



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

**Pharmacy Residency Programs
Policies and Procedures Manual
2025-2026**

Version November 2025



**Virginia Commonwealth University Health System
Pharmacy Residency Programs**

TABLE OF CONTENTS

Salary and Benefits

Roles and Responsibilities

Graduation Requirements

Evaluation of the Resident, Preceptor and Learning Experiences

Assessment and Program Dismissal

Operational Staffing Requirements

Resident Leave

Annual Activities Coordination

Moonlighting and Duty Hour Requirements

Resident Well Being and Resilience

Residency Candidate Recruitment and Selection

Preceptor Appointment and Development

Pharmacy Resident Communication Standards

Salary and Benefits
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Salary

The annual salary for PGY1 and PGY2 pharmacy residents at VCU Health System is \$58,000 and \$60,000, 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.

Leave Days are as follow:

- Vacation days= 10 days
- Holiday days= 9 days
- Sick and bereavement leave= 5 days
- Professional leave= 10 days
- Family/Self-care days= 2 days

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. Residency program directors will assist in coordinating and preauthorizing all residency related travels. Fund use must be consistent with the meeting expenses and institutional 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 sixteen (16) 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 within the VCU Health System medical campus. 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 at no cost on the VCU Medical Center campus. Requires registration of vehicle with the parking office.



Roles and Responsibilities
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Chief Pharmacy Officer, VCU Health System Authority

Matthew Jenkins, PharmD, MS, CPEL, FACHE

The Chief Pharmacy Officer collaborates with VCU Health System team members to improve clinical outcomes and patient safety, while shaping organizational strategy for inpatient, outpatient, and retail pharmacy programs across the entire health system enterprise.

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

Gregory Chenault, PharmD, BCCCP, Clinical Specialist Surgery/Trauma/Burn Critical Care

The Coordinator, in close association with the Director of Department of Pharmacy Services, Clinical Coordinator, 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, PharmD., 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

Assistant Program Director, Administration (Combined PGY1/PGY2) Residency
Natalie Nguyen, PharmD, MSHA, Manager, Medication Safety

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.



**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	DESCRIPTION
<p style="text-align: center;">NI—NEEDS IMPROVEMENT</p>	<p>DEFINITION Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting ≥ 1 of the following characteristics.</p> <ul style="list-style-type: none"> Deficient in knowledge, skills, attitudes in the area or subject Requires direct and repeated supervision, guidance, intervention, or prompting Makes questionable, unsafe, or non-evidence based decisions Fails to complete tasks in a time appropriate manner Fails to seek out feedback, incorporate feedback, or is unable to create a sound plan for improvement Acts in an unprofessional manner <p>ACTION The preceptor is required to document criteria-based, specific comments within PharmAcademic citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the residency program director early in the learning experience if resident performance concerns are noted. The preceptor in conjunction with the residency program director should determine when to reevaluate the goal/objectives that for which a "NI" was assigned, and this may necessitate a change in resident schedule or other activities.</p>
<p style="text-align: center;">SP—SATISFACTORY PROGRESS</p>	<p>DEFINITION Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics.</p> <ul style="list-style-type: none"> Adequate knowledge, skills, attitudes in the area or subject Requires infrequent supervision, guidance, intervention, or prompting Makes appropriate, safe, and evidence based decisions with limited prompting or intervention from the preceptor Completes tasks in a time appropriate manner with limited prompting and guidance Incorporates feedback from preceptor with minimal prompting Acts in a professional manner <p>ACTION The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident's skill progression within PharmAcademic.</p>
<p style="text-align: center;">ACH—ACHIEVED</p>	<p>DEFINITION Resident is consistently meeting expectations. The resident is independently performing at or above the level of performance expected. Resident displays all of the following characteristics.</p> <ul style="list-style-type: none"> Appropriately seeks guidance when needed Consistently makes appropriate, safe, and evidence based decisions on an independent basis Independently and competently completes assigned tasks Consistently demonstrates ownership of actions and consequences Accurately reflects on performance and can create a sound plan for improvement Acts in a professional manner <p>ACTION The preceptor is encouraged to document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</p>
<p style="text-align: center;">ACHR—ACHIEVED FOR RESIDENCY</p>	<p>DEFINITION Resident has demonstrated a sustained performance at the achieved level and independently meeting or exceeding expectations. Resident displays all the following ACHIEVED (ACH) characteristics across multiple (≥ 2 experiences) settings, patient populations, or acuity levels as applicable for the residency program. ACHR may only be assessed by the residency program director or with the residency program director's consultation with the residency advisory committee. Once a goal/objective is marked as ACHR further evaluation in future learning experiences is optional. If a resident regresses in performance after a goal/objective is marked as ACHR it may be unchecked by the residency program director.</p> <ul style="list-style-type: none"> Appropriately seeks guidance when needed Consistently makes appropriate, safe, and evidence based decisions on an independent basis Independently and competently completes assigned tasks Consistently demonstrates ownership of actions and consequences Accurately reflects on performance and can create a sound plan for improvement Acts in a professional manner <p>RPD ACTION Documentation within PharmAcademic of a resident's achievement of a goal/objective for the residency program will be the responsibility of the residency program director. This can be done at any point throughout the year, ideally in coordination with a formalized process for resident evaluation such as program specific residency advisory committee or quarterly evaluations/customized development plans.</p>

The following definitions for NI, SP, ACH, and ACHR are used by residents, preceptors, and residency program directors when providing summative evaluation for residents. Summative evaluations are due within 7 days of the end of the rotation/experience.



**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 <i>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.</i>
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 <i>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.</i>



Rating Scale Definitions for Summative Evaluations

RATING	DESCRIPTION
NI—NEEDS IMPROVEMENT	<p>DEFINITION Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting ≥1 of the following characteristics.</p> <ul style="list-style-type: none"> Deficient in knowledge, skills, attitudes in the area or subject Requires direct and repeated supervision, guidance, intervention, or prompting Makes questionable, unsafe, or non-evidence based decisions Fails to complete tasks in a time appropriate manner Fails to seek out feedback, incorporate feedback, or is unable to create a sound plan for improvement Acts in an unprofessional manner <p>ACTION The preceptor is required to document criteria-based, specific comments within PharmAcademic citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the residency program director early in the learning experience if resident performance concerns are noted. The preceptor in conjunction with the residency program director should determine when to reevaluate the goal/objectives that for which a "NI" was assigned, and this may necessitate a change in resident schedule or other activities.</p>
SP—SATISFACTORY PROGRESS	<p>DEFINITION Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics.</p> <ul style="list-style-type: none"> Adequate knowledge, skills, attitudes in the area or subject Requires infrequent supervision, guidance, intervention, or prompting Makes appropriate, safe, and evidence based decisions with limited prompting or intervention from the preceptor Completes tasks in a time appropriate manner with limited prompting and guidance Incorporates feedback from preceptor with minimal prompting Acts in a professional manner <p>ACTION The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident's skill progression within PharmAcademic.</p>
ACH—ACHIEVED	<p>DEFINITION Resident is consistently meeting expectations. The resident is independently performing at or above the level of performance expected. Resident displays all of the following characteristics.</p> <ul style="list-style-type: none"> Appropriately seeks guidance when needed Consistently makes appropriate, safe, and evidence based decisions on an independent basis Independently and competently completes assigned tasks Consistently demonstrates ownership of actions and consequences Accurately reflects on performance and can create a sound plan for improvement Acts in a professional manner <p>ACTION The preceptor is encouraged to document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</p>
ACHR—ACHIEVED FOR RESIDENCY	<p>DEFINITION Resident has demonstrated a sustained performance at the achieved level and independently meeting or exceeding expectations. Resident displays all the following ACHIEVED (ACH) characteristics across multiple (≥2 experiences) settings, patient populations, or acuity levels as applicable for the residency program. ACHR may only be assessed by the residency program director or with the residency program director's consultation with the residency advisory committee. Once a goal/objective is marked as ACHR further evaluation in future learning experiences is optional. If a resident regresses in performance after a goal/objective is marked as ACHR it may be unchecked by the residency program director.</p> <ul style="list-style-type: none"> Appropriately seeks guidance when needed Consistently makes appropriate, safe, and evidence based decisions on an independent basis Independently and competently completes assigned tasks Consistently demonstrates ownership of actions and consequences Accurately reflects on performance and can create a sound plan for improvement Acts in a professional manner <p>RPD ACTION Documentation within PharmAcademic of a resident's achievement of a goal/objective for the residency program will be the responsibility of the residency program director. This can be done at any point throughout the year, ideally in coordination with a formalized process for resident evaluation such as program specific residency advisory committee or quarterly evaluations/customized development plans.</p>

The following definitions for NI, SP, ACH, and ACHR are used by residents, preceptors, and residency program directors when providing summative evaluation for residents. Summative evaluations are due within 7 days of the end of the rotation/experience.



Resident Development Plan

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. January (late)
4. April (late)

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



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

Description

The responsibility for evaluating the competence and professionalism of residents in pharmacy graduate programs (PGY1 and PGY2) rests principally with the residency program director (RPD), 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, certifying and licensing boards, ethical standards for their profession, and applicable policies of Virginia Commonwealth University Health System (VCUHS) and Virginia Commonwealth University (VCU). The resident relationship with the institution is an education and training relationship. Residents are compensated as employees of VCUHS, the teaching hospital of VCU, but each resident's employment relationship with VCUHS is derivative of and dependent upon the resident's continued enrollment in their graduate pharmacy residency training program.

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 VCUHS. 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

Assessment of Academic Performance

Each resident receives a written summative evaluation at the conclusion of each learning experience. Periodic summative evaluations are provided for longitudinal residency requirements (i.e., longitudinal project and operations staffing) as assigned in PharmAcademic. All learning experience evaluations must be signed by the resident, preceptor, and the RPD. 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.

Residents are required to maintain satisfactory academic performance. Below satisfactory academic performance is 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.



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

1. Notice of performance deficiencies and documentation of action items for improvement in the summative evaluations and/or quarterly development plan;
2. An opportunity to remedy the deficiencies through a performance improvement plan and initiation of a probationary period (see Performance Improvement Plan section below);
3. Written notice of the possibility of dismissal if the deficiencies are not corrected (see Dismissal section below).

Performance Improvement Plan (PIP) and Probation

INITIATION OF PIP: If a resident is not performing at a satisfactory level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the full responsibilities of the program, the RPD will document performance deficiencies, action items, and the expected timeframe for improvement in the resident's summative evaluations and/or quarterly development plan. If the resident does not demonstrate sufficient improvement as determined by the RPD within the predefined timeframe, then the resident may be placed on probation with the initiation of a PIP (hereinafter probation). Probation documents must be reviewed by the Director of Pharmacy Services and programs coordinator (or their designee) before they are issued to the resident.

Example criteria for initiation of PIP include, but are not limited to:

- Rated as "needs improvement" on a summative evaluation after Quarter 1
- Less than 50% of R1 objectives marked as "achieved" by end of Quarter 2
- Consecutive patient harm events due to negligence
- Repeated missed deadlines for assignments (e.g., longitudinal project, presentations, lectures, etc.)
- Concerning unprofessional instances (may include increasing tardiness or a period of unexpected absenteeism not related to personal illness or other excused reasons such as bereavement)

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 are:

- Removal from probation with a return to good academic standing
- Continued probation with new or remaining deficiencies cited
- Dismissal

The resident must be informed in person of probation decisions and must be provided with a written PIP that details the following:

1. A statement of the grounds for probation including identified deficiencies or problem behaviors;
2. The duration of the probation (which will be at least 30 days);
3. A plan for remediation and criteria by which successful remediation will be judged;
4. Any limits on the resident's participation in clinical duties, moonlighting, attendance at professional meetings, involvement with recruitment, or any other program specific activities;



5. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or dismissal from the program during or at the conclusion of the probationary period;
6. Written acknowledgement by the resident of receipt of the PIP.

PROBATION EVALUATION AND EXTENSION: The status of a resident on probation will be evaluated at a minimum of every 30 days with the RPD. Probationary actions must be reported to the Director of Pharmacy Services and programs coordinator. If the resident's performance remains unsatisfactory, probation may be extended in accordance with the above guidelines for a maximum of 90 days, or the resident may be dismissed from the program at any point during the probationary period.

Dismissal

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 resident's performance remains unsatisfactory and if the conduct which gave rise to probation is continued or repeated. In certain non-academic scenarios detailed below, the resident may be dismissed without a PIP. The Director of Pharmacy Services and programs coordinator must be involved in the dismissal decision and present during notification to the resident.

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

- Failure to comply with the bylaws, policies, rules, or regulations of VCUHS or VCU, affiliated hospitals, medical/pharmacy staff, pharmacy department, or with the terms and conditions of this document
- Commission by the resident of an offense under federal, state, or local laws or ordinances which impacts upon the ability of the resident to appropriately perform their normal duties in the residency program
- 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
- Failure to become licensed in Virginia within 90 days of program start date
- Failure of PGY2 residents to achieve their PGY1 certificate within 30 days of the PGY2 program start date

PROCEDURES: Prior to the dismissal of a resident 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 (3) business days.



Resident 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 as follows:

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 five (5) business days of receiving the notice of dismissal. A departmental review hearing will be held within ten (10) business days following receipt of the written notice of appeal. A committee, that may include the RPD, programs coordinator, the Director of Pharmacy Services, the resident's annual advisor, and any other pertinent parties if deemed appropriate, will hear the departmental review. The resident may select a VCUHS pharmacist preceptor as an advisor advocate, to appear and participate on the resident's behalf at the review 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 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 committee will meet in a closed session to consider the dismissal. The committee may uphold or reject the dismissal or may impose an alternative action. The committee's decision must be submitted in writing to the resident within five (5) business days of the close of the review 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 program dismissal, 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 resident 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 (total of approximately 20 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 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 approximately 17 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



- h. PGY2 HSPAL – Main Inpatient Pharmacy; will have weekend shifts as the inpatient manager on-call
- 3. Other: PGY2 pharmacy residents may not apply personal vacation days to be used on a weekend.



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 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. The resident should email the preceptor to whom they are assigned, the resident 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 five (5) days per year of bereavement leave, to be drawn from sick leave, for an immediate family member.

Family/Self-Care Leave

Paid family or self-care leave is provided to residents for two (2) days. The purpose of family/self-care allowance is to encourage team members to take unexpected and unplanned time needed for self (e.g., well-being) or family care needs. Residents must notify their preceptor to whom they are assigned, their RPD, and the programs coordinator as soon as possible if Family/Self-Care Leave will be utilized. Follow the same procedures for Sick Leave.



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. Exceptions will be 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 ten (10) paid professional days to be used for educational and professional time. This includes, but is not limited to, professional meetings (e.g., AAPP, ACCP, ASHP, HOPA, SCCM, etc.), interviews, licensure or board exams, visitation to other medical center(s) or national pharmacy organizations, or participation in a medical mission. 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 when the resident is scheduled to work.

Attendance at the combined ASHP Midyear Clinical Meeting-Vizient Pharmacy Council meeting in December is **required**, up to five (5) days, for all residents. These 5 days are not part of the 10 days allotted for professional leave.

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.

Resident Group Dynamics (Bonding)

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 compensatory [non-rotation] days) may not be falsely used for medical leave. Residencies may be extended for up to five (5) 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. If residency program requirements are not completed in the extended five (5) weeks, a graduation certificate from the residency program will be withheld.

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.

*After approval, all discretionary leave should be documented in **StaffReady** by the resident. Type of leave should be PTO along with a notation in the comment field the type of leave (e.g., vacation, professional, research, sick, FSCD, compensatory). The RPD and residency programs coordinator will also maintain the resident 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 scheduler (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:



**Annual Activities Coordination
Virginia Commonwealth University Health System
Pharmacy Residency Programs**

Description

Each PGY2 and PGY1 resident will choose one activity from among the following activities that they will be responsible for throughout the year. The number of residents assigned to coordinate the activity, and priority for PGY2 or PGY1 resident, is noted after each activity.

1. Central Calendar/Resident Administrative Meeting (RAM) (1) – PGY1 or PGY2
2. Case Conference/Journal Club (1) – PGY1 or PGY2
3. Continuing Education Sessions (1) – PGY1 or PGY2
4. P&T Secretary (2) – PGY1 or PGY2
5. Midyear Clinical Meeting Presence (2) – PGY1 (1) and PGY2 (1)
6. Residency Social Networking & Recruitment (2) – PGY1 or PGY2
7. Residency Newsletter (1) – PGY1 or PGY2
8. Residency Interviews (3) – PGY1 and PGY2
9. End of the Year & Banquet Coordinator (1) – PGY1 or PGY2
10. Residency Town Hall (1) – PGY1 or PGY2
11. Residency Research and Symposium Coordinators (2) – PGY1 or PGY2
12. Resident Wellness & Resiliency (1) – PGY1 or PGY2

The following descriptions of the residency annual activities coordination roles are provided as guidance to the respective residents.

Central Calendar/Resident Administrative Committee Coordinator

PURPOSE:

- To create and maintain a comprehensive, central, shared calendar with all annual activities pertinent to the residency programs. This will ensure all residents, preceptors, advisors and program directors are aware of resident commitments and prevent scheduling overlap with required activities.
- To create meeting agenda and share with residency programs coordinator to represent the residency classes questions and needs during RAM meetings, and to archive agenda meetings and necessary documents for reviews. This will ensure all residents are aware of current and future required actions and activities.

CONTACT PERSON/ADVISOR: Greg Chenault

POSITION DUTIES AND TIMELINE

1. Central Calendar
 1. Create and maintain a shared calendar in Microsoft Outlook called “Pharmacy Residency Activities”
 2. Update the shared calendar throughout the year with dates/events pertinent to the residency programs, including:
 - i. Journal Club/Case Conference
 - ii. Continuing Education sessions
 - iii. Teaching & Learning Certificate sessions



- iv. Education & Development Series sessions
 - v. Research project dates & deadlines (abstract due date, RedCap/JMP training dates, platform presentation sessions)
 - vi. Conference registration deadlines & meeting dates (ASHP Midyear Clinical Meeting, UNC REPS)
 - vii. PGY1/PGY2 Pharmacy Residency Program candidate interviews
 - viii. RAM meetings
 - ix. Resident code coverage assignments
3. Send e-mail at the beginning of the year (no later than by the end of orientation) to all residents and preceptors to notify them of the name & purpose of the shared calendar, as well as instructions on how to add the calendar in Outlook.
 4. If a scheduling conflict is identified, work with annual activities preceptor advisor to notify affected parties.
 5. All residents and program directors will have permission to edit the calendar. If a resident needs to make an individual change to a scheduled activity (for example, switching code coverage with another resident), the resident may ask the Central Calendar Coordinator to document the change on the calendar, or the resident may document the change him/herself and notify the Central Calendar Coordinator.
2. RAM
1. Create and share agenda prior to each RAM meeting. Survey the residency class to ensure important questions and needs are addressed in a timely manner at RAM meetings.
 2. Meeting frequency every second and fourth Tuesday of the month the 60 minutes before Journal Club/Case Conference in the first half of the year and then every second Tuesday of the month the 60 minutes before Journal Club/Conference in the second half of the year.
 3. Maintain archive of agenda and meeting minutes following each meeting and share with the annual activities advisor.

Case Conference/Journal Club (CC/JC) Coordinator

PURPOSE: To coordinate residents' weekly Case Conference/Journal Club.

CONTACT PERSON/ADVISOR: Matthew Peery

POSITION DUTIES AND TIMELINE

1. Maintain a schedule for the residents' weekly presentations which include case conference, journal club, 20 minutes, and pro-con. This should include which residents will be presenting, whether they will present a journal club or case conference, and the topic.
2. Send an e-mail about the presentation in the week prior to the conference (Thursday) and the day before (Monday) that includes the evaluation link. Residents must e-mail the journal article or topic, the name of their presentation advisor to the CC/JC resident coordinator by the Wednesday before the conference. This may include a reminder to the resident presenting.
3. Each week the CC/JC resident coordinator is responsible for ensuring the journal articles are available to residents, clinicians/preceptors and APPE students. Articles are to be distributed in PDF format via e-mail.
4. CC/JC resident coordinator is also responsible for distributing evaluation link via the e-mail announcement and having the printed QR evaluation code available at the front of the presentation room to help track attendance and collect feedback.



- a. If unable to attend, the resident coordinator must find a replacement resident to distribute the QR evaluation code.

Continuing Education Session Coordinator

PURPOSE: To coordinate the residents' Continuing Education (CE) program series.

CONTACT PERSON/ADVISOR: Amanda Sharps

POSITION DUTIES AND TIMELINE

1. Receive the list of program dates, room locations, and presenters for the year from the CE advisor.
2. Ensure that the scheduled CE program dates and room locations information is posted on the VCUHS Department of Pharmacy Services webpage (starting in August with monthly updates).
3. For each CE session, send an e-mail announcement with program information, which should include the number of CEUs provided, the week before and the week of the program. Post a printed announcement, with the same information, in the inpatient pharmacy area one week before each program. *Example: Eileen Dover, PharmD, Pharmacy Practice Resident will give her Continuing Education Presentation entitled "Is it time for a paradigm shift? Glycemic control in hospitalized, non-critical care patients." Sessions will be held on May 30 from 4:30-5:30pm in Sanger Room 4-026 and on May 31 from 3-4pm in Sanger Room 8-036. Each session is worth 0.1 CEUs. All are welcome to attend!* The resident coordinator will e-mail and post notification of any schedule changes that develop.
4. Provide the presenter with the paperwork for the CE program. Update the CE Redcap evaluation form with the updated CE code no earlier than the Tuesday night before the CE presentation.
5. The CE resident coordinator is also responsible for distributing evaluation link via the e-mail announcement and having the printed QR evaluation code available at the front of the presentation room to help track attendance and collect feedback.
 - a. If unable to attend, the CE resident coordinator must find a replacement resident to distribute the QR evaluation code.
6. Communicate with the Continuing Education Office and pharmacy department regarding any issues or changes to the CE program online registration and evaluation process.
7. At the end of the year, work with the CE coordinator to initiate the CE schedule for the following year.

P&T Secretary

PURPOSE: This role provides pharmacy residents with the opportunity to develop and refine skills in organization, leadership coordination, meeting facilitation, and professional writing. The resident will support the operations of the Pharmacy & Therapeutics (P&T) Committee, working closely with Drug Information and Pharmacy Leadership to ensure effective communication and documentation.

CONTACT PERSON/ADVISOR: Danielle Shelton/Nicholas Hingle [Drug Information Center]

POSITION DUTIES

1. Prepare and distribute the monthly P&T meeting agenda at least one week in advance.
2. Optional (time/rotation dependent): Attend the Drug Information (DI) and pharmacy leadership P&T overview meeting that occurs the week prior to P&T.



3. Attend the monthly P&T meeting and assist with meeting facilitation, including:
 - a. Collecting attendance
 - b. Taking meeting minutes
 - c. Documenting votes
4. Submit finalized meeting minutes using the standard template to the DI team by close of business Friday (week of P&T).
5. Contribute to the P&T newsletter as needed.
6. End-of-year responsibilities include:
 - a. Assisting in the development of the annual P&T overview report
 - b. Creating the P&T meeting calendar for the upcoming fiscal year

With two residents assigned to this annual activity, the residents have the option of alternating or splitting the activity monthly.

ASHP Midyear Clinical Meeting (MCM) Coordinator

PURPOSE: To coordinate the VCUHS presence at ASHP Midyear Clinical Meeting (MCM), Personnel Placement Services (PPS), Vizient Pharmacy Network Meeting, and Vizient Resident Poster session. PPS is a pay-for service for open positions and VCUHS recruits for PGY2 residency positions and open clinical pharmacy positions through PPS. Participating organizations reserve booths where candidate interviews will be conducted. These residents will coordinate the representation of VCUHS at the PPS booth, including the printing of materials for the VCUHS presence at PPS. These residents also coordinate the representation of VCUHS at the Residency Showcase, including the printing and shipping of program descriptions, as well as set up and dismantling the residency showcase poster. These residents also coordinate registration and travel planning for the residency group for Vizient and MCM.

CONTACT PERSON/ADVISOR: Stacey Dean

POSITION DUTIES AND TIMELINE



July	Pharmacy leadership will submit the ASHP residency showcase application with assignment known by August or September. MCM resident coordinators should determine each residents' days at MCM/Vizient meeting. Anticipate the Vizient hotel room block announcement and facilitate all residents securing housing in a timely manner.
August	Assess flight and hotel options (consider the Vizient block).
October	Early in the month, schedule a meeting with the assistant director of pharmacy to begin planning for PPS and the showcase display. Begin to discuss assignments for coverage of PPS. Discuss shipping arrangements for the showcase display, as well as the showcase and PPS recruitment materials. Again, review resident requirements to ensure that resident expectations are clear.
November	Final conference arrangements should be made by this time. Confirm shipping details for showcase poster and PPS/showcase materials. Confirm any early commitments for PGY2 programs. Schedule pre-MCM meeting with practitioners and residents for information dissemination 4-7 days prior to departure (typically late afternoon on the Monday before departure, based on stakeholders' availability). Collect hotel and flight information prior to meeting for residents and practitioners attending the meeting for contact purposes. Collect MCM program information of interest, including the VCU Alumni and Friends Reception, the Vizient programming, other pre-meeting programs, and VCUHS/VCU faculty presentations. Collect information prior to the meeting about PGY1 and PGY2 residents' interest areas and plans for next year to distribute to practitioners for networking purposes. Compile the collected information into a document for all VCUHS travelers (examples in MT site).
December	Copy and pack pertinent recruitment materials at least three days before departure. Retrieve necessary goods (table drape, vertical banner, mobile filing cabinet) for PPS at least three days before departure. Package all materials for shipping. After a successful showcase and PPS, return ship pertinent goods, and ensure items are returned to designated area in Pharmacy Administrative office.

Residency Social Media Networking Coordinator

PURPOSE: Two pharmacy residents will serve as administrators (secondary) and work with the preceptor administrator (primary) to manage the VCUHS pharmacy residency social media accounts (e.g. Instagram). The residents are primarily responsible for posting content, while the preceptor administrator is primarily responsible for oversight. The resident administrators will be formally designated by the Department of Strategy and Marketing and will be one of three individuals authorized to create, access, and manage the social media accounts while maintaining compliance with VCUHS policies/procedures and professional ethics and standards.

CONTACT PERSON/ADVISOR: Katie Smithwick

POSITION DUTIES AND TIMELINE

1. Maintain knowledge of social media platforms used.
2. Update accounts regularly with relevant and original content, with input from the social media committee.
3. Obtain advisor and/or social media committee approval for content as needed.



4. Serve as liaison with other residents who wish to contribute ideas/content.
5. Demonstrate ability to adequately monitor postings frequently throughout the day/week and promptly respond to social media inquiries as outlined by the social media committee.
6. Sign annual attestation as required by Department of Strategy and Marketing.
7. Communicate with VCUHS Social Media Specialist as needed.

Early July	Sign annual attestation Secure photo/video release forms from new residents & pharmacy team members
Late July to early August	Initial meetings with advisor to develop and update content outlines Develop new ideas for content Develop plan and schedule for content publication Collect information from the residents to begin compiling content Advertise social media accounts to potential new followers
August to October	Regularly obtain, publish, review, edit, and maintain content on social media platforms (at least once weekly for Instagram) Regularly communicate with advisor Regularly communicate with program RPD's for program-specific content
November to February	In addition to above – focused content on program recruitment, ASHP Midyear and Vizient meetings, application deadlines, and interviews
March to June	In addition to above – focused content for newly matched residents
Late June	Handoff to next resident administrator (if applicable)

Pharmacotherapy Newsletter Resident Editor

PURPOSE: The resident editor is responsible for activities associated with recognizing and sharing our residency class and their accomplishments including scheduling class photos and updating resident profiles that can be published in the Pharmacotherapy Newsletter and used prior to the interview and recruitment season. The resident editor should work closely with the Social Networking and Recruitment coordinators to maximize efficiency for shared materials. The resident editor will work closely with the advisor on the development and distribution of resident-focused updates in the quarterly editions of the Pharmacotherapy Newsletter and compile an end-of-the-year wrap-up resident-focused edition of Clinical Connection for alumni distribution.

CONTACT PERSON/ADVISOR: Jeff McKenzie

POSITION DUTIES and TIMELINE

- Compile photos and information from current residents to be used for the resident sections of the Pharmacotherapy Newsletter.
- Attend as-needed in-person or Zoom Pharmacotherapy Newsletter meetings.
- Contribute a write-up for a section in the quarterly Pharmacotherapy Newsletter.
- Develop a resident-focused end-of-year resident edition of the quarterly Pharmacotherapy Newsletter.



July	Create photo collage of new residents for Inpatient posting
July-September	Arrange professional residency group photo
July-August	Collect resident profile information for the current class to be published in the fall edition of the Pharmacotherapy Newsletter
Early September	Submit a draft write-up of new resident profiles to advisor for fall edition of the Pharmacotherapy Newsletter
September	Fall edition of Pharmacotherapy Newsletter
Early-Mid January	Submit a draft write-up of resident section for the winter edition of the Pharmacotherapy Newsletter
January	Winter edition of Pharmacotherapy Newsletter
Early April	Submit a draft write-up of resident section to advisor for the spring edition of the Pharmacotherapy Newsletter
April	Spring edition of Pharmacotherapy Newsletter
May-June	Gather legacy email addresses for graduating residents to add to alumni repository; submit a draft write-up to advisor of resident-focused edition of the Pharmacotherapy Newsletter
June	Resident-focused edition of Pharmacotherapy Newsletter

Residency Interviews Coordinator

PURPOSE: Three residents coordinate candidate interviews for prospective residents. These resident coordinators are responsible for extending the PGY1 invitations to interview, organizing residents' involvement in the interview process, assisting in the coordination of interview schedules, and leading the residents' PGY1 rank list meeting. One of the interviews coordinators will represent the residents in the final PGY1 rank process.

CONTACT PERSON/ADVISOR: May Aziz

POSITION DUTIES AND TIMELINE

1. Work with recruiting RPDs to understand the interview timeline and dates.
2. Extend the interview invitation to prospective candidates and be the resident point of contact for any candidate questions.
3. Create a resident sign up form with interview dates and ensure that all residents participate in an equitable manner.
4. Ensure that resident candidate evaluations are completed and returned in a timely manner.
5. Facilitate the resident rank meeting and submit the list to the Program's Coordinator.
6. Attend the overall candidate Rank meeting as the residency class representative.



January (first 2 weeks)	Screening of applications by screen teams (no resident activity at this point)
Mid-January	Extend interview invitations to candidates, begin scheduling interviews, and set up a system for residents to sign-up for interview duties equitably
Early March	Complete interviews and prepare a pictorial summary of all candidates. Meet with residents to determine residents' ranks of Pharmacy Practice candidates. Submit the list to the Residency Programs Coordinator. While all resident interview coordinators may attend the rank meeting, one will represent the residency class.

Residency End of Year, Recognition, & Banquet Coordinator

PURPOSE: The residency coordinator is responsible for activities associated with recognition: ensuring the printing of graduation and other certificates, and coordination of the selection of the Preceptor Impact award recipient. At the banquet, each resident will receive his or her residency certificate (i.e., a copy pending completion of all requirements), residency class photos, a teaching certificate (if completed), and a traditional Jefferson Cup. The residency banquet is held during the month of June and the coordinator is responsible for planning the event with the focus on the facility. The resident coordinator works with the advisor to reserve the location, send save-the-dates and invitations, assist with developing the banquet program, ensuring all materials are on-site for the event, and generally ensuring things run smoothly. Traditionally, the residents display their creativity by presenting a slideshow that reflects their year together which runs concurrent with dinner.

CONTACT PERSON/ADVISOR: Rodney Stiltner

POSITION DUTIES and TIMELINE

November	Start collecting pictures for residents' slideshow (encourage all residents)
January	Meet with the advisor, Dr. Stiltner; reserve banquet location
Late April	Organize Jefferson Cups, certificate, and plaque information for advisor review and give to Residency Program Coordinator
Early May	Work with Residency Programs Coordinator to determine guest list; identify "RSVP by" date
Mid May	Distribute invitations; ensure A/V equipment available if needed
Late May	Orchestrate selection of preceptor for Preceptor Impact Award per guidelines
Early June	After RSVP date, determine responders and provide final head count to restaurant
Week of Banquet	Verify last minute details with restaurant; ensure that the residents understand the expected flow and timetable for the evening, and that a projector and laptop for residents' presentation are available if needed
Day of Banquet	Ensure all items or recognition (or a working copy) are ready for Banquet presentations. Set up tables prior to arrival as needed. Bring materials to banquet. Awards table and decorations need to be completed prior to the event.



Residency Town Hall Coordinator

PURPOSE: The residency coordinator is responsible for ensuring a productive and successful Residency Town Hall after midpoint of the program year.

CONTACT PERSON/ADVISOR: Lisa Kurczewski

POSITION DUTIES AND TIMELINE

January	Schedule Town Hall date/time, make room reservation; identify topics
February	Delegate topics to topic leaders; conduct residents' session that is inclusive of the entire PGY1 + PGY2 class to ensure that all feedback is received.
March	Send reminder, coordinate presentation of resident's recommendations
March	Prepare minutes, have advisor approve, and clarify if needed with RAC

Resident Research and Project Symposium Coordinator

PURPOSE: To coordinate and communicate out research related activities. This includes coordinating the research project symposium (PGY2s) and assisting as a resident liaison between the Research Project Coordinator and Research Committee throughout the residency year.

CONTACT PERSON/ADVISOR: Research Committee/Andrew Brown

POSITION DUTIES AND TIMELINE

Research Committee

1. Attend monthly meetings to report on resident progress and questions/concerns regarding research/QI projects.
2. Book rooms for research committee activities and UNC Reps presentations.

Vizient Poster Arrangements

1. Relay information from Vizient e-mails to the Residency Program Coordinator and Research Committee
2. Ensure that each resident has submitted their UHC/Vizient poster abstract well in advance
3. Ensure each resident has the correct VCUMC template for their VCUHS posters
4. Ensure each resident has had her or his poster reviewed by their project advisor and Residency Program Director, or Residency Coordinator.
5. Contact Residency Coordinator for poster vendor information; obtain a purchase order for poster printing
6. Ensure posters are sent to the vendor with adequate lead time.
7. Upon receipt of posters, proof and re-bundle for shipping to residents' Midyear hotel (or other arrangement) in coordination with the Midyear Resident Coordinators.

Research Project Symposium

1. Collect PGY2 residents' presentations and condense to one presentation
2. Ensure that each resident has had their slides reviewed by their project advisor and research coordinator (or program director or Residency Program Coordinator) and has the correct template for their slides



3. Ensure that A/V at the site will be ready for presentations
4. Ensure that program announcements or schedules are printed and available at the site

Resident Wellbeing* and Resiliency Coordinator

PURPOSE: To assess and minimize resident burnout through quarterly educational sessions and activities; to provide resources to manage work-life balance through educational sessions or informational emails; and to provide pharmacy department and health system resources to address mental health awareness, wellbeing, and resident burnout.

CONTACT PERSON/ADVISOR: Sandy Mitchell

POSITION DUTIES AND TIMELINE

1. Schedule quarterly opportunities for residents to focus on their mental well-being. These activities are designed to enhance mental and physical wellness, encourage work-life balance, and minimize resident burnout.
 - a. Advisors will assist with identifying health system and community resources.
 - b. Send email to co-residents at least one week prior and 24 hours prior.
 - c. Take attendance at each informational session.
 - d. Compose a Thank You email within one week of the session, when pertinent. Please copy the wellbeing coordinator and Residency Coordinator when emailed.
2. Create a survey for co-residents to assess activities to enhance mental and physical wellness, encourage work-life balance, and minimize resident burnout.
3. Email co-residents with opportunities for wellbeing.
4. Coordinate with advisor quarterly resident/preceptor social functions.

** This activity is not designed to be a therapeutic resource for the residents but to provide information on managing stress, burnout, and work-life balance. The advisors of this committee will provide information regarding VCU Health resources should a resident request information or assistance but will not be providing therapeutic services as it is outside their scope of practice and the intent of this activity.*



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 sixteen (16) 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 via email, 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. Tracking and response to incidences of duty hours violations is the residency program director's responsibility. The residency program director will review the monthly duty hour attestations in PharmAcademic.
3. Residents should proactively alert concerns for possible duty hours violations to preceptor(s), schedulers, and their residency program director to allow mitigation before exceeding 80 hours per week. If a resident exceeds an 80-hour work week, they must immediately report this occurrence to their residency program director and corrective action will be taken.
 - a. Duty hours violations related to moonlighting:
 - i. Residents will receive coaching and one warning.
 - ii. If further duty hours violations are identified, the resident will not be approved for additional moonlighting hours.
 - b. Duty hours violations related to general residency activities and expectations:
 - i. Once identified, the residency program director can take corrective actions to rectify current or future duty hours violation by any of the following: provide resident counseling; modify staffing; modify clinical services; adjust academic, administrative, or moonlighting activities.
 - ii. Following counseling and initial corrective actions, if further duty hours violations occur, residency program directors may prohibit participation in resident requested non-required activities.
4. The residency program director will document the duty hours violation and corrective action(s) within PharmAcademic.



Resident Well Being and Resilience
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Description

Pharmacist well-being is essential for safe, high quality patient care. Pharmacist well-being supports improved relationships, patient care, and engagement. Psychological, emotional, and physical well-being are critical to the development and maintenance of competent and caring pharmacists. Well-being and resiliency are compromised by occupational burnout, moral injury, and challenges to mental health. Residents and preceptors are at increased risk for pharmacist burnout and depression. Burnout may present as emotional exhaustion, depersonalization and cynicism, and low sense of accomplishment.

The goal is to minimize these feelings and create competent and caring pharmacists with the ability to complete their training program and to ensure adequate wellness resources are available without significant barrier to access of those resources.

Procedures

Fitness for Duty

1. Fitness for duty is defined as being physically and mentally capable of safely performing the essential functions of one's job. It includes being free of alcohol and drugs that have not been legitimately prescribed and being free from impairment by any cause that impacts job functioning while on departmental or institutional business.
2. The Health System and the Department of Pharmacy Services expects all residents to be fit for duty. Residents are responsible for assessing and recognizing impairment, including illness and fatigue, in themselves and their peers.
3. Residents reporting for work should be able to perform their clinical responsibilities in a safe, appropriate, and effective manner.
4. Any resident that is unfit for duty must recuse themselves from clinical duties and contact their preceptor, Residency Program Director (RPD), and notify the inpatient pharmacy. The Programs Coordinator should be contacted when possible.

Residency Program Responsibilities

1. Every effort will be made to enhance the well-being and experience during the residency year including, but not limited to:
 - a. Protected time for clinical duties
 - b. Minimization of non-pharmacist related obligations
 - c. Provision of adequate administrative time
 - d. Enhancement of professional relationships
 - e. Attention to factors contributing to resident well-being including scheduling, work intensity, and work compression
 - f. Evaluation of workplace safety data and addressing residency and preceptor safety concerns



- g. Programs that encourage resident and preceptor well-being may be addressed during preceptor development sessions or by other educational opportunities
2. The resident's initial and quarterly self-assessment, and the RPD's initial and quarterly development plan update, will include an assessment of the resident's well-being and resilience. Updates to the resident's development plan may include ways to alleviate any undue stress.
3. If an RPD, preceptor, Programs Coordinator, pharmacy staff, or peer observe physical, mental, or emotional difficulties affecting the resident's performance, appropriate actions should be taken by the program to address the concern(s). Applicable health systems policies must be followed when impairment is identified.
4. A resident may not be able to complete clinical duties or program responsibilities due to fatigue, illness, family emergencies, parental leave, etc. Leave is available as needed in accordance with the Resident Leave Policy.
5. Time off will be allowed for medical, mental health, dental, and vision appointments in accordance with the Resident Leave Policy.
6. Each year begins and ends with a resident social, as the VCU Health System Resident Welcome Reception and Graduation, respectively. These events are open to the residents and invited preceptors.

Fatigue Mitigation

1. Schedules should minimize the risk for sleep deprivation and fatigue while maintaining compliance with duty hours.
2. All residents will continuously log their duty hours in a timely manner and attest compliance with duty hours requirements in PharmAcademic.
3. RPDs have ultimate responsibility for overseeing compliance with logged duty hours.

Support and Resources

1. Residents are encouraged to identify their own signs of burnout and speak with their RPD and/or advisor and utilize available resources without fear of repercussions.
2. VCU Health Employee Assistance Program HelpLink is an employee resource available that offers counseling, consultation, and assistance at no charge.
 - a. Phone number: 828-4EAP
 - b. Employee Support Pager, 24/7: pager #9120
 - c. Website: <https://intranet.vcuhealth.org/sites/wellness/SitePageModern/64634/helplink-eap>
3. Graduate Medical Education Office maintains links to a variety of helpful resources: <https://medschool.vcu.edu/education/gme/>
4. Mental Well-being Screening Tools
 - a. <http://screening.mentalhealthscreening.org/hyho>
 - b. <https://screening.mentalhealthamerica.net/screening-tools>
5. **National Suicide Prevention Hotline:** 988 or chat at <https://988lifeline.org/>
6. Richmond Behavioral Health Authority: 107 South 5th Street, Richmond
 - a. Rapid Access: 804-241-9621
 - b. Crisis: 804-819-4100



7. American Society of Health System Pharmacists: <https://well-being.ashp.org/resources?loginreturnUrl=SSOCheckOnly>
8. National Academy of Medicine Action Collaborative on Clinician Well-being Resources: <https://nam.edu/initiatives/clinician-resilience-and-well-being/#noodle>

References:

1. VCU Health Office of Graduate Medical Education. Well-being Policy; 2021. <https://medschool.vcu.edu/media/medschool/documents/graduate-medical-education-/GMEWell-BeingPolicy.pdf>
2. ASHP Resource Guide for Well-Being and Resilience in residency Training; March 2023: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/ASHP-Well-Being-Resilience-Residency-Resource-Guide-2023.pdf>
3. Jagielski S, Robbins B. Wellness group shows promise in reducing burnout. Pharmacy Times. 2023;17(1): <https://www.pharmacytimes.com/view/wellness-support-group-shows-promise-in-reducing-burnout>.
4. Rath CG, Lapetian PE, Reed J, Vogt E, Brown M. Roadmap to resilience: incorporating a wellness program into pharmacy residency curriculum. Curr PharmTeach Learn. 2022;14(6):751-7.
5. National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience. [Clinician Resilience and Well-Being - National Academy of Medicine \(nam.edu\)](https://nam.edu/initiatives/clinician-resilience-and-well-being/#noodle)



**Residency Candidate Recruitment and Selection
Virginia Commonwealth University Health System
Pharmacy Residency Programs**

Description

The following procedures will be followed for residency candidate recruitment and selection.

Procedures

Recruitment

The Virginia Commonwealth University Health System (VCUHS) Pharmacy Residency Programs are committed to fostering diversity and inclusion as part of its core mission. As such, efforts are made throughout the residency recruitment process to reach and engage potential residency applicants from varied socioeconomic, racial, cultural, geographic, and academic backgrounds. Recruitment activities may vary from year to year, but generally include the following:

1. Participation in the residency showcase at the ASHP Midyear Clinical Meeting.
2. Participation in regional residency showcases and/or career fairs (e.g., VCU School of Pharmacy Career and Residency Showcase, Virginia Society of Health-System Pharmacists Residency Showcase).
3. Program-specific virtual information sessions.
4. Outreach to student organizations at the VCU School of Pharmacy, including organizations for students underrepresented in the profession of pharmacy.
5. Distribution of program information and other recruitment materials via the Residency Programs website and Instagram account.

Application Requirements

The pharmacy residency applicant must be a highly motivated individual who desires to obtain advanced education and training that leads to an enhanced level of professional practice.

1. All applicants to the PGY1 residency program must be enrolled in a Doctor of Pharmacy degree program from an ACPE-accredited college or school of pharmacy. Applicants from Pass/Fail schools of pharmacy will not be considered. Applicants must be eligible to complete their Doctor of Pharmacy degree prior to the start of residency.
2. All applicants to the PGY2 residency programs must be completing or have completed an ASHP-accredited PGY1 pharmacy residency. The resident must achieve and submit a copy of their PGY1 certificate within 30 days of the PGY2 program start date.
3. All applicants must be eligible for licensure in the Commonwealth of Virginia and must obtain licensure within 90 days of the residency program start date.
4. Applicants must submit the following information via PhORCAS before the specified application deadline:
 - a. Completed application
 - b. Letter of intent
 - c. School of Pharmacy transcripts
 - d. Curriculum vitae



- e. Three recommendations (using the standardized PhORCAS reference form) completed by health care professionals who can attest to the applicant's practice abilities and aptitudes.
5. All rules and regulations of the ASHP/NMS Resident Matching Program will be strictly followed.

Candidate Selection for Interviews

Applicants will be reviewed and ranked for an invitation to interview at VCUHS based upon program-specific criteria.

1. Each PGY1 and PGY2 program will have an application review committee comprised of the residency program director (RPD) and select program preceptors. The committee will review applicants using objective criteria as outlined on a standardized, program-specific screening rubric, to include evaluation of the applicant's letter of intent, references, academic achievement (i.e., pharmacy school grade point average), work experience, scholarly activities (e.g., presentations, publications, research experience), involvement in professional organizations, community service, and quality of direct patient care experiences. Additional evaluation of applicable specialty experience is performed for all PGY2 residency candidates.
2. The application review committee will decide on the list of candidates to invite for interviews, with the RPD having responsibility for final selection.
3. Candidates with incomplete residency application files are not considered for interviews.
4. Approximately four to six candidates per available residency position are invited for interviews.

Interview and Evaluation of Candidates

1. An interview with the RPD, the Programs Coordinator, select residency preceptors, and current pharmacy residents is required.
2. Interviews will be conducted either on-site or virtually as determined by the Residency Advisory Committee (RAC) each year.
3. Interviews are conducted using pre-determined interview questions. Additional program-specific interview requirements, such as completion of a patient case or presentation, will be conducted using pre-specified criteria that will remain consistent for all candidates.
4. All persons involved with each program's interview process will complete a standard evaluation form with defined criteria for rating the candidate's interview performance. These evaluation forms will be used to generate preliminary program-specific rank lists.
5. At the conclusion of on-site interviews, each program will hold a candidate review session to discuss the strengths and weaknesses of each candidate and to develop a final rank list from a composite of the preliminary rank lists. If a consensus cannot be reached, the RPD and Programs Coordinator will determine the final rank order list.
6. The RPD will submit the final rank order to the National Matching Service (NMS).

Phase II Match

If a pharmacy residency position is unmatched through NMS during Phase I Match, the position will be made available in Phase II Match. Eligible applicants will be required to submit their applications through PhORCAS. Applicants will be reviewed by the RPD utilizing the same candidate selection criteria above and offered a telephone or video conference interview with the RPD and Programs Coordinator. Final rank order will be determined by the RPD and Programs Coordinator.



If no match is made in Phase II, the RPD and RAC will decide if the program will enter the Post-Match scramble process. If participating in the Post-Match scramble process, a similar process to Phase II will be followed.

Early Commitment for Internal Applicants for PGY2 Residency Programs

The early commitment process begins approximately 90 days after the start of the residency program. A detailed timeline with required deadlines and interview dates will be distributed by the Programs Coordinator each year for the PGY2 programs. The early commitment process will be finalized prior to the residents' required attendance at the ASHP Midyear Clinical Meeting. The process will strictly follow all rules and regulations of the ASHP/NMS Resident Matching Program's early commitment process. Internal candidates are not required to participate in early commitment and may apply for PGY2 positions using the traditional PhORCAS application, interview, and match process.

Application requirements for internal candidates differ from those of external candidates due to the availability of PharmAcademic evaluations and direct working experience with program directors and preceptors. Early commitment application requirements are as follows:

1. Letter of intent
2. Curriculum vitae
3. Three letters of recommendation (using the standardized VCUHS early commitment reference form) completed by VCUHS residency program preceptors who can attest to the applicant's practice abilities and aptitudes. If desired, the candidate may substitute one recommendation with a recommendation from a clinical APPE preceptor from the candidate's PGY1 residency application from the previous year.

Interviews for internal applicants will be conducted and will include time with the following individuals:

1. PGY2 residency program director
2. PGY2 residency program preceptors
3. Programs Coordinator
4. Current pharmacy residents

The RPD will convene a meeting of all individuals involved in the interview process to determine candidate acceptability and rank list if needed. The final acceptance of the residency candidate is the responsibility of the RPD with approval by the Programs Coordinator and Director of Pharmacy Services. Offers to acceptable candidates will be made and must be accepted or declined by the residency candidate prior to attendance at the ASHP Midyear Clinical Meeting. The NMS letter of agreement and fees must be submitted by the NMS's specified annual deadline.



**Preceptor Appointment and Development
Virginia Commonwealth University Health System
Pharmacy Residency Programs**

Description

VCU Health System is committed to providing qualified preceptors for the pharmacy residents and students to ensure effective and meaningful training. Preceptors must meet educational and training prerequisites and be professionally ready to serve in the role. The selection of preceptors is first based on meeting the educational and training prerequisites, as defined by ASHP Accreditation Standards and the Department of Pharmacy Services. Next, professional readiness is considered as the preceptor candidate must have demonstrated the desire and aptitude for teaching, including the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating) and the ability to provide criteria-based feedback and evaluation of resident performance. Preceptors are expected to continually improve their teaching skills. These qualifications apply to preceptors regardless of their primary appointment (i.e., VCUHS or VCU School of Pharmacy).

Procedures

Preceptor Appointment

Pharmacists interested in serving as preceptors must meet each of the following requirements to be a pharmacy residency preceptor:

1. Preceptors must be currently licensed to practice pharmacy in the Commonwealth of Virginia.
2. Preceptors must have completed an orientation, fulfilled all requirements for the VCU Health System Clinical Pharmacy Services, and have an established practice site ready for the resident's rotation.
3. Preceptors must have:
 - a. PGY1 Preceptors: completed an ASHP-accredited PGY1 pharmacy residency plus a minimum of one year of practice experience in the area precepted OR have completed an ASHP-accredited PGY2 pharmacy residency plus a minimum of six months of practice experience in the area precepted OR have three or more years of pharmacy practice experience in the area precepted.
 - b. PGY2 Preceptors: completed an ASHP-accredited PGY2 pharmacy residency plus a minimum of one year of practice experience in the area precepted OR have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 pharmacy residency program.
4. Complete the ASHP Academic and Professional Record (APR) form within PharmAcademic.
5. Preceptors must meet the Preceptors' Qualifications, as identified by ASHP, which demonstrate the ability to precept a resident's learning experiences.
 - a. Demonstrate the ability to precept a resident's learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching and facilitating) at the level required by the resident;
 - b. Demonstrate the ability to assess a resident's performance by providing specific, constructive, criteria-based, verbal feedback to the resident during learning experiences and at the end of learning experiences to assist the resident in improving their performance;



- c. Demonstrate recognition in the area of pharmacy practice for which they serve as preceptors, as noted by active BPS certification, certification in disease or patient care management, formal recognition by peers as a model practitioner (e.g., professional fellow, recognition as pharmacist-of-the-year, institutional service award winner), sustained exemplary job performance, or ongoing service and subject matter knowledge in the pharmacy practice-related area;
- d. Demonstrate an established, active practice in the area for which they serve as preceptor (i.e., maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor, contribution to the development of clinical or operational policies/guidelines or protocols in the practice site, contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site, or ongoing active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement);
- e. Demonstrate maintenance of continuity of practice during the time of residents' learning experiences; and,
- f. Demonstrate ongoing professionalism, including a personal commitment to advancing the profession, through serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations); delivering a presentation/poster/publication in professional forums; serving as a poster/presentation/project co-author for pharmacy students or residents at a professional meeting; providing active service in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work); moderating or evaluating presentations at regional residency conferences or other professional meetings; routinely providing in-service presentations to pharmacy staff and other health care professionals; serving as a pharmacy student preceptor, a pharmacy technician educator or a staff development preceptor; contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes; actively participating in research; or publishing original research or review articles in peer-reviewed journals or chapters in textbooks, or case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences.

Preceptor eligibility must be reviewed and approved by the pertinent residency program director for the program. No pharmacist may precept a resident until their appointment has been approved by the pertinent residency program director, residency advisory committee, and residency programs coordinator. Appointed preceptors must complete a residency program-specific orientation with the program's director and review and maintain VCUHS pharmacy residency programs preceptor expectations.

Pharmacy preceptors who do not meet the Preceptor's Qualifications may serve as preceptors with a documented individualized preceptor development plan (see Appendix A), with the goal to meet the preceptor qualifications within two years. Preceptors who do not meet qualifications within two years will be removed from precepting and must submit an updated individualized preceptor development plan, to be reviewed by the pertinent residency program director(s), residency programs coordinator and residency advisory committee. The individual may be reappointed pending fulfillment of ASHP preceptor qualifications, VCUHS Department of Pharmacy Clinical Pharmacy Services requirements, and expectations for pharmacy residency preceptors.



Preceptor Reappointment

Preceptor reappointment will occur by annual review by each program's residency program director in conjunction with the residency advisory committee at a September RAC meeting. Preceptor annual review may include, but is not limited to: prior precepting experiences, resident feedback, quality of summative evaluations, timeliness of evaluation submissions, adherence with preceptor development criteria, and review of ASHP APR form. Residency program directors will update the residency program's preceptor roster within PharmAcademic annually.

Minimum criteria for preceptor reappointment include the following:

1. Maintain an up-to-date APR within PharmAcademic
2. Attend at least one (1) preceptor development session annually
3. Participate in at least one (1) of the following activities each residency training year:
 - a. Precept a resident rotation
 - b. Advise a journal club/case conference/20-minute presentation
 - c. Advise a continuing education presentation
 - d. Serve as a resident annual advisor
 - e. Serve as a resident annual activity advisor
 - f. Serve as a resident longitudinal project advisor
 - g. Serve as a resident committee advisor
 - h. Submit a continuing education topic
 - i. Submit a resident longitudinal project or medication use evaluation idea

Any preceptor that no longer meets the ASHP qualifications based upon their APR form or has not maintained the minimum preceptor requirements stated above will be removed as a preceptor. The preceptor will complete an individualized preceptor development plan (Appendix A) and submit it to the residency program director(s) and residency advisory committee to regain eligibility as a preceptor.

Preceptor status changes may also occur due to extenuating circumstances or feedback from multiple residents. Any decisions involving change in preceptor status are at the discretion of the residency program director(s) and residency advisory committee. It will be the preceptor's responsibility to ensure preceptor eligibility is regained and qualifications met. All documentation of approved preceptors and preceptor development plans will be done by residency program directors.

Preceptor Expectations

Pharmacy residency preceptors are responsible for the following:

1. Maintain all VCUHS Department of Pharmacy Clinical Services required credentials and competencies.
2. Maintain active practice and ongoing responsibilities for the area where they serve as preceptors.
3. Update ASHP Academic and Professional Record Form annually before start of residency training year to ensure preceptor eligibility and qualifications.
4. Prepare/update learning experience descriptions as instructed by the residency program director.
5. Orient residents to their learning experience prior to or on the first day of the learning experience.
6. Review resident development plans to modify learning experiences based on resident strengths and areas for improvement.
7. Provide and document as needed timely and qualitative formative feedback to the resident.
8. Complete all summative evaluations within PharmAcademic within seven (7) days of the completion of the learning experience.



9. Meet with the resident to discuss summative, self, and preceptor/learning experience evaluations.
10. Complete hand-off communication as needed between preceptors from month-to-month to ensure continuity of resident progression.
11. Reach out to RPD regarding any performance or personal-related concerns about the residents they precept.
12. Attend at least one (1) VCUHS provided preceptor development session per year.
13. Demonstrate sustained engagement by participate in at least one (1) of the following residency related activities each residency training year:
 - a. precepting a resident rotation, journal club/case conference sessions, continuing education sessions, serve as a resident annual advisor, resident annual activity advisor, resident project advisor, resident committee advisor, submission of continuing education topic, submission of project or MUE topic.

Preceptor Development

Preceptor development activities are facilitated by the Preceptor Development Coordinator under the guidance of the Residency Advisory Committee (RAC) for all VCUHS Pharmacy Residency Programs. Preceptor development may occur at the individual, program-specific, or pharmacy department level. VCUHS residency programs offer a minimum of four preceptor development sessions per year. All preceptors are expected to attend at least one preceptor development session per residency training year. Preceptor development sessions may include but are not limited to participation in live or virtual departmental preceptor development sessions, preceptor development continuing education provided by professional organizations or schools of higher education, preceptor development webinars provided by external sources, attendance at the National Pharmacy Preceptors Conference, or Accreditation/Preceptor Development resources provided on the ASHP website. Live or published formats of preceptor development sessions may be provided by any qualified pharmacy department member. Preceptor development topics are selected from annual surveys of preceptors and residents to determine the department's needs in relation to areas for improvement, resident feedback, and growth as a preceptor. Participation of preceptors in preceptor development activities is tracked by an electronic database available to all preceptors and shared with RPDs and RAC members. A repository of past events is maintained for preceptor reference.

Non-Pharmacist Preceptors

Non-pharmacists (e.g., physicians, nurse practitioners, certified advanced practice providers) may be considered as preceptors for limited, elective rotations and learning experiences in PGY1 and PGY2 pharmacy residency programs upon meeting the following criteria:

1. The non-pharmacist preceptor has an established practice and educational/training experience in a practice area consistent with the goals and objectives of the pharmacy residency program.
2. A qualified pharmacist preceptor agrees to serve as a co-preceptor and resource for the non-pharmacist preceptor and resident with willingness to ensure understanding and adherence to all pharmacy residency requirements for the experience.
3. The RPD (or other pharmacist designee) coordinates the goals and objectives for the experience with the non-pharmacist preceptor, and ensures they are consistent with the resident's developmental plan. All educational objectives and activities selected are appropriate for the non-pharmacist preceptor to teach and evaluate. A schedule to ensure optimal feedback and evaluation of performance is also developed.



4. The learning experience is scheduled at a date which the RPD and Programs Coordinator agrees, with the two preceptors, that the resident is ready for independent practice.
 - a. Documentation of “readiness for independent learning” will be included in the resident’s development plan.
 - b. Learning experiences where the resident is acquiring skills and abilities best taught by other professionals are excluded from this “readiness for independent practice” requirement.
 - c. The “readiness for independent learning” requirement does not apply to non-patient care learning experiences.
5. The non-preceptor receives approval by the pertinent RPD and the Programs Coordinator as a non-pharmacist preceptor for the specified learning experience.



Appendix A:
Individualized Preceptor Development Plan
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Please list below three personal goals that you will achieve over the next two years related to your precepting skills. Please review the ASHP and VCUHS' requirements for preceptors as you develop your goals. These requirements are listed in the VCUHS Preceptor Selection and Development Policy.

These goals will be reviewed with the pertinent program director (all programs for which you anticipate precepting residents) and Programs Coordinator initially, annually, and as needed until Preceptor Qualifications have been fulfilled. The goal is for completion of the individualized preceptor development to occur within two years. Each year, please write a reflection on your progress in achieving the goals set the year prior.

Submit your completed form(s) to: Pertinent RPD(s)

Please submit confirmation of completion of these goals and fulfillment of ASHP's criteria to serve as a preceptor, when achieved. This form does not need to be maintained after confirmation of completion.

Year one as preceptor: goals related to precepting

Date Completed:

Goal 1:

Goal 2:

Goal 3:

Reflection on progress/achievement of goals established the prior year

Date completed:

Goal 1:

Goal 2:

Goal 3:

Year two as preceptor: goals related to precepting

Date Completed:

Goal 1:

Goal 2:

Goal 3:

Reflection on progress/achievement of goals established the prior year

Date completed:

Goal 1:

Goal 2:

Goal 3:



Pharmacy Resident Communication Standards
Virginia Commonwealth University Health System
Pharmacy Residency Programs

Purpose: To provide adjunctive information to the VCU Health Communication and Escalation Policy and Secure Chat Usage Guidelines on Policy Manager for the appropriate modes, statuses, and forwarding of communications for pharmacy residents.

Communication Goal: Concise, clear, and purpose-oriented to reduce message fatigue and improve efficiency of patient care and resident-related activities.

Sections:





- A. EPIC Secure Chat
- B. EPIC Secure Chat How To's
- C. Email
- D. Pagers
- E. Personal Phones

Patient Care Related Communications			
Urgency	Expected Response Time	Indication	Recommended Communication and Escalation Mechanism*
Urgent	< 5 minutes	Life-threatening or limb-threatening situations requiring immediate attention.	<ol style="list-style-type: none"> 1. Use *500 2. In-person if possible 3. Page with or without Urgent Message Secure Chat
Important	< 20 minutes	Patient situations needing timely attention and response, such as acute clinical status changes or for urgent, high-risk medication issues	<ol style="list-style-type: none"> 1. Page or Important Message secure chat (with confirmation of receipt) 2. Phone call
Normal	< 1 hour	Non-urgent patient situations, FYI content	<ol style="list-style-type: none"> 1. Secure chat 2. Phone call
Non-Urgent	Within 2 business days	Non-patient related communications, communications for patient care > 3 business days away	<ol style="list-style-type: none"> 1. Email or In Basket/Staff message

*If not possible to complete communication in expected response time, escalate to alternative provider or preceptor



A. EPIC Secure Chat

Availability	Meaning	When to Use
 Available	Free to respond to messages	Onsite and able to answer questions
 Busy	Responses to messages will be delayed	During meetings and other required activities to delay response
 Do Not Disturb	No notifications will be received for messages with “normal” priority	Onsite for regularly scheduled day, but unable to respond
 Offline	Cannot send or receive new messages	Offsite, unavailable
Clear	Generally, means not logged in	Offsite, unavailable

Secure Chat General Guidance	
Secure Chat General Guidance	<ul style="list-style-type: none"> • Send short, clear, and concise messages to reduce message burden on clinical staff • Use professional communications and avoid slang, emojis, and jokes within the medical record. • Examples: “np!”, “sorry 😊”, “lol”, “hahaha” • Utilize importance levels to convey emergent and urgent communications to staff • Urgent messages are the only kind that break through “Do Not Disturb”
Secure Chat Wording Guidance	<ul style="list-style-type: none"> • Introduce your role in communications. <ul style="list-style-type: none"> ○ “I am the pharmacy resident covering this patient, can you clarify xyz?” • Minimize niceties to provide succinct communication <ul style="list-style-type: none"> ○ Niceties example: “Hello! Are you taking care of Mr. Jones? I need to clarify with you what his home dose of lisinopril is before I verify. Can you please ask the patient what home dose he takes? I see he last filled 10 mg but has also filled 20 mg in the past.” ○ Concise example: “Can you please clarify with Mr. Jones his home lisinopril dose? He has filled both 10 mg and 20 mg in the past.” • Do not send “thank you” messages • Avoid sending multiple messages when the message can be combined. <ul style="list-style-type: none"> ○ Multiple message example: <ul style="list-style-type: none"> ▪ “Good afternoon!” ▪ “Are you taking care of Susan Woods?” ▪ “We are working on her discharge medications and want to send them to the discharge pharmacy.” ▪ “Does she have cash or a card available to pay a \$10 copay?” ○ Concise example: “Susan Woods has a copay of \$10 for her medications through the discharge pharmacy. Does she have cash or a card to pay?”



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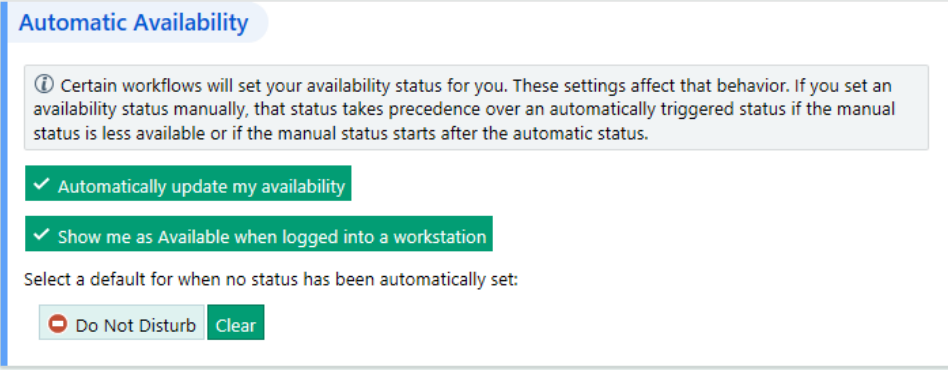
Resident Availability and Forwarding Expectations	
Residents in Clinic	<ul style="list-style-type: none"> Resident expectation to set availability as busy with a set end time when out of clinic The resident should forward all messages from the team to the acute care preceptor during this time as well. The resident will set up forwarding for the time period of clinic. <ul style="list-style-type: none"> “I am currently in clinic from START to END and responses will be delayed. Please contact PRECEPTOR with urgent questions.”
Residents and Preceptors in Required Activities (JC/CC, CE, EDS)	<ul style="list-style-type: none"> Resident expectation to set availability as busy with a set end time for end of activity Set expectation with preceptor on patient care coverage during times the resident is unavailable Forward messages to preceptor as indicated
In Basket/Staff Messages for Clinic	<ul style="list-style-type: none"> Discuss expectations with preceptor of who to forward messages to when out of office. These MUST be set so patient communications can be seen by a healthcare professional. Create a plan for communications with patients at the end of rotation.

B. Secure Chat How To's: Setting availability, forwarding, message importance

a. Secure Chat status settings

i. Secure Chat automatic availability settings

- Can be automatically updated when you log in and if no status has been set
- Status set while logged in will override the automatic availability. This means if you set yourself as busy, it will appear as busy until undone.
- Set your default to clear when no status has been automatically set.

4. 



b. Forwarding Secure Chat messages

1. Forward messages to preceptors when indicated. This will add them to the chat when you are messaged in a selected time range.
2. Select the “Don’t send me chat notifications” to not receive notifications while away.

The screenshot shows the 'Manual Forwarding' settings. At the top, there are three tabs: 'Don't Forward Messages', 'Forward All Messages' (which is selected), and 'Forward High Priority Messages'. Below the tabs, a note states: 'Forwarding messages will add the selected recipients to conversations that receive messages during the selected time range.' Under 'Forward to', there is a green pill with the name 'Meghan Beard, PharmD' and a close button. Below this is a text input field labeled 'Enter recipient or group name'. The 'From' section shows a date of '4/14/2023' and a time of '1:03 PM'. The 'Until' section shows a date of '4/14/2023' and a time of '2:03 PM', with a dropdown menu currently set to '1h' and other options for '2h', '4h', '8h', and '12h'. At the bottom, there is a checkbox labeled 'Don't send me chat notifications' which is currently unchecked. A note below it says: 'This includes urgent and important chat notifications.'

3.

c. How to select a message importance level

- i. Enter a new message
- ii. Click the “!” in the bottom left corner next to the message and select importance

The screenshot shows a message input area with a text field labeled 'Enter a message'. To the left of the text field is a small icon of an exclamation mark inside a circle. A dropdown menu is open, showing three options: 'Normal Message' (with a speech bubble icon), 'Important Message' (with an exclamation mark icon), and 'Urgent Message' (with two exclamation mark icons). Each option has a brief description: 'Normal Message' says 'The message will appear as usual'; 'Important Message' says 'Highlighted messages'; and 'Urgent Message' says 'Highlighted messages', 'Breaks through silent mode (if the recipients allow it)', and 'Reminder notifications repeat'. A lock icon is visible to the right of the menu.

iii.

The screenshot shows three buttons stacked vertically: 'Important Message' (yellow button with an exclamation mark icon), 'Urgent Message' (red button with two exclamation mark icons), and 'Normal Message' (green button with a speech bubble icon). Below the buttons, the word 'Now' is displayed.

iv.



C. Email

- a. Evaluate the urgency of response. If a response is needed in less than 2 business days, utilize a faster form of communication.
- b. The expectation is to read and respond to email communications within 2 business days.
- c. When the employee will be out of office on a regularly scheduled day, **an out of office message must be set in Outlook**. This is not expected for weekends (unless regularly scheduled on weekends).
 - i. Standard out of office message should include the date and time the employee becomes unavailable and the date and time they return. Additionally include information on who to contact for urgent concerns.
- d. See Appendix A for full directions on how to set an Out of Office message

D. Pagers

- a. Utilize pager communication for preceptors who request this method.
- b. Use pager communication for specific services/roles that require this form, such as ASP or Pharmacy Administrator on Call.
 - i. **If a pager is designated, use this method for initial contact and do not directly contact the person covering. This ensures the appropriate mode is utilized in case the person covering changes due to unknown circumstances.**

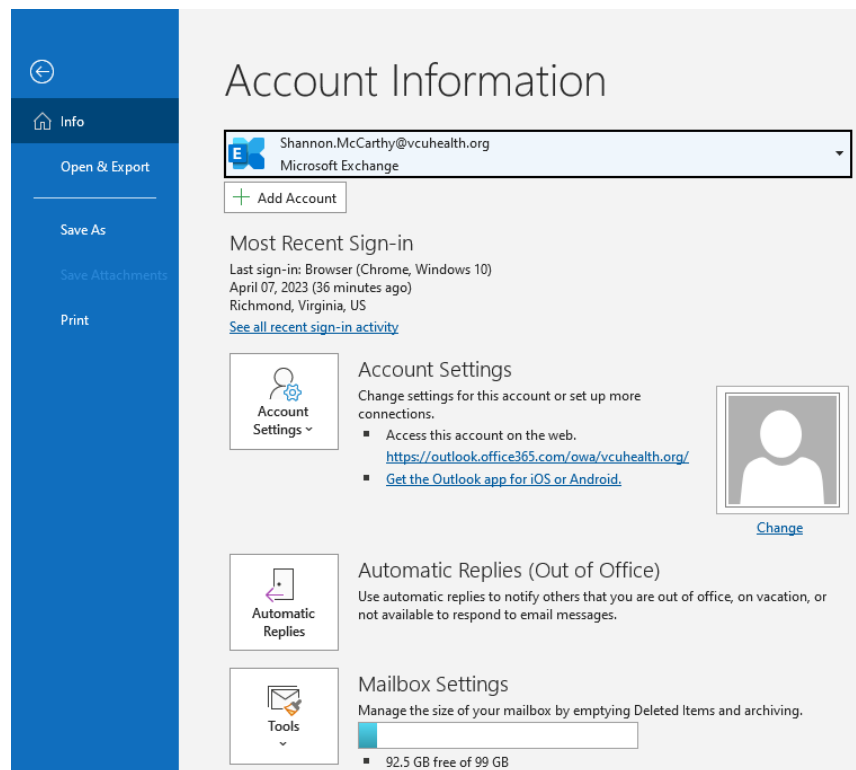
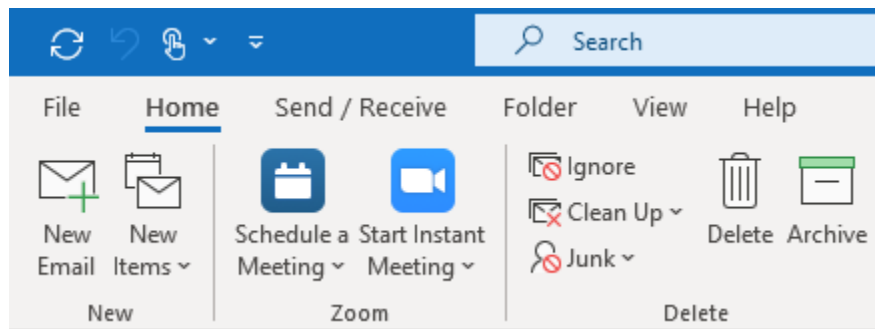
E. Personal Phones

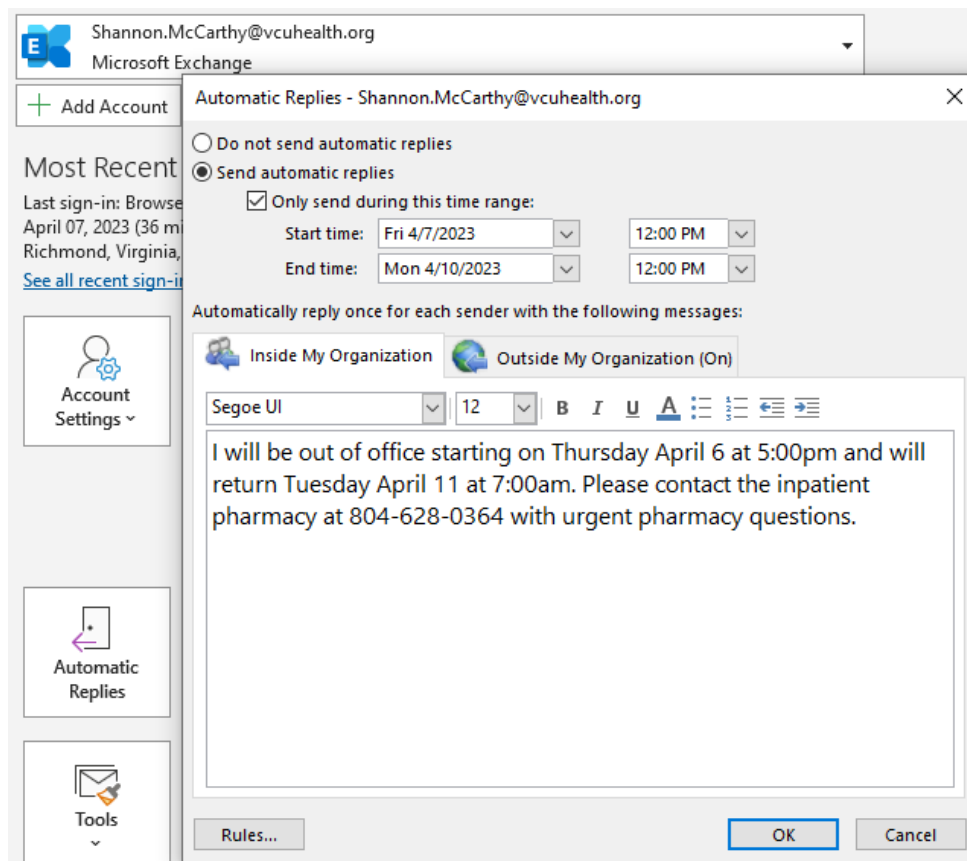
- a. Secure Chat is the preferred form of patient-specific communication. Protected Health Information (PHI) should be communicated over the secure platform.
- b. Utilize the EPIC Haiku app as able to communicate PHI when not at a computer station.
- c. Limit use of text messaging for clinical communication.
- d. Giving providers your phone number to call is appropriate if this is the best mode of communication to reach the pharmacist.
 - i. It is the pharmacist's responsibility to set boundaries for when they will be available to the team for communication.



Appendix A. How to Set an Out of Office Message in Outlook

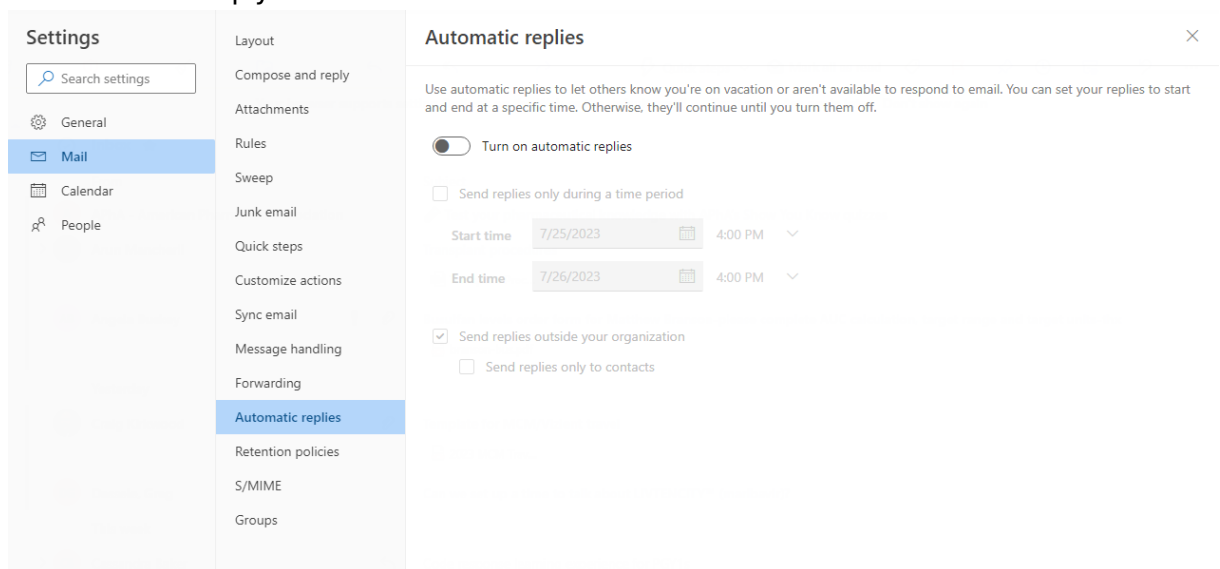
- F. How to set an out of office message on Outlook App
- Select “File” tab on top bar
 - Select “Automatic Replies (Out of Office)” button
 - Once Automatic Replies editor is open, select “Send automatic replies”
 - Check the box stating “Only send during this time range” then select the correct start and end date of the reply





G. How to set an out of office message on Outlook in web browser

- Select the gear icon (“Settings”) in the top right corner
- Select “Automatic Replies” towards the bottom of the settings list
- Once Automatic Replies editor is open, select “Turn on automatic replies”
- Check the box stating “Send replies only during a time period” then select the correct start and end date of the reply



e.







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

END DOCUMENT