinator
- Speaker conflicts of interest (or lack of)
- Commercial support of activity (or lack of)

Residency Portfolio

Throughout the residency year, residents will be required to keep a portfolio. This portfolio will include all of the resident's activities as he/she progresses through the residency year. Portfolios will include 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.

The portfolio should be assembled with the following information. All documents should be titled with the Date, resident name, type of document, and title of the presentation.

- 2023 JUNE_RESIDENT A_Case presentation_Tachycardia
-
1. Residency Schedule
 2. Journal Clubs
 3. Case Presentations
 4. Other Projects (topic discussions, student assignments, etc.)
 5. Continuing Education Presentations
 6. Monograph
 7. MUE
 8. Residency Project
 - a. Citi Program Certification
 - b. Preliminary Presentation
 - c. Study Protocol
 - d. Study Data Collection Sheets
 - e. IRB Application
 - f. IRB Approval Letter
 - g. Midpoint Presentation
 - h. REPS Abstract
 - i. REPS Presentation
 - j. Manuscript
 - k. IRB Study Closed Letter
 9. Residency Program Check-Out Sheet

Please make sure every document/presentation you create has your name, date created, document description either in header or footer of document.

Educational Opportunities

The primary focus of the SNGH PGY-1 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. Each resident will also be assigned to precept an APPE student as part of the teaching and learning certificate program. 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 questions 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 Conferences

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 opportunity to gain knowledge from other practitioners.

Required Conferences

As a part of the residency year, residents are required to attend Vizient December Meeting, 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 required conferences but they will count towards the 25 day maximum allowed days away from the residency.

Residents are expected to attend the conference even on days the resident is not presenting. This is a paid conference and an educational opportunity for the resident to learn and collaborate with other residents and pharmacists.

Other Conferences

Approval to attend meetings beyond the above mentioned meeting is at the discretion of the RPD. Residents will not be reimbursed for such meetings unless approval 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.