



**Virginia Commonwealth University
Health System
Department of Pharmacy Services**

Pharmacy Residency Programs
Select Policies and Procedures



Salary and Benefits
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Salary

The salary for PGY1 and PGY2 pharmacy residents at VCU Health System is \$47,476 and \$49,816, respectively.

Duration of Appointment

The pharmacy resident's contract at VCU Health System will begin on July 1 of the program year and end on June 30 of the subsequent year.

Vacation and Holiday Leave

Ten (10) days are granted for paid vacation or personal leave. This may be taken during rotations throughout the year. Discretionary leave (personal or vacation leave) is pre-approved by the resident's rotation preceptor, the residency program director, and the residency programs coordinator. Nine (9) days of paid holiday leave are provided during the year.

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 that exceeds the maximum 37 days away, to fulfill a twelve-month residency program (i.e., 52-week commitment).

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 Travel Stipend

Financial support in the form of a professional travel stipend is provided for residents' required and optional professional meeting attendance. The exact amount will vary each year. Residents will be notified of their allotted professional travel stipend at the beginning of the residency year when planning attendance at professional meetings with their residency program director. Fund use must be consistent with the meeting expenses and general travel money restrictions and expectations.



Health Benefits

The VCU Health System provides a health insurance policy to each pharmacy resident. Coverage is the same as the medical housestaff's plan and includes outpatient physician visits and laboratory tests. Prescription, dental, vision, and family coverage are tiered and available through payroll deduction; the respective co-pay and deduction will vary with the level of coverage selected. Coverage options are selected at the start of the residency program.

Liability Insurance

VCU Health System is self-insured and provides professional liability (malpractice) insurance, subject to policy limits, for each pharmacy resident. Insurance covers professional service when on-duty within the institution. It does not cover professional services provided to other facilities or institutions (i.e., external moonlighting or consulting activities). This malpractice insurance will cover all acts of alleged medical negligence while a resident at VCU Health System. Residents may choose to enhance the professional liability insurance with a personal liability policy.

Teaching Opportunities

The VCU Health System pharmacy residents precept advanced pharmacy practice experiences (APPEs) for the Doctor of Pharmacy students at the VCU School of Pharmacy. PGY2 residents will, and PGY1 residents may, participate in didactic teaching (e.g., lectures, team-based learning, case conferences, skills lab sessions). Seminars, regarding methods of teaching and learning, use of technology in the classroom and preparation for academic duties, are provided in a development program for the residents. An elective teaching & learning certificate program is available for advanced preparation to become a successful faculty member.

Faculty Appointment

Residents are given an academic faculty appointment as a Clinical Instructor at the VCU School of Pharmacy.

Rotation Flexibility and Diversity

Many opportunities are available in each residency program to allow for the design of a sequence of rotations to complement the resident's background and achieve the desired professional goals.

Longitudinal Operations/Staffing

Residency program objectives direct the longitudinal operations/staffing component of each residency. The staffing commitment varies per residency program requirements. PGY1 residents generally staff every other weekend for the first half of the year, then every third weekend for the second half of the year, in the inpatient central pharmacy. The PGY2 residents staff approximately every third weekend in a satellite pharmacy (Oncology, Critical Care, Pediatrics, Psychiatry, Ambulatory, etc.) as directed by their residency objectives. All residents staff during a part of the major holiday period and one minor holiday during the year.

Moonlighting and Optional Staffing

Residents are permitted to seek additional, paid work as an hourly staff pharmacist upon approval of their program director. For convenience, moonlighting is usually done at VCU Health System. Moonlighting,



in general, will not exceed eight hours weekly. Additional paid staffing which conflicts with residency requirements is not permitted.

On-Call Services

In-house, overnight call is not required. Residents may elect to stay on-call with their acute care medical or surgical team members and use the medical or surgical residents' on-call facilities when staying overnight.

Office Space and Resources

The Department of Pharmacy Services provides office space for the PGY1 and PGY2 pharmacy residents in the Main Hospital, Department of Pharmacy Services. Residents access patient information and drug information throughout VCUHS and from home via the VCUHS clinical information system (EPIC). Each pharmacy resident is provided with other resources needed to efficiently complete their duties (e.g., text paging, mobile Lexi-Comp subscription).

Health and Recreation Facilities

Residents have access to VCU recreational facilities, located on two campuses, which includes exercise equipment, weight rooms, aerobic activities, basketball courts and swimming pools, at a reduced membership fee.

Parking

Parking is provided on the VCU Medical Center campus through payroll deduction at the reduced, housestaff rate.



**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 \geq 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none">• Resident consistently performs objective at ACHIEVED level for the residency over multiple experiences or as achieved by program-specific RAC
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**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



GROUND: 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

GROUND: 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.



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:

Team Member #2 name:

Original Date/Shift Scheduled:

Original Date/Shift Scheduled:

Requested Schedule Date/Shift:

Requested Schedule Date/Shift:



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 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.

