Virginia Commonwealth University Health System Department of Pharmacy Services

Pharmacy Residency Programs
Policies and Procedures Manual

Roles and Responsibilities
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Director, Department of Pharmacy Services
Rodney Stiltner, Pharm.D., M.S.

The Director, Department of Pharmacy Services, is responsible for the overall character of the residency programs. Through appropriate leadership and administrative decisions, he is responsible for the growth and sustainability of the residency programs. The Director accepts all enrollees, as Department of Pharmacy Services employees, in the residencies and dismisses enrollees when necessary. Through the Coordinator and the Residency Program Directors, he ensures overall program goals and specific learning objectives are met and training schedules are maintained. The Director may identify individuals among the staff to serve as preceptors.

Coordinator, Pharmacy Residency Programs
Craig Kirkwood, Pharm.D., Assistant Director, Pharmacotherapy Services

The Coordinator, in close association with the Director, Department of Pharmacy Services, and the Residency Program Directors, is responsible for the conduct of the residency programs. The Coordinator:

1. Serves as primary liaison between the Director of Pharmacy Services and the Residency Program Directors, as well as between the Residency Program Directors and other preceptors.
2. Promulgates policies, procedures, and guidelines regarding the residency programs.
3. Reviews all information and directives from the American Society of Health-System Pharmacists (ASHP) concerning residency programs and ensures necessary and appropriate follow-through.
4. Coordinates the rotation schedules for all VCUHS pharmacy residency programs.
5. Coordinates the development and maintenance of specific training experiences for the programs.
6. Serves as a preceptor for residents in required and/or elective rotations.
7. Serves as a project advisor as needed for continuity of the programs.
8. Attends the Resident Activities Meetings (RAM) routinely and, when not available, ensures a program director will be present at the RAM meeting.
9. Lends an ear when residents need to talk to someone (other than another resident, their program director, or their practice advisor). Recommends residents to follow-up with professional mental health or medical providers as necessary.

Residency Program Directors

The Residency Program Directors (RPDs), in close association with the Coordinator, are responsible for achieving the success of each individual residency. The responsibilities of each RPD may include but are not limited to:

1. Meets initially, and then on a regular basis (at least three times a year) with each resident to review the resident's progress and development plan and to help plan for the remainder of the residency, in conjunction with the resident's practice advisor, when applicable
2. Assists in the planning of each resident's rotations.
3. Assists each resident in the process of selecting a practice advisor.

4. Attends the resident's CE Seminar and other major presentations as possible and provides constructive criticism to the resident regarding their presentation.
5. Serves as a preceptor in their practice area.
6. Ensures that appropriate oral and written evaluations are conducted for each rotation and maintains documentation of the residents' evaluations through PharmAcademic.
7. Counsels the resident concerning potential post-residency employment opportunities and helps the resident prepare for interviews and the ASHP MCM Personnel Placement Service.
8. Actively participates in the recruitment and selection of residency applicants.
9. Attends pertinent residency townhall sessions.
10. Attends and presents at graduation (closing banquet) ceremonies.
11. Attends the RAC meetings bi-monthly.
12. Attends the RAM meetings when possible.
13. Coordinates program specific RAC meetings quarterly.
14. Maintains residency materials associated with the program.
15. Lends an ear when the resident needs to talk to someone (other than another resident or their practice or research advisor). Recommends residents to follow-up with professional mental health or medication providers as necessary.

Residency Program Directors

Program Director, PGY1 Residency – May Aziz, Pharm.D., BCOP
Clinical Specialist, Hematology/Oncology and Cellular Immunotherapies and Transplant

Assistant Program Director, PGY1 Residency – Tammy Nguyen, PharmD, BCPS
Clinical Specialist, Emergency Medicine

Program Director, Adult (Internal) Medicine Residency – DaleMarie Vaughan, Pharm.D., BCPS
Clinical Specialist, Adult (Internal) Medicine

Program Director, Critical Care Residency – Lisa Kurczewski, Pharm.D., BCCCP
Clinical Specialist, Critical Care – Neurosurgical ICU

Program Director, Oncology Residency – Kyle Zacholski, Pharm.D., BCOP
Clinical Specialist, Hematology/Oncology

Program Director, Ambulatory Pharmacy Practice – Stacey Dean, Pharm.D., MSHA, BCACP
Manager, Ambulatory Pharmacy Services

Program Director, Psychiatry Residency – Sandy Mitchell, PharmD, BCPP
Clinical Specialist, Psychiatry

Program Director, Pediatric Residency – Cady Noda, PharmD, BCPPS
Clinical Specialist, Pediatric Hematology Oncology and Cellular Immunotherapies and Transplant

Program Director, Solid Organ Transplant Residency – Idris Yakubu, PharmD, BCTXP
Clinical Specialist, Solid Organ Transplantation

Program Director, Administration (Combined PGY1/PGY2) Residency – Rodney Stiltner, PharmD, MS
Director, Department of Pharmacy Services

Residency Practice Advisors

Each pharmacy resident selects a specific pharmacist who serves as a practice advisor for the residency year from a list of eligible pharmacists. The practice advisor should be available to the resident to discuss issues involving the residency. The practice advisor ideally should not serve as the resident's research project advisor. PGY2 pharmacy residents are offered the opportunity to have an advisor other than the program director. Although the advisor may be responsible for several functions, the RPD retains the responsibility for achieving the success of the residency. Responsibilities of the pharmacy resident practice advisors include but are not limited to:

1. Meets with the resident on a regular basis, at least once every two months (and more often if necessary) to discuss the progress of the resident.
2. Attends the resident's CE Seminar (and other oral presentations when possible) and provide constructive criticism to the resident regarding his or her presentation.
3. Attends the quarterly evaluation sessions held with the resident and the RPD (and Coordinator if needed) to discuss the resident's progress and plan for the remainder of the residency.
4. Advises concerning potential post-residency employment opportunities and helps the resident to prepare for any interview process and the ASHP MCM Personnel Placement Service when necessary.
5. Attends graduation ceremonies. Lends an ear when the resident needs someone (other than another resident or the RPD) to talk to. Recommends residents to follow-up with professional mental health or medical providers as necessary.

Rotation Preceptors

Each rotation preceptor is responsible for the following:

1. In coordination with the RPDs, develops and maintains training experience goals and objectives for his/her assigned areas of responsibility.
2. Orients the resident to the learning experience at the beginning of the experience, including a review of how feedback will be provided. Determines, at the beginning of the learning experience, each resident's specific interests and needs, leading to an agreed-upon plan between the preceptor and the resident about the anticipated achievement of the rotation objectives.
3. Develops and maintains an appropriate bibliography of readings for each resident, relevant to the preceptor's assigned responsibility, for educational reading and informative topic discussions.
4. Assigns all tasks, projects, and deadlines to the resident.
5. Provides feedback throughout the learning experience and documents a final evaluation in PharmAcademic.
6. Advises the RPD, and the Coordinator as needed, of any appropriate interventions that may be indicated relevant to a resident's performance.

Research Projects Coordinator

The research projects coordinator is responsible for the following:

1. Prepares training for the residents regarding IRB processes and research methodology.
2. Meets with the resident and offers assistance in the development of the project prior to the preview session.
3. Assists the resident in the IRB submission of an acceptable protocol.

4. Provides guidance regarding the analysis of the data upon request.
5. Provides guidance in the interpretation of the results upon request.
6. Meets quarterly with the resident to provide assessment of progress and barriers pertaining to the residents' project.
7. Approves the satisfactory completion of the research project requirements by the resident when met.

Research Project Advisor

Each resident will have a research project advisor for their research project. To ensure a continual presence to assist the resident, project advisors must be greater than 0.5 FTE pharmacists at VCU Health. Each project advisor is responsible for the following:

1. Submits a sufficient project description for review by the Projects Committee.
2. Meets with the resident and assists in the development of the project prior to the preview session.
3. Assists the resident in the IRB submission of an acceptable protocol.
4. Meets with the resident regularly (at least monthly) to ensure continual progress of the resident.
5. Provides guidance regarding the analysis of the data.
6. Provides guidance in the interpretation of the results.
7. Reviews and provides constructive feedback for the report and/or manuscript prepared by the resident.
8. Provides guidance regarding any presentation given by the resident that is associated with the project.
9. Approves the satisfactory completion of the research project requirements by the resident when met.

Presentation Advisor (e.g., Journal Club, Case Conference, Continuing Education)

Each resident will select an advisor for each of their presentations. Each presentation advisor is responsible for the following:

1. Assists the resident with selecting a topic for presentation.
2. Meets with the resident to ensure the necessary goals and objectives are being met by the presentation and relevant information is being presented.
3. Reviews and provides constructive feedback of the presentation materials and instruction techniques.
4. Attends the resident's Case Conference, Journal Club, or Continuing Education presentation that the advisor assisted with.
5. Reviews and provides feedback of evaluations from presentation attendees and documents a final evaluation in PharmAcademic.

Annual Activities Advisor

Each resident will be assigned, based on preferences, an Annual Activity they are responsible to complete throughout the residency year. An advisor has been predetermined for each Annual Activity and will provide guidance to the resident for the assigned task. The annual activity advisor is responsible for the following:

1. Provides oversight for the Annual Activity assigned to the resident.
2. Establishes deadlines and provides clarification and updates regarding the Annual Activity.
3. Ensures the resident is meeting necessary deadlines and responsibilities are being met.
4. Reviews and provides constructive feedback when necessary.
5. Communicates variance with anticipated Annual Activity progress to the pertinent RPD and the Coordinator.

Staffing Advisor

A staffing advisor is provided for each resident in their longitudinal operations rotation. The staffing advisor may change mid-way through a program if the resident changes operations assignment. Each staffing advisor is responsible for the following:

1. Serves as a role model for the resident in their operations training.
2. Provides regular feedback to the resident on staffing/operations activities.
3. Provides feedback to the resident quarterly for a formal evaluation.
4. Serves as a reference source for the resident for staffing/operations concerns or questions.

Resident Leave Policy
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description

Virginia Commonwealth University Health System (VCUHS) seeks to provide its pharmacy residents (PGY1 and PGY2) with appropriate time off to ensure the residents' well-being while adhering to the Department of Pharmacy Services and American Society of Health System Pharmacists (ASHP) Residency Standards. Whereas VCUHS pharmacists have a combined sick and vacation leave pool (paid time off/PTO), the pharmacy residents' vacation and sick leave are separate entities consistent with other medical center housestaff programs.

This policy defines the amount of time residents are allowed to be away from the program. Time away from the residency program will not exceed a combined total of more than 37 days per 52-week training period. Time away exceeding 37 days will require extension of the program.

Procedures

Sick Leave

Paid sick leave, which may include bereavement, is provided to residents in the amount of five (5) days. FMLA may be activated if necessary. After complete use of sick and vacation leave, unpaid leave is utilized. The residency program will be extended commensurate with the additional leave taken, exceeding the maximum 37 days away, to fulfill a twelve-month residency program (i.e., 52-week commitment).

Residents are required to immediately call the Inpatient Pharmacy (804-828-0364) to report an absence due to sick leave. If able, the resident should email the preceptor to whom they are assigned, the program director (RPD), and the programs coordinator **as early as possible each day** of illness. If the resident is unable to email, they should inform the Inpatient Pharmacy to whom the absence should be forwarded to. Documentation of medical illness after one day of sick leave *may* be required, consistent with departmental policy (e.g., doctor's note/excused absence).

Bereavement Leave

A resident may be allowed up to three (3) days per year of bereavement leave, to be drawn from sick leave, for an immediate family member.

Vacation Leave

Residents are granted ten (10) paid vacation days. This may be taken during rotations throughout the year within the following guidelines:

1. Vacations must be requested in accordance with the policies and procedures of the Department of Pharmacy Services utilizing the Pharmacy Resident Schedule and Leave Request email form (see appendix). Requests should be presented at the earliest possible date.
2. Each request should be initially approved by rotation preceptor, outpatient clinic preceptor if applicable, then by the RPD. The request is then forwarded to the programs coordinator who will maintain the record of vacation days requested and taken. Vacations are approved at the

discretion of rotation preceptor, outpatient clinic preceptor if applicable, RPD and programs coordinator.

3. Use of vacation leave in July is not allowed; any exception is considered on a case-by-case basis.
4. In general, no more than five (5) vacation days may be taken in any one five-week rotation (and three vacation days in a three-week rotation, etc.).
5. Use of vacation time in June is allowed but is limited to five (5) days within a five-week rotation, and is at the discretion of the preceptor per resident's progress. Exceptions will be considered on a case-by-case basis.
6. Stored vacation time is not an entitlement. Continuity of patient care and achievement of residency goals and objectives are the foremost considerations. The resident is encouraged to request vacation leave in advance and utilize the full 10 vacation days allotted over the course of the year.
7. PGY1 residents may apply up to two (2) vacation days to weekend staffing days that the resident has been scheduled to staff, after Labor Day weekend and before the Thanksgiving Holiday - provided that the request is made prior to the initiation of preparing that affected staffing schedule and the request may be accommodated in the schedule. PGY2 residents work fewer weekends during the year; therefore, PGY2 residents cannot apply vacation days to weekends.
8. An effort is made to be as equitable as possible regarding weekend schedules. Residents who choose to take vacation days as one or two days at a time adjacent to weekends, may not always receive approval of the associated weekends to be "off."
9. In general, a resident will not be allowed to take a vacation day on the same day their preceptor is off. Exceptions will be considered on a case-by-case basis provided the request has been approved by the rotation preceptor and acceptable service coverage has been identified.

Holiday Leave

Residents are granted nine (9) days of paid holiday leave. An effort is made to have residents participate in department holiday staffing/operations on an equal basis with other pharmacists assigned to staff on holidays.

Each resident will be required to staff **either** Memorial Day or Labor Day; the other being a holiday for the resident. Residents are generally scheduled off for Independence Day and for the four-day Thanksgiving holiday weekend (Thursday through Sunday).

During the winter holiday period, each resident works a consecutive seven-day period and is off for a consecutive seven-day period. Staffing during a holiday period will be a mix of clinical and operational duties, dependent upon the patient care needs. The weekend worked during this holiday period does not count toward the PGY2 resident's requirement to work 17 weekends.

Professional Leave

Residents are granted twelve (12) paid professional days to be used for educational and professional time. This includes, but is not limited to, professional meetings (e.g., ACCP, ASHP, CPNP, HOPA, SCCM), interviews, licensure or board exams, visitation to other medical center(s) or national pharmacy organizations, or participation in a medical mission. All professional leave is time away from the program and counted in the maximum 37 days away per ASHP standards.

Attendance at the combined ASHP Midyear Clinical Meeting-Vizient Pharmacy Council meeting in December is **required,** up to five (5) days, for all residents. Additionally, PGY1 residents are required to attend the Research in Education and Practice Symposium at UNC. Attendance at other meetings may be

required and are program-specific. No professional leave may be taken on a weekend that the resident is scheduled to work.

Professional leave must be requested via email using the Pharmacy Resident Schedule and Leave Request form and pre-approved by the resident's rotation preceptor, outpatient clinic preceptor if applicable, the RPD, and the programs coordinator. Documentation of attendance at or participation in approved professional leave may be requested.

Compensatory Leave

PGY1 residents are allotted four (4) compensatory ("comp") days for staffing during the first four rotations of the residency program to include one (1) day for each five-week rotation. Compensatory days are requested by using the Pharmacy Resident Schedule and Leave Request email form and must be approved at or before the beginning of each five-week rotation by the preceptor, then the RPD, and lastly the programs coordinator.

Compensatory days should not be scheduled on outpatient clinic days. Compensatory days are considered leave and residents are NOT to be on duty; however, compensatory days are not considered time away from the program per ASHP Standards.

Research Days

The resident is allotted five (5) research days which should be requested via email on the Pharmacy Resident Schedule and Leave Request form and pre-approved by the resident's rotation preceptor, outpatient clinic preceptor if applicable, the RPD, and the Programs Coordinator. Research days are included in the longitudinal research learning experience and not considered leave; thus, not considered time away from the program per ASHP Standards.

Wellness Day
Residents are granted one (1) wellness day to be coordinated and scheduled as a residency group. The Residency Advisory Committee will determine the date for a residency wellness day.

Extension of Residency to Complete Requirements

In certain cases, a resident's absence(s) may jeopardize completion of the program's required outcomes, goals, and objectives according to the original timeline. In such cases, following the use of all available sick and vacation leave, the residency program will be extended for completion. Note that other forms of leave (e.g., professional leave, research days, and flex [non-rotation] days) may not be falsely used for medical leave. Residencies may be extended for up to five weeks if needed, with continuation of salary and benefits during the extension period. VCU Health is not obligated to honor such a request and will consider any extension on a case-by-case basis per each resident's situation.

Record Keeping

All discretionary leave (i.e., vacation, professional, research and compensatory) must be requested via email using the Pharmacy Resident Schedule and Leave Request form and pre-approved by the resident's rotation preceptor, outpatient clinic preceptor if applicable, RPD, and the programs coordinator. All parties must REPLY ALL to the initial e-mail request, in the affirmative, for the leave request to be approved. Incomplete requests are not approved and should not be considered as approved. The resident applying for the leave must ensure that all approvals are complete and up-to-date before taking leave. If

leave is taken without all completed approvals, it will be considered an unexcused absence and subject to disciplinary action per the program director and programs coordinator.

The Programs Coordinator will maintain the leave record.

Appendix

Pharmacy Resident Schedule and Leave Form email template:

To: *Please include rotation preceptor (if applicable), clinic preceptor (if applicable), other team members (if performing a weekend switch), inpatient pharmacy operations manager (if performing a weekend switch or applying vacation days to a scheduled weekend), resident program director, and residency programs coordinator.*

Subject: Pharmacy Resident Schedule and Leave Request

***** E-mail Body *****

Resident name:

Type of request (vacation, professional, research, planned medical):

Leave Request

Dates (mm/dd):

Total days requested:

Weekend Shift Switch

Team Member #1 name:

Original Date/Shift Scheduled:

Requested Schedule Date/Shift:

Team Member #2 name:

Original Date/Shift Scheduled:

Requested Schedule Date/Shift:

Requirements for Successful Completion of Residency
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description

The criteria provided below must be met in order to successfully complete a Virginia Commonwealth University Health System (VCUHS) residency program, and to receive a residency certificate. The VCUHS pharmacy residency programs utilize the default PharmAcademic Rating Scale for summative evaluations as defined below.

Procedures

The following procedures apply to all VCUHS pharmacy residency programs unless otherwise noted:

1. The resident is expected to have earned an assessment of **Achieved for Residency (ACHR) on ≥ 75% of all required objectives** and an assessment of satisfactory progress (SP) for any remaining objectives as determined by the program-specific residency advisory committee (RAC).
2. Completion of a longitudinal residency research project with:
    a. Institutional review board (IRB) approval when applicable.
    b. Initial presentation of research project at the Vizient Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting (except PGY1-PGY2 combined pharmacy administration resident).
    c. Final research report submitted in manuscript format and all data provided to research project advisor and resident program director (RPD).
3. Successfully present Journal Club/Case Conference (including Debate) and other required presentations as defined by each program.
4. Successfully present one ACPE-accredited Continuing Education presentation (given twice) to the Department of Pharmacy Services staff.
5. Completion of all required evaluations within PharmAcademic and submission of residency portfolio documents (e.g., presentation slides, handouts, exit evaluation, etc.) to the RPD.
6. Successful completion of all items on program-specific checklist of graduation requirements, as determined by each program.
7. Residents who do not complete all graduation requirements within the 12-month residency period may have an additional 5 weeks to complete and submit all requirements based on a resident-specific remediation plan, as consistent with the leave policy. Pay and benefits *may* not be extended during this time per the resident leave policy. After 5 weeks, materials will no longer be accepted, and the resident forfeits the opportunity to earn a residency certificate.

Rating Scale Definitions for Summative Evaluations

RATING	DEFINITION
NI—NEEDS IMPROVEMENT	• Deficient in knowledge/skills/attitudes in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
SP—SATISFACTORY PROGRESS	• Adequate knowledge/skills/attitudes in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires additional knowledge/skill development
ACH—ACHIEVED	• Able to execute/perform the objective at a level consistent with experience to date • Rarely requires assistance to complete the objective, minimum supervision required • Demonstrates understanding and role of pharmacist for the objective/activity • Further growth advantageous but not necessary to fulfill expectations for the objective

Approved: 6/20/23 IY/CK

ACHR—ACHIEVED FOR RESIDENCY	• Resident consistently performs objective at ACHIEVED level for the residency over multiple experiences or as achieved by program-specific RAC

Assessment and Program Dismissal
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description

The responsibility for judging the competence and professionalism of residents in pharmacy graduate programs (PGY1 and PGY2) rests principally with the residency program directors, programs coordinator, and Director of Pharmacy Services. These educators are guided in their judgment of resident performance by the American Society of Health System Pharmacists, by certifying and licensing Boards, ethical standards for their profession, and applicable policies of Virginia Commonwealth University Health System and Virginia Commonwealth University. The resident relationship with the institution is an education and training relationship. Residents are compensated as employees of the Virginia Commonwealth University Health System, the teaching hospital of Virginia Commonwealth University, but the resident's employment relationship with Virginia Commonwealth University Health System is derivative of and dependent upon the resident's continued enrollment in their graduate pharmacy residency training program of the Health System.

The following policies and procedures for the Assessment and Program Dismissal of residents in graduate pharmacy education (hereinafter Assessment Policy) apply to all residents enrolled in graduate pharmacy education programs at Virginia Commonwealth University Health Systems. The Assessment Policy governs the qualifications of residents to remain in training as well as the completion of their residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

Procedures

Residency Program Assessment Structure and Plan

The residency program director (RPD) for each pharmacy residency program has primary responsibility for monitoring the competence and professionalism of program residents, with initial counseling, probation or other remedial or adverse action. Residents will be evaluated on program requirements and compliance with Health System and University policies. The programs coordinator may assist the RPD in these functions. The Director of Pharmacy Services may exercise the option to serve as the final departmental decision-maker in response to the programs coordinator's or RPD's recommendations.

Performance Reviews

Each resident receives a written summative evaluation at the conclusion of each rotation. Periodic summative evaluations are provided for longitudinal residency requirements (i.e., ambulatory care, research project, and operations staffing) as assigned in PharmAcademic. Criteria-based evaluations are provided to assess performance relating to presentations. All rotation evaluations must be signed by the resident, preceptor of record, and the RPD. Failure of the resident to sign an evaluation in a timely manner may result in program dismissal after the third incidence.

Additionally, requirements of the residency include meeting all deadlines and demonstrating a professional attitude throughout all activities. All pharmacy staff members, as well as other healthcare professionals, may provide feedback to the RPD regarding timeliness and professionalism.

Discipline/Dismissal for Academic Reasons

GROUNDS: Residents are required to maintain satisfactory academic performance. Academic performance that is below satisfactory is grounds for discipline and/or dismissal. Below satisfactory academic performance is defined as a failed rotation, and/or marginal or unsatisfactory performance, as evidenced by preceptor evaluations in the areas of clinical judgment, pharmacy knowledge, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professional appearance and demeanor, timeliness, and/or motivation and initiative.

It is expected that all residents will be licensed in the Commonwealth of Virginia by the start of the program on July 1st. Failure to be licensed in the state of Virginia before the start of the first clinical rotation will jeopardize the anticipated progress of the program as an alternative first rotation may be necessary. Residents who fail to become licensed in Virginia within 90 days of program start date will be dismissed from the program. PGY2 residents who fail to achieve their PGY1 certificate within 30 days of the PGY2 program start date will be immediately dismissed.

PROCEDURES: Before dismissing a resident for academic reasons, the program must give the resident:

1. Notice of performance deficiencies;
2. An opportunity to remedy the deficiencies; and
3. Written notice of the possibility of dismissal if the deficiencies are not corrected.

Residents disciplined and/or dismissed for academic reasons may appeal the action via the Residency Departmental Appeal process described below.

Discipline/Dismissal for Non-Academic Reasons

GROUNDS: Grounds for discipline and/or dismissal of a resident for non-academic reasons include, but are not limited to, the following:

1. Failure to comply with the bylaws, policies, rules, or regulations of the Health System or University, affiliated hospitals, medical/pharmacy staff, department or with the terms and conditions of this document.
2. Commission by the resident of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the resident to appropriately perform their normal duties in the residency program.
3. Conduct which violates professional and/or ethical standards; disrupts the operations of the University or Health System, their departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, or hospital/clinical staff.

PROCEDURES: Prior to the imposition of any discipline for non-academic reasons, the resident shall be afforded:

1. Clear and actual notice by the appropriate Health System or University representative of charges that may result in discipline, including where appropriate, the identification of persons who have made allegations against the resident and the specific nature of the allegations; and
2. An opportunity for the resident to appear in person and respond to the allegations.

It is preferable that this notification be in writing; however, on occasion, it may be done verbally. If notification is verbal, then it must be followed by a written notification within three business days.

Probation

INITIAL PROBATION: The RPD must document counseling of a resident who is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the full responsibilities of the program in which they are enrolled. If the resident does not demonstrate sufficient improvement following counseling (as defined by the program director) then the resident may be placed on probation. The RPD may place the resident on probation without prior counseling if the lack of competence or behavior is sufficiently severe.

The purpose of probation is to give the resident specific notice of performance deficiencies and an opportunity to correct those deficiencies. Depending on the resident's performance during probation, the possible outcomes of the probationary period are removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; or dismissal.

The resident must be informed in person of probation decisions and must be provided with a probation document that includes the following:

1. A statement of the grounds for probation including identified deficiencies or problem behaviors;
2. The duration of the probation which, ordinarily, will be at least one month;
3. A plan for remediation and criteria by which successful remediation will be judged;
4. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or suspension or dismissal from the program during or at the conclusion of the probationary period; and
5. Written acknowledgement by the resident of the receipt of the probation document.

EXTENDED PROBATION: The status of a resident on probation should be evaluated a minimum of every 30 days. If the resident's performance remains unsatisfactory, probation either may be continued or extended in accordance with the above guidelines for a maximum of 90 days or the resident may be dismissed from the program. Probationary actions must be reported to the Director of Pharmacy Services and programs coordinator. Probation documents must be forwarded for review by the Director of Pharmacy Services or programs coordinator (or their designee) before they are issued to the resident.

Suspension and Dismissal

CLINICAL DUTIES SUSPENSION: A resident may be suspended from clinical activities by their program director, the RPD, or the Director of Pharmacy Services. This action may be taken in any situation in which continuation of clinical activities by the resident is deemed potentially detrimental or threatening to patient safety or the quality of patient care. Unless otherwise directed, a resident suspended from clinical activities may participate in other program activities except for moonlighting, attendance at professional meetings, and participation with any recruitment or interviews. A decision involving suspension of clinical activities of a resident must be reviewed within three working days by the Director of Pharmacy Services (or their designee) to determine if the resident may return to clinical activities, and/or whether further actions is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal). Suspension lasting longer than 90 days may result in program dismissal.

PROGRAM SUSPENSION: A resident may be suspended from all program activities and duties by their RPD, programs coordinator, or the Director of Pharmacy Services. Program suspension may be imposed for conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, or threatening to the well-being of patients, staff, or the resident. A decision involving program suspension of a resident must be reviewed within three working days by the Director of Pharmacy Services (or their

designee) to determine if the resident may return to some or all program activities and duties and/or whether further action is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal). Suspension lasting longer than 90 days may result in program dismissal.

DISMISSAL DURING OR AT THE CONCLUSION OF PROBATION: Probationary status in a residency program constitutes notification to the resident that dismissal from the program can occur at any time (i.e., during or at the conclusion of probation). Dismissal prior to the conclusion of a probationary period may occur if the conduct which gave rise to probation, is repeated or if grounds for Program Suspension or Summary Dismissal exist. Dismissal at the end of a probationary period may occur if the resident's performance remains unsatisfactory or for any of the foregoing reasons. The Director of Pharmacy Services and programs coordinator must be notified prior to the dismissal of any resident during or at the conclusion of the probationary period.

SUMMARY DISMISSAL: For serious acts of incompetence, impairment, or unprofessional behavior, the RPD, programs coordinator, or Director of Pharmacy Services may immediately suspend a resident from all program activities and duties for a minimum of three working days and, concurrently, issue a notice of dismissal effective at the end of the suspension period. The resident does not need to be on probation, nor at the end of a probationary period, for this action to be taken. The resident must be notified in writing for the reason for suspension and dismissal and have an opportunity to respond to the action before dismissal is effective. The Director of Pharmacy Services must be notified of the dismissal plan.

Residency Appeals Process

In the event a resident is dismissed from a program, or is the subject of any adverse action that is reported to the State Board of Pharmacy or a relevant board, the resident may appeal such dismissal or adverse action as follows:

RESIDENCY DEPARTMENTAL APPEAL: A resident may initiate a residency departmental appeal by submitting a written notice of appeal to the RPD (with a copy to the programs coordinator and the Director of Pharmacy Services) within three (3) working days of the notice of dismissal or adverse action. A departmental reviews committee, that may include the RPD, programs coordinator, the Director of Pharmacy Services, resident's practice advisor, and any other pertinent parties if deemed appropriate, will hear the department review. A departmental review hearing will be held within ten (10) working days following the receipt of the written notice of appeal. The resident may select a Virginia Commonwealth University Health System pharmacist preceptor as an advisor advocate, to appear and participate on the resident's behalf at the hearing. It is the responsibility of the resident to secure the participation of a preceptor as an advisor advocate. At the departmental review hearing, the RPD (or their designee) will present a statement to support the dismissal or adverse action and may present any relevant documentation or other evidence. The resident will have the right to present evidence and make statements in defense of their own position. After presentation of the evidence and arguments by both sides, the departmental reviews committee will meet in a closed session to consider the dismissal or adverse action. The committee may uphold or reject the dismissal or adverse action or may impose alternative action. The committee's decision must be submitted in writing to the resident within five (5) working days of the close of the hearing.

Other Considerations

External rules, regulations or laws govern mandatory reporting of problematic behavior or performance to licensing agencies or professional boards. The fact that such a report is made is not a matter which may give rise to the appeals process, only the adverse action as specified by this document is appealable.

Where mandatory reporting of problematic behavior or performance occurs, external agencies will be notified of the status of any internal appeal regarding the matter reported and its outcome. Residents should be aware that participation in the residency appeals process does not preclude investigation or action on the part of external entities.

The stipend of the resident may be continued until the termination of the resident's contract or the expiration of the appeals process that results in the dismissal of the resident, whichever occurs first.

Operational Staffing Requirements
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description
Operational staffing is a required longitudinal rotation (refer to program-specific goals and objectives) for all pharmacy residency programs at Virginia Commonwealth University Health System.

Procedures

PGY1 Residents

1. Time Commitment
    a. Every other weekend during the first half of the residency year and every third weekend during the second half of the residency year
    b. One 3-day weekend/minor holiday (Labor Day or Memorial Day)
    c. One major holiday week (7 days during the Christmas or New Year holiday period)
    d. Additional coverage
        i. 1 hour on Thursdays during Continuing Education (CE) presentations
        ii. Up to 3 hours during the PGY2 Research Symposium
2. Location
    a. PGY1 Pharmacy – Main Inpatient Pharmacy
    b. PGY1 HSPAL – Main Inpatient Pharmacy; may be assigned the inpatient manager on-call shifts towards the end of their residency year.
3. Other: PGY1 pharmacy residents may apply up to two (2) personal vacation days to a weekend off during the period of working every other weekend after the Labor Day holiday and before the Thanksgiving holiday. Only one resident in the program can be approved off for each entire weekend if this is utilized. Requests must be submitted using the Pharmacy Resident Schedule and Leave Request form prior to the publication of that scheduling period and will be granted when feasible.

PGY2 Residents

1. Time Commitment
    a. Every third weekend during the residency year (total of 17 weekends, excluding holiday staffing weekends)
    b. One 3-day weekend/minor holiday (Labor Day or Memorial Day)
    c. One major holiday week (7 days during the Christmas or New Year holiday period)
    d. Additional coverage
        i. 1 hour on Thursdays during CE presentations
2. Location
    a. PGY2 Ambulatory Care – Ambulatory Care Center (ACC) pharmacy and/or Main Inpatient Pharmacy
    b. PGY2 Critical Care – Critical Care satellite pharmacies
    c. PGY2 Internal Medicine – Critical Care satellite pharmacies
    d. PGY2 Oncology – Oncology pharmacy
    e. PGY2 Pediatric – Children's Hospital of Richmond (CHOR) pharmacy
    f. PGY2 Psychiatry – Virginia Treatment Center for Children (VTCC) pharmacy and Main Inpatient Pharmacy
    g. PGY2 Solid Organ Transplant – Critical Care satellite pharmacies

Moonlighting & Duty Hour Requirements
Virginia Commonwealth University Health System
Pharmacy Residency Programs

The ASHP Duty Hours Requirements document is available at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Procedures

Moonlighting Requirements

1. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
2. External moonlighting must be approved on a case-by-case basis.
3. All moonlighting hours must be counted towards the 80-hour maximum weekly, duty-hour limit.
4. Moonlighting (internal or external) must be approved a priori to activity; moonlighting must not occur before resident-specific approval is granted.
5. Moonlighting (internal or external) hours are limited to ten (10) hours per week and may not commence before 5 PM on weekdays.
6. The RPD and preceptors must monitor the resident's performance for the effect of moonlighting activities upon performance. The residency program director (RPD), programs coordinator, or preceptor may rescind approval of any moonlighting activity if they believe that the residents' performance or learning is suffering, patient care is in jeopardy, undue fatigue has resulted, or other substantive issues have arisen.

Moonlighting Request and Reporting Requirements

1. Residents must submit a request form for approval to the RPD in writing, to initiate moonlighting (internal or external) prior to the activity. Moonlighting must not occur before resident-specific approval is granted.
2. Residents document moonlighting hours in PharmAcademic by a monthly duty hours attestation.
3. In applying for approval of internal or external moonlighting activities, the resident understands and agrees these activities will not be considered an excuse for poor job performance, absenteeism, tardiness, early departure, refusal to travel, refusal to work overtime or difficult hours, or refusal to accept additional assignments.
4. When requesting moonlighting shifts, RPDs must be included on all communications regarding the moonlighting shift.
5. Residents are not permitted to work internal or external moonlighting shifts that conflict with other residency activities.
6. It is the resident's responsibility to notify their RPD of any changes in moonlighting (place, hours, duties) and to obtain approval for such changes.

Duty Hour Reporting Requirements

1. Residents are required to track duty hours (including moonlighting) and attest to ASHP duty hour activities within PharmAcademic monthly.
2. If a resident exceeds an 80-hour work week they must immediately report this occurrence to the RPD and corrective action will be taken.

Evaluation of the Resident, Preceptor and Learning Experience
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description

Evaluations are conducted throughout the residency program to assess the residents' progression toward achievement of the programs' required and elective educational objectives. Each activity and rotation is associated with goals and objectives identified from the ASHP residency program materials. All learning experiences are supervised by a preceptor and evaluations to provide feedback regarding the resident's performance and the effectiveness of training. The primary method of documentation for rotation evaluations will be the electronic, web-based software program, PharmAcademic, although paper evaluations of some experiences may be necessary due to nature of the experience and number of evaluators. The resident will maintain those evaluations not maintained in PharmAcademic in an organized manner for review by their respective Residency Program Director (RPD) at any time during year for monitoring the residents' progress. Every resident will submit all evaluation documentation to their respective RPD by the end of the residency program for storage and accreditation documentation.

Procedures

Types of Evaluation

1. Initial Assessment
2. Formative (on-going, regular) Assessment
3. Summative Assessment including:
   a. Written end-of rotation evaluation of the learning experience prepared by the preceptor(s)
   b. Written end-of rotation evaluation of the rotation and preceptor by the resident
   c. Written end-of rotation self-evaluation prepared by the resident, if applicable
4. Residents' Development Plan

Timeliness of Evaluations:

1. All evaluations must be completed by due date, or within 7 days of completing the experience.

Initial Assessment

Each resident must document a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan. Each RPD, must assess the resident's entering knowledge and skills related to the educational goals and objectives of the residency. Each RPD will schedule an initial assessment session with the resident and the results of each resident's initial assessment must be documented by the RPD or their designee in the resident's development plan for the year by the end of the orientation period. The RPD and the Coordinator of the Pharmacy Residency Programs must consider the initial assessment when determining the resident's learning experiences and activities, evaluations and other changes to the residency's overall plan.

Formative (on-going, regular) Assessment

On-going, informal, verbal communications between residents and preceptors must occur on a frequent (e.g., daily) basis about how the resident is progressing and how they can improve. These communications should be specific and constructive. Although the frequency of ongoing feedback will vary, based on residents' progress and the year, the use of "Feedback Fridays" is encouraged to review each resident's weekly activities and progress. Documentation of these communications is not required,

except for residents not progressing as expected. Residents who are not progressing according to expectations will receive more frequent formative feedback. Specific recommendations for improvement and achievement of objectives shall be documented, using the "feedback" functionality in PharmAcademic.

Written and verbal mid-rotation communications between residents and preceptors form a basis for a mid-rotation discussion to more formally exchange feedback regarding the rotation experience. Either the resident or preceptor may notify the resident's RPD and/or Residency Programs Coordinator of items discussed.

These communications are important for early detection and resolution of problems and preceptors must make appropriate adjustments to learning activities in response to the day-to-day observations, interactions and assessments.

Summative Assessment

PRECEPTOR RESPONSIBILITIES:

At the end of each learning experience, the designated preceptor of record must complete and sign a written evaluation of the resident's learning experience. Specific standardized residency evaluation forms adapted from the ASHP Competency Areas/Outcomes, Goals and Objectives for each residency program. If more than one preceptor participates in a resident's learning experience, all preceptors must provide input into the evaluation. In evaluating the resident, the preceptor is expected to judge the overall success of the resident and experience in light of objectives agreed upon by the resident, preceptor(s), and program director at the start of the experience. If circumstances beyond the control of the resident or the preceptor preclude the accomplishment of some of the objectives, this should be documented. Each resident is expected to utilize each assignment during the learning experience to maximize his or her experience in that area of pharmacy practice. A standard minimum level of achievement is not identified by letter or numerical grade (as might be the case in a purely educational program) since residents, as individuals, differ in their aptitudes and interest in the various aspects of practice. A graded (letter) evaluation is therefore not prepared for the resident's performance. In general, a resident who sufficiently applies himself to achieve his best potential and who grows professionally through the experience may be viewed as having succeeded in the experience or "progressing as expected", even if his personal aptitude may have been low. Relative competency (i.e., the competency of resident A versus that of resident B) is not utilized as a basis for judging a resident's success.

Within the philosophy of the achievement of maximum potential by the individual residents, evaluations do not attempt to label a resident's performance as "pass" or "fail". This philosophy, however, presumes that residents will approach experiences with appropriate learning attitudes, will maximally apply themselves to the experiences, and will demonstrate at least the competence expected of a licensed pharmacist. A resident who cannot demonstrate such competence, displays disinterest or disdain, or who does not apply himself with sufficient diligence and effort may be required to repeat or extend experiences (at the expense of his or her elective or vacation time). Any resident whose record indicates serious problems of this nature may be dismissed from the program.

All evaluations must be signed by the preceptor. If a preceptor-in-training is involved in a learning experience, both the preceptor-in-training and the preceptor advisor/coach must sign the evaluation.

Each resident must receive and discuss this verbal and written assessment of their progress toward achievement of the rotation's prior established objectives. For a learning experience greater to or equal to 12 weeks, a documented summative evaluation must be completed at evenly spaced intervals and at the

end of the experience, with a maximum of 12 weeks between evaluations. PharmAcademic will auto-schedule evaluations, based on the duration and standard requirements. This evaluation session should be a private session between the resident and the rotation preceptor.

All evaluations not completed in PharmAcademic should be forwarded to the RPD electronically as available.

RESIDENT RESPONSIBILITIES:

The resident must complete:

1. A self-evaluation form of their performance on each learning experience including direct patient care rotations, the continuing education program and other lectures, and longitudinal experiences including journal clubs, case conferences, research, committee activities, participation in medical emergencies, staffing and other rotations, if applicable as identified by the residency program director.
2. An evaluation of each rotation and preceptor as described above on the same schedule as the preceptor is to complete an evaluation of the resident on the learning experience. For a learning experience greater to or equal to 12 weeks, a documented summative evaluation must be completed at evenly spaced intervals and at the end of the experience, with a maximum of 12 weeks between evaluations. PharmAcademic will auto-schedule evaluations, based on the duration and standard requirements.

These evaluations should be reviewed with the preceptor after discussion and signature of the preceptor's evaluation of the resident. The preceptor must review the resident's self-evaluation of their progress towards achievement for this learning experience and provide any necessary feedback or other comments regarding the resident's self-assessment comments as necessary. The preceptor should sign both the resident's self-evaluation of the learning experience and the resident's evaluation of the rotation and preceptor. All evaluations not completed in PharmAcademic should be forwarded to the RPD electronically and stored in the resident's binder of documentation of activities during the year.

Due to the fact that many of the residency experiences build on one another, the resident is asked to complete a written self-assessment quarterly of all of the goals and objectives for the residency using the same numerical scale established by the residency program. In addition the resident is asked to provide a written synopsis addressing what he/she has accomplished during the quarter and how the residency goals and objectives as well as personal goals for the year as established at the beginning of the residency have been addressed. These evaluations are reviewed quarterly to assess the resident's global progress through the program. Those attending each quarterly evaluation include the resident, RPD, annual advisor, and major project coordinator, where necessary.

ASHP Minimum Evaluation Requirements for Learning Experiences (2023 Standards)

Non-Longitudinal Learning Experience (< 12 weeks)	
ASHP Learning Experience Evaluation	End of Learning Experience
ASHP Preceptor Evaluation	End of Learning Experience
Summative Evaluation	End of Learning Experience
Resident Self- Summative Evaluation	Not automatically scheduled in PharmAcademic *Program decides type and frequency of evaluation. May be scheduled within the learning experience for application to all residents, or schedule individually by generating on-demand evaluations from the resident screen.*
Longitudinal Learning Experience (> 12 weeks)	

ASHP Learning Experience Evaluation	Midpoint and end of learning experience. PharmAcademic will auto-schedule evaluations based on the duration and standard requirements.
ASHP Preceptor Evaluation	Midpoint and end of learning experience. PharmAcademic will auto-schedule evaluations based on the duration and standard requirements.
Summative Evaluation	Evenly spaced intervals and by the end of the learning experience, with a minimum of 12 weeks between evaluations. PharmAcademic will auto-schedule evaluations based upon the duration and standard requirements.
Resident Self- Summative Evaluation	Not automatically scheduled in PharmAcademic *Program decides type and frequency of evaluation. May be scheduled within the learning experience for application to all residents, or schedule individually by generating on-demand evaluations from the resident screen.*

Rating Scale Definitions for Summative Evaluations

RATING	DEFINITION
NI—NEEDS IMPROVEMENT	• Deficient in knowledge/skills/attitudes in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
SP—SATISFACTORY PROGRESS	• Adequate knowledge/skills/attitudes in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires additional knowledge/skill development
ACH—ACHIEVED	• Able to execute/perform the objective at a level consistent with experience to date • Rarely requires assistance to complete the objective, minimum supervision required • Demonstrates understanding and role of pharmacist for the objective/activity • Further growth advantageous but not necessary to fulfill expectations for the objective
ACHR—ACHIEVED FOR RESIDENCY	• Resident consistently performs objective at ACHIEVED level for the residency over multiple experiences or as achieved by program-specific RAC

<u>Resident Development Plan</u>

Each resident must have a resident development plan documented by the RPD or designee. The resident must document a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan. As required by ASHP, these plans will be updated on a quarterly basis (i.e., at least three times a year after the initial assessment session used to generate each resident's development plan). The RPD or their designee, the resident's annual advisor and possibly the Residency Program Coordinator must formally assess the resident's progress and determine if the development plan needs to be adjusted and to assess the program's effectiveness. The written rotation evaluations, other reports and verbal feedback form the basis for this review. The Major Projects Coordinator may attend these sessions to discuss the resident's progress toward completion of the major project. If the review of rotation evaluation reports identifies a recurring problem, the RPD can schedule a problem-solving session with the resident and/or preceptor involved, or alter the resident's rotation schedule, if deemed necessary, earlier than the quarterly evaluation to change the resident's development plan.

Each quarterly evaluation discussing the resident's development plan is provided as a copy to the resident and retained by the RPD during the residency. The development plan and any adjustments must be documented and shared with all preceptors.

Required Components of Resident Development Plan:

1. Resident documented self-reflection and self-evaluation relative to the resident's progress on previously identified opportunities for improvement related to the competency areas; identification of the new strengths and opportunities for improvement related to the competency areas; changes in their practice interests; changes in their career goals immediately post-residency and current assessment of their well-being and resilience.
2. Residency Program Director's documented assessment of resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes
3. Residency Program Director's documented planned changes to the resident's residency program for the upcoming quarter

Pharmacy Residency Quarterly Evaluation Schedule

1. July (Prior to the end of orientation)
2. October (late)
3. March (early)
4. June (late)

** Note: Residents are responsible for contacting annual advisors prior to quarterly evaluations for them to be present.