



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

Updated: December 2025



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Program Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

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 Pharmacy Residency Programs](#).

Description of Practice Site

Sentara Health, an integrated, not-for-profit health care delivery system, celebrates more than 135 years in pursuit of its mission - "we improve health every day." Sentara is one of the largest health systems in the U.S. Mid-Atlantic and Southeast, and among the top 20 largest not-for-profit integrated health systems in the country, with 34,000 employees, 12 hospitals in Virginia and Northeastern North Carolina, including 10 hospitals with the prestigious Magnet® recognition, and the Sentara Health Plans division which serves more than 1 million members in Virginia and Florida.

The flagship hospital of Sentara Health, **Sentara Norfolk General Hospital**, located in Norfolk, VA, is a 525-bed tertiary care facility that is home to the only Level I Adult Trauma Center and burn trauma unit in Hampton Roads, and also serves as the primary teaching hospital for Eastern Virginia Medical School. In addition to the high-quality heart program at Sentara Heart Hospital, our facility is home to Nightingale Regional Air Ambulance and several other dedicated facilities and specialized services. As a recognized accredited Comprehensive Stroke Center, and Magnet hospital for nursing excellence, our hospital specializes in heart and vascular, neurosciences, neurosurgery, urology, oncology, spine care,

advanced imaging, behavioral health, maternity, and women's health, including a state-of-the-art neonatal intensive care unit.

Program Administrators

Organizational Chart

- Residents report directly to the SNGH Inpatient Pharmacy Director
- 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:

Amanda I. Ingemi, PharmD, MPH, BCTXP

Senior Clinical Pharmacy Specialist

Email: aingemi@sentara.com

Residency Program Coordinator (RPC)

The RPD may delegate, with oversight, to one or more individuals 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:

Marcus C. Kaplan, PharmD, BCEMP

Clinical Pharmacy Specialist – Emergency Medicine

Email: mckaplan@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 learning experience.

The RPD and RPC will appoint and reappoint residency preceptors for four-year terms on a rolling basis. At the final Residency Advisory Committee (RAC) meeting of each residency year, all prospective new preceptors and all preceptors whose four-year term is due to expire will be reviewed for eligibility and, if eligible, will be appointed/reappointed to a new four-year term. These determinations will be documented in RAC meeting minutes and a roster of appointed preceptors will be maintained by the

RPD/RPC. The RPD may also choose to appoint/reappoint a preceptor in the middle of a residency year as needed.

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

Individuals must be able to meet all of the following qualifications to be a residency preceptor, as outlined in the Standards and on the Academic and Professional Record form housed in PharmAcademic:

- Precept using teaching roles (instructing, modeling, coaching, facilitating)
- Assess resident performance with verbal and written feedback
- Content knowledge/expertise in their area of practice
- Contribution to pharmacy practice in the area precepted
- Establish an active practice and ongoing responsibilities in the area they precept
- Annual participation in at least two (2) preceptor development activities offered either within Sentara or externally (e.g. resources offered by schools of pharmacy, online webinars, 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 project, who will guide the resident in completing all 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

At the final RAC meeting of each residency year, a formal program evaluation is conducted and includes assessment of: (a) methods of new resident recruitment, (b) end-of-the year input from residents who complete the program, (c) input from resident evaluations of preceptors and learning

experiences, and (d) input from all preceptors related to continuous improvement. Program improvement opportunities are discussed and agreed upon by RAC and plans for changes to the program are documented in the meeting minutes.

Rotations and Program Structure

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 learning experience description. 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 (Sentara Source). 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.

The orientation period also includes orienting residents to:

- The residency manual
- The ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs ("The Standard")
- The residency's purpose, as documented in the introduction to The Standard.
- Competency areas, goals, and objectives applicable to the residency program.
- Description of required and elective learning experiences.
- Organization's process for reporting issues around harassment and inappropriate behavior (addressed during Sentara orientation for all new employees)
- Strategies for maintaining well-being and resilience and providing available resources.

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. At the start of the residency, residents will be given the opportunity to express their rotation interests and schedule preferences. Once this information is submitted, the RPD and RPC will create the residency rotation schedule for each individual resident.

Schedule Changes

Rotation schedules are subject to change based on available elective rotations and preceptor availability. Residents may also initiate schedule change requests; however, all schedule changes will be subject to RPD approval.

Required Rotations

- Orientation
- Internal Medicine and Patient Care Transitions (IMPACT)
- Critical Care (General ICU or Burn/Trauma Service)
- Emergency Medicine
- Immunocompromised (Solid Organ Transplant or Oncology)
- Infectious Diseases
- Cardiology (Ambulatory Care or Cardiac ICU)
- Pharmacy Administration/Management

Required Longitudinal Experiences

- Chief Resident (divided equally throughout the year)
- Pharmacy Practice Experience
- Teaching and Learning Certificate
- Research Project
- Medication Use Evaluation

The Pharmacy Practice Experience, Research Project, and Teaching and Learning Certificate are 12-month longitudinal rotations for which each resident is responsible through the residency year. The MUE rotation will be a 7-month rotation (i.e. completed by end of January).

The Chief Resident rotation is a condensed two-month rotation that each resident will complete during the residency year. Responsibilities of the Chief Resident include but are not limited to: responding to Code Blue alerts with Chief Resident preceptor, attending RAC meetings, attending Executive Pharmacy and Therapeutics, presenting at 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

Scheduling of elective rotations is on a first-come, first-serve basis and will be granted based on the preceptor's availability. Required patient care 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 2 elective rotations.

Elective rotation options:

- Ambulatory Care – Transplant
- Antimicrobial Stewardship
- Clinical Informatics*
- Maternal and Infant Health
- Nephrology
- Pharmacy Business*
- Pulmonary Hypertension
- Sterile Compounding*
- Repeat of any required direct patient care rotation

*Denotes NOT direct patient care

Program Structure

<u>Required Rotations</u>	<u>Duration</u>
Orientation	4 weeks
Internal Medicine and Patient Care Transitions (IMPACT)	5 weeks
Critical Care	5 weeks
Emergency Medicine	5 weeks
Immunocompromised	5 weeks
Infectious Diseases	5 weeks
Cardiology	5 weeks
Pharmacy Administration/Management	5 weeks
<u>Elective Rotations</u>	<u>Duration</u>
Elective 1	4 weeks
Elective 2	5 weeks
<u>Required Longitudinal Experiences</u>	<u>Duration</u>
Chief Resident	2 months
Medication Use Evaluation	7 months
Research Project	12 months
Teaching and Learning Certificate	12 months
Pharmacy Practice Experience (staffing)	12 months

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 their current rotation preceptor.

Clinical Pharmacy Workgroup

Clinical Pharmacy Workgroup is a required monthly meeting attended by 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 to record minutes for one Clinical Pharmacy Workgroup meeting during the year. 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 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.

Evaluations/PharmAcademic

PharmAcademic is a computer generated evaluation and document management system overseen by ASHP. It is a tool utilized by residency programs that outlines the required goals and objectives for residency learning experiences and houses resident feedback and evaluations, quarterly resident development plans, and preceptor Academic and Professional Records.

No later than 7 days following the completion of each learning experience, the following is required to be completed in PharmAcademic:

- A formal summative evaluation of the resident (completed by the primary preceptor)
- A learning experience evaluation (completed by the resident)
- A preceptor evaluation (completed by the resident)

Evaluations in PharmAcademic are available to the RPD, RPC, rotation preceptor(s), 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. Accurate and objective comments shall be 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 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. <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>ACH = Achieved</p>	<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.
<p>Achieved for the Residency</p>	<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>

Entering Self-Assessment & Quarterly Development Plans

The 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 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. 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.

The RPD will review the ASHP 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.

Resident Development Plan

ASHP requires the Resident Development Plan to be reviewed quarterly. The Resident Development Plan is a high level summary of each resident's performance and progress throughout the program. Development Plans include three required components: 1) Resident documented self-reflection and self-evaluation, 2) RPD documented assessment of the resident's strengths and opportunities for improvement as well as progress towards achievement of objectives and completion requirements for the program, and 3) RPD documented planned changes to the resident's program for the upcoming 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 Commonwealth 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 for obtaining a pharmacist license. Unlicensed residents

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

Failure to Obtain License

Any residents who fails to become a licensed pharmacist in the Commonwealth of Virginia within 90 days of residency start date will be dismissed from the program.

Days Away from the Residency

Residents may not exceed 20 days away from the residency program (assigned shifts/working days). This includes professional leave, PTO, sick time, medical leave, jury duty, and bereavement.

- It is up to the program to determine if and how excess days away from the residency may be made up (i.e. 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).
- Residents must adhere to all scheduling policies outlined in the “Pharmacist Schedule and Policies” folder within the Sentara Norfolk Inpatient Pharmacy Teams → Pharmacists Channel: [PHARMACIST SCHEDULE POLICIES](#)

Conference Attendance

- Attendance at ASHP Midyear and a regional residency conference is required for the pharmacy residency program. PTO 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 PTO, unless otherwise approved by the RPD. No more than 10 days of PTO may be used for this purpose.
- Required, internal pharmacy retreats are considered rotation days and do not count towards the maximum conference attendance days.

Paid Time Off (PTO)

- Residents will accrue Paid Time Off (PTO) per Sentara policy.
- PTO must be approved by RPD at least 2 weeks prior to the request date. PTO 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 PTO during the residency (this does not include bereavement or FMLA, if eligible).
- Residents will use HOLPTO per Sentara policy if not working on observed holidays. HOLPTO and floating HOLPTO does count towards the 15 days of PTO.
- 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 PTO.

Sick Time

- Residents may take sick time according to Sentara policy.
- Residents must follow system Attendance Policy 304.
- All sick time must be communicated according to department standards/Attendance Policy.
 - If during rotation – rotation preceptor must be notified as soon as possible.
 - If during staffing shift – the inpatient pharmacy must be notified as soon as possible.
- RPD and RPC will monitor resident attendance throughout the year.

Program Extension

The Standard requires 52 weeks for completion of the residency and certification of the resident. Based on this requirement, should a resident require a leave from residency, 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 15 days of PTO, exceed the maximum 20 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.

Duty Hours

Residents should be familiar with ASHP's Duty Hour Requirements for Pharmacy Residencies, which may be viewed here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This time 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 4-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 1 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 Hour Requirements 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.

- Moonlighting is defined as **any** voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of 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 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 pharmacist licensure within the Commonwealth 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, including excessive or inappropriate use of artificial intelligence tools, as 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 Practice Experience

Staffing

Consistent with the Standard, 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 be in staffing for 2 weeks in December while not on a rotation. Staffing during this time frame may include any shift on the pharmacist schedule.

After Orientation is complete, residents will staff every 3rd weekend. Weekend staffing will comprise a mix of operational shifts in Central Pharmacy and clinical shifts.

Preceptors working alongside residents during staffing 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 will work either Christmas Day or New Years Day during their December staffing block. Thanksgiving Day will be a day off for all residents. Residents may work holidays as assigned by their rotation preceptor or RPD.

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

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, each resident must complete a final manuscript for the project that is suitable for submission 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.

MUE

The medication use evaluation will be presented as a poster at the Vizient Pharmacy Network meeting in December. 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.
- A final draft of the presentation is due to the SME for review no later than 1 week prior to the presentation date.
- After completion, all presentations should be uploaded into the resident's portfolio.

Journal Clubs

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

- The selected publication should be submitted for approval to the RPD and RPC no later than 2 weeks before the presentation date.
- For all journal clubs, the resident must prepare a handout or PowerPoint slides. These presentation materials should be included in the resident's portfolio.
- Journal clubs should entail 15 minutes of presentation time.

Continuing Education

Residents will be responsible for completing 2 ACPE-accredited continuing education (CE) presentations to be given system-wide.

- 1) 1-hour CE topic
- 2) 15-minute research project presentation (all 4 residents deliver their REPS research presentations together as one 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. Presentation slides must be used during the presentation. Appendices may be included along with the slides. There must be audience engagement in all CE presentations. 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 SME prior to the presentation. A final draft should be available for the SME to review no later than 7 days before the presentation date.

The following is due at least 14 days in advance of presentation 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
- Curriculum Vitae
- 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)

Educational Opportunities

The primary focus of the SNGH PGY1 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. A resident may also assist/supervise the student while on rounds, following up with patients, answering 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 the Vizient Pharmacy Network Meeting, ASHP Midyear Clinical Meeting and the Research in Education and Practice Symposium (REPS) or equivalent regional pharmacy research conference. Each of these conferences are fully funded for travel arrangements, meals and conference fees.

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 PTO to attend the meeting. Education days will still be counted towards the maximum time away from the residency program.

Residency Completion Requirements

Below outline the minimum requirements for the successful completion of a PGY1 Pharmacy Residency at Sentara Norfolk General Hospital:

- 1) Residents shall be licensed as a pharmacist in the Commonwealth 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 the Institutional Review Board (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. IRB close-out when the project is completed (or appropriate plan for close-out)
- 3) Residents shall successfully complete their residency medication use evaluation (MUE). Successful completion will be defined as:
 - a. Presentation of a poster at Vizient Pharmacy Network Meeting or equivalent conference
 - b. Written manuscript submitted to the project preceptors, residency director, and residency coordinator.
- 4) Residents shall obtain “achieved for residency” on at least 80% of the program’s educational objectives.

- 5) Resident shall have completed all requirements of the Teaching and Learning Certificate.
- 6) Residents shall have completed a minimum of 30 weekend staffing shifts (i.e. 30 weekend days). In case of extenuating circumstances, see Sentara policies on leave of absence or bereavement leave. Staffing weekends can be made up by evening shifts if approved by the RPD or RPC.
- 7) Resident shall have completed all PharmAcademic evaluations and development plans.
- 8) Resident shall have completed all 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
- 9) Resident shall have assembled a complete residency portfolio as instructed in the manual.
- 10) Resident shall have completed the resident check out form.

Only residents who have completed all of the above requirements will be eligible to attend the end-of-year residency ceremony and be awarded a residency certificate.

Residency Portfolio

Residents will be required to keep an electronic residency portfolio. This portfolio will include all of the resident's activities as he/she progresses through the residency year. Portfolios will be reviewed periodically throughout the residency year.

The following items are required for inclusion in the electronic residency portfolio:

- Journal Club Handouts
- Case Presentations
- Continuing Education Presentations
- Drug Monograph
- MUE Poster and Manuscript
- Teaching and Learning Certificate Program Completion Checklist
- Residency Project Items:
 - Citi Program Certification
 - Full IRB Application (include all documents submitted with application)
 - REPS Abstract
 - REPS Presentation
 - Manuscript
- Completed Residency Check Out Form

APPENDIX A
Residency Check Out Form

Resident Name: _____

Position after Residency: _____

Hospital Name and Location: _____

Non-Sentara Email and Phone Number: _____

Residency Program Deliverables	Date(s) Completed	Resident / RPD or RPC Initials
Virginia Pharmacist Licensure		
Journal Club Presentations (2)		
Case Presentations (2)		
CE Presentations (2)		
MUE Poster Presentation		
MUE Manuscript Submission		
Research Conference Presentation		
Research Manuscript Submission		
Complete all residency evaluations and development plans in PharmAcademic		
Completed Teaching and Learning Certificate Program Checklist		
Upload all required elements of electronic Residency Portfolio		
Additional Close-Out Actions	Date Completed	Resident / RPD or RPC Initials
Residency exit interview		
Return Sentara laptop and power cord		
Turn in Sentara badge		

Approval for Residency Completion:

I certify that _____ (Resident Name) has completed all requirements of the Sentara Norfolk General Hospital PGY1 Pharmacy Residency and is eligible to receive a Residency Certificate.

RPD Signature: _____

Date: _____