



**University Of Virginia  
Health System  
Department Of Pharmacy Services**

**PHARMACY RESIDENCY PROGRAM  
POLICIES AND PROCEDURES  
2014-2015**

## Table of Contents

Residency Candidate Selection Policy.....	3-4
Leave Policy.....	5-6
Dismissal Policy.....	7-9
Moonlighting Policy.....	10-11
Preceptor Selection and Development Policy.....	12-13
Early Commitment Procedure.....	14
Requirements for Graduation .....	15
Resident Expectations.....	16
Preferred Methods of Communication.....	17
Travel Requests.....	18
<b>Appendices</b>	
Moonlighting Approval form.....	19
Leave Request form.....	20
Weekend Switch form.....	21

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Residency Candidate Selection Process**

**Application Requirements:**

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

1. The applicant must be enrolled in (or be a graduate of) an ACPE-accredited advanced pharmacy degree program or have equivalent experience.
2. Applicants must obtain license to practice pharmacy in the Commonwealth of Virginia within the first 60 days of the residency (ie, by September 1).
3. Applicants to the PGY2 residency programs must be completing or have completed an ASHP-accredited PGY1-pharmacy residency.
4. The applicant should have some prior hospital pharmacy experience.
5. The applicant must submit to PhORCAS the following information by the specified deadline:
  - a. application
  - b. official school of pharmacy transcripts
  - c. curriculum vitae
  - d. three letters of reference from instructors, rotation preceptors, or previous employers
  - e. letter of intent
6. PGY2-Drug Information candidates must also submit two writing samples that may include presentation or journal club handouts, newsletter articles, drug monographs, etc.
7. All rules and regulations of the ASHP residency matching program will be strictly followed.

**Selection of Candidates for On-site Interviews:**

1. Members of the residency advisory committee will review applicants based upon careful evaluation of their work experience, pharmacy school grade point average, writing skills demonstrated in application materials, presentation/ research experience, involvement in professional organizations, duration of direct patient care experiences, and school of pharmacy ranking. Additional evaluation of applicable specialty experience is performed for all PGY2 residency candidates. For example, the amount of experience in the particular specialty area is also evaluated in the applicant assessment tool. The final selection of candidates for on-site interviews is the responsibility of the residency program director.
2. Candidates with incomplete residency application files are not considered for on-site interviews.
3. Approximately 6 candidates per available position are invited for on-site interviews.

**Interview and Evaluation of Candidates:**

1. An on-site interview with the residency program director, department administrators, and residency preceptors is required.
2. Persons interviewing residency candidates are required to complete a candidate evaluation form and submit to the program director within 48 hours of the interview.
3. All persons participating in the interview process of residency candidates will complete a residency candidate rank list. A preliminary overall rank list will be developed from a composite of individual rank lists.
4. At the conclusion of all on-site interviews, a candidate review session is held to discuss the preliminary rank list and the strengths and weaknesses of each residency candidate. All persons involved in the interviewing process are invited to attend this meeting.
5. The residency program director is responsible for submitting the rank order to the National Matching Service.



A. SUBJECT: Leave or Request for Absence Policy

B: EFFECTIVE DATE: November 1, 2013

C: POLICY:

PURPOSE:

The University of Virginia Health System shall seek to provide its residents/fellows (herein after “trainee”) with appropriate time off to ensure the trainees well-being and to conform to the American Society of Health-System Pharmacists (ASHP) and Accreditation Council for Graduate Medical Education (ACGME) regulations. Furthermore, time away from training must adhere to department program policies.

PROCEDURE:

The Pharmacy Department Policy on leaves of absence is consistent with the GME Institutional Policy. All leave must be approved by the applicable preceptor and program director, communicated to the program coordinator, and documented within the pharmacy department Annual Professional Leave Request database. Any leave of absence resulting from a Disciplinary Action, an Administrative Leave, or any leave requiring an extension of the training period must be reported to the Office of Graduate Medical Education (GMEO).

Vacation Leave: Trainees are allowed up to 10 days of vacation time. Trainees should complete the Annual Professional Leave Request 1 week prior to the planned absence (unless approved by their program director).

Holiday Leave: Trainees receive the following holidays: Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day and the day after, New Year’s Eve and New Year’s Day, and Memorial Day. If the above mentioned holidays fall on a trainee’s scheduled weekend to work, alternate leave days will be granted.

Professional Leave: Each trainee is granted professional leave for attendance at professional meetings (eg, ASHP Midyear Clinical Meeting, Eastern States Conference, or other comparable scientific meeting as determined by their program director). Trainees are also granted up to 5 days to participate in employment interviews. If more than 5 days are needed for interviews, vacation days must be used.

Sick Leave: Trainees may use up to 14 calendar days per year of paid sick leave. Those sick for 2 or more consecutive days must present a physician’s note to the Program Director and Coordinator. The Program Director/ Coordinator, applicable preceptor, and weekend supervisor (if applicable) MUST be immediately notified of any absence due to sickness. Exceptional cases will be considered on an individual basis. In this regard, up to 28 calendar days of additional paid leave time may be granted in cases of unusual illness or disability. Such additional leave would be granted through the Office of Graduate Medical Education only when the Program Director, DIO, or GME Office deem it acceptable.

Family and Medical Leave: The Health System provides family/medical leave of absence in accordance with the Family and Medical Leave Act of 1993 to eligible employees. Information related to the policies

and procedures for securing such leave can be found in [Medical Center Policy 0600](#). The total leave period must be approved by the Program Director who must communicate this to the Office of Graduate Medical Education.

Military Leave: The Health System shall provide the graduate medical trainee with the necessary time off from training if called upon by the government for service in the U.S. Armed Forces. For a trainee in good standing, re-entry into the program upon completion of any military time shall be guaranteed by the program in which the trainee was granted the leave of absence. The postgraduate level at which the trainee returns to the program shall be at the discretion of the Program Director. The total leave period must be approved by the Program Director and communicated to the Office of Graduate Medical Education.

Administrative Leave – The Health System provides Administrative Leave in accordance with [Medical Center Policy 0600](#).

Additional Time for Completing Residency Requirements: Absences from any learning experience must not exceed 20% of the total time allotted to the experience. Absences may jeopardize attainment of the program's outcomes, goals, and objectives. The program director/ coordinator maintains responsibility for ensuring that absences incurred do not jeopardize the trainee's ability to attain the program's outcomes, goals, and objectives. Absences that extend beyond those allotted (described in this policy) must be made up. A plan to accomplish making up missed days will be developed by the program director/ coordinator prior to the end of the training program. In the event that the time missed extends beyond the anticipated training program completion date, the institution may be requested to continue to pay all salary and fringe benefits during the extended appointment for a period of time not to exceed four (4) weeks. Beyond 4 weeks, the institution will fund neither the salary nor the fringe benefits of the trainee.

Notification and Documentation: **All leave** must be documented on Annual Professional Leave Request database. In the event of unexpected absences, the residency program director and coordinator, preceptor, and weekend supervisor (if applicable) **MUST** be notified immediately. Failure to notify all of the applicable individuals will result in disciplinary action.

Developed: May 2008

Updated: October 2013

Approved by: Residency Oversight Committee



## **Policy and Procedures for Dismissal from the Residency Program**

### **I. BACKGROUND**

Responsibility for judging the competence and professionalism of residents and fellows (hereinafter “residents”) in medical, dental, psychology, chaplaincy, and pharmacy graduate education programs rests principally with department chairs and program directors. These educators are guided in their judgment of resident performance by the American Society of Health-System Pharmacists, by certifying and licensing Boards, by ethical standards for their professions, and by applicable policies of the University of Virginia and the University of Virginia Health System. Residents are associated with the institution in an educational and training relationship. Residents are compensated as employees of the University of Virginia, which encompasses the teaching hospital of the University of Virginia. The resident’s employment relationship with the University of Virginia is derivative of and dependent upon his or her continued enrollment in a graduate (medical, dental, psychology, chaplaincy, or pharmacy) training program of the University.

### **II. PREFACE**

It is expected that all residents will be licensed by the first clinical rotation of the residency program (last Monday in July). Residents who are not licensed pharmacists in the Commonwealth of Virginia by September 1 will be dismissed from the program.

The following Policies and Procedures for the Assessment of Performance of Residents in Graduate Medical Education (hereinafter “Performance Policy”) apply to all residents enrolled in graduate pharmacy education programs at the University of Virginia. The Performance Policy governs the qualification of residents to remain in training as well as their completion of residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

### **III. RESIDENCY PROGRAM ASSESSMENT STRUCTURE AND PLAN**

The program director for each residency program has primary responsibility for monitoring the competence and professionalism of program residents, and for initial counseling, probation, or other remedial or adverse action. Residents will be evaluated on individual specialty requirements as well as program requirements. All residents are expected to be in compliance with University and Health System policies, as they are amended from time to time, which include but are not limited to: the Compliance Code of Conduct and other policies on federal health care program compliance, sexual harassment, moonlighting, infection control, and completion of medical records. The Residency Advisory Committee (RAC) may assist a program director in these functions. Where circumstances warrant, the membership of the RAC may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident. The chair of a department may or may not exercise the option to become a member of the RAC or to serve as the final departmental decision-maker in response to the committee or program director's recommendations. Each program’s assessment structure and plan must be in writing.

### **IV. PERFORMANCE REVIEWS**

Each resident receives a written summative evaluation within 1 week of the conclusion of each rotation. Quarterly summative evaluations are provided for longitudinal residency requirements (ie, medication use evaluation, research project, weekend distributive functions, and practice management). Criteria-based

formative evaluations (“snapshots”) are provided to assess performance relating to presentations and Code 12 response. All evaluations are signed by the resident, preceptor of record, and the residency program director. It is recommended that a review of the resident’s experience and competence in performing clinical procedures be included in the evaluations when appropriate. Quarterly reviews of the residents’ annual training plans are performed by the residency program director and are signed by the resident, residency advisor, and the residency program director.

In addition, requirements of the residency include meeting all deadlines and demonstrating a professional attitude. All pharmacy staff members provide feedback to the residency director(s) regarding timelines and professionalism. Failure to comply will result in disciplinary action.

## V. PROBATION

- A. **Initial Probation:** If, after documented counseling, a resident is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program in which he/she is enrolled, the resident may be placed on probation by the program director. Residents are entitled to a full hearing that includes the residency program director, the Director of Pharmacy Services, the resident’s advisor, and departmental staff and rotation preceptors, if deemed appropriate. The resident must be informed in person of this decision and must be provided with a probation document which includes the following:
1. A statement of the grounds for probation, including identified deficiencies or problem behaviors;
  2. The duration of probation which, ordinarily, will be at least 1 month;
  3. A plan for remediation and criteria by which successful remediation will be judged;
  4. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or suspension or dismissal from the program during or at the conclusion of the probationary period; and
  5. Written acknowledgement by the resident of the receipt of the probation document.
- B. **Extended Probation:** The status of a resident on probation should be evaluated periodically, preferably every month, but at a minimum, every 3 months. If, at the end of the initial period of probation, the resident’s performance remains unsatisfactory, probation either may be extended in accordance with the above guidelines (V.A.1.-V.A.5.) or the resident may be suspended or dismissed from the program (hereinafter “adverse action”).

## VI. SUSPENSION AND DISMISSAL

- A. **Suspension:** A resident may be suspended from clinical activities or any program related activity or duty by the residency program director, Director of Pharmacy Services, or the Associate Dean for Graduate Medical Education. Recommendations for suspension may be proposed by residency preceptors and departmental supervisors to the residency program director. This action may be taken in any situation in which continuation of clinical activities by the resident is deemed potentially detrimental or threatening to University of Virginia Health System operations, including but not limited to patient safety or the quality of patient care, a suspension or loss of licensure, or debarment from participation as a provider of services to Medicare and other federal programs patients. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with the Compliance Code of Conduct, federal health care program requirements, Corporate Compliance Agreement or University policies and procedures (“noncompliance”), or that is threatening to the well-being of patients, other residents, faculty, staff, or the resident. Unless otherwise directed, a resident suspended from clinical activities may participate in other program activities. A decision involving suspension of a resident must be reviewed within 3 working days by the department chair (or his or her designee) to determine if the resident may return to clinical activities and/or whether further action is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal). Suspension may be with or without pay at the discretion of institution officials.

- B. **Dismissal During or at the Conclusion of Probation:** Probationary status in a residency program constitutes notification to the resident that dismissal from the program can occur at any time during or at the conclusion of probation. Dismissal prior to the conclusion of a probationary period may occur if the conduct which gave rise to probation is repeated or if grounds for Program Suspension or Summary Dismissal exist. Dismissal at the end of a probationary period may occur if the resident's performance remains unsatisfactory or for any of the foregoing reasons. Prior to dismissal, the Medical Staff and Residency Office must be notified of the dismissal of any resident during or at the conclusion of a probationary period.
- C. **Summary Dismissal:** For serious acts of incompetence, impairment, unprofessional behavior, falsifying information, noncompliance, or lying, or if a resident is listed as excluded on the Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities" or on the General services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs") or is discovered to have been convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a) (an "excludable crime," ie, criminal offenses related to governmentally financed health care programs, including health care fraud; criminal abuse or neglect of patients; or felony controlled substance convictions related to the provision of health care), a department chair may immediately suspend a resident from all program activities and duties for a minimum of 3 days and, concurrently, issue a notice of dismissal effective at the end of the suspension period. The resident does not need to be on probation, nor at the end of a probationary period, for this action to be taken.
- D. **Notification of Suspensions and Dismissals:** The resident must be notified in writing of the reason for and terms of suspension and dismissal, have an opportunity to respond to the action before the dismissal is effective, and be given a copy of the GME Appeals Process. Prior to the dismissal, the Medical Staff and Residency Office must be notified of any dismissal of any resident during or at the conclusion of a probationary period.

Approved by the Residency Advisory Committee, May 2008  
Updated March 2009



Department of Pharmacy Services

A: SUBJECT: Extramural Professional “Moonlighting” Activities

B: EFFECTIVE DATE: December 1, 2007

C: POLICY: The Department of Pharmacy Services believes that residency training should be a full-time educational experience. Residents (housestaff) should not be diverted from their primary responsibilities to their own educational activities and to the management of patients charged to their care by engaging in any extramural professional activities (“moonlighting”). The Training Oversight Committee (TOC) feels that “moonlighting” by residents is generally inconsistent with the educational objectives of their training and such activity is strongly discouraged. All moonlighting must be counted in the calculation of the duty hour assignments. Moonlighting is not permitted by PGY1 residents.

D: DEFINITION: Moonlighting activity is defined as any clinical activity for which the resident received compensation that is not a part of the regular/required activities of the residency/department. This includes both internal and external moonlighting activities. Internal moonlighting involves clinical activities that occur within the University of Virginia Medical Center or its clinics. External moonlighting is clinical activity that occurs in organizations/ facilities that are not part of the University of Virginia Medical Center.

E. PROCEDURE:

In extraordinary circumstances, moonlighting by a resident may be considered.

1. Residents requesting to moonlight must do so in writing to the residency program director. Additionally, approval from specific rotations preceptors is required. It is the responsibility of the residency program director working to perform the initial determination of the appropriateness of specific proposed moonlighting activities within the department's educational objectives. If a resident received approval by his/her program director for internal moonlighting, documentation of this approval in the form of a written statement of permission from the program director, must be in resident's file and copied to the GME Office.
2. Once the initial determination of appropriateness is completed, the request shall be submitted to the Graduate Medical Education Committee for institutional review regarding consistency and equity across programs. The Graduate Medical Education Committee shall determine which moonlighting activities are approved for formal institutional recognition.
3. Should a member of the housestaff be approved by his/her program director for internal moonlighting, documentation of this extramural, moonlighting activity, meaning a written statement of permission from the program director, must be in resident's file and copied to the GME Office.
4. Once approved by the Graduate Medical Education Committee, internal moonlighting activities will be covered by the Commonwealth of Virginia's professional liability insurance.
5. Individuals who participate in external moonlighting must provide his/her own professional liability insurance.
6. Moonlighting is limited to 4 shifts/ month. In order to minimize disruption to learning experiences, weekday shifts may not commence before 5 PM. Moonlighting (internal or external) must be counted

towards the 80 hour Maximum Weekly Hour Limit imposed by ACGME/ ASHP Duty Hour Regulations.

7. In view of the serious implications of residents engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain penalties or severe disciplinary action, including dismissal from the residency training program. Specific penalties or disciplinary action will be determined by the residency program director and residency program coordinator.
8. The program director is responsible for monitoring residency performance for residents participating in moonlighting activities.

Approved by Residency Advisory Committee, November 2007

Updated Jan 2011

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Preceptor Selection and Development Processes**

**Preceptor Requirements:**

1. Preceptors must possess current licenses to practice pharmacy in the state of their practice site and must practice within that site during the time of their resident's rotation.
2. Preceptors must have completed an ASHP-accredited PGY1 pharmacy residency plus a minimum of 1 year of practice experience or PGY2 pharmacy residency plus a minimum of 1 year of practice experience for PGY1 and PGY2 pharmacy residency programs, respectively. Alternatively, pharmacists with equivalent experiences (minimum of 3 years) and aptitudes may be considered for precepting roles.
3. Preceptors must meet a minimum of 4 of the 7 criteria to be a preceptor established by ASHP (criteria listed below and available from [http://www.ashp.org/s\\_ashp/docs/files/RTP\\_PGY1AccredStandard.pdf](http://www.ashp.org/s_ashp/docs/files/RTP_PGY1AccredStandard.pdf)). Preceptors not meeting this minimum will be mentored to improve their record of contribution and commitment to pharmacy practice to encourage the achievement of 4 of the 7 criteria.
  - A. Documented record of improvements in and contributions to the respective area of advanced pharmacy practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
  - B. Appointments to appropriate drug policy and other committees of the department/organization.
  - C. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
  - D. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
  - E. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
  - F. Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
  - G. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).
4. To be considered as a new residency preceptor, interested pharmacists shall submit a completed Academic and Professional Record and statement of interest to their direct supervisor and the Residency Coordinator. New preceptor requests will be reviewed by the Training Oversight Committee.
5. Non-pharmacy preceptors will not be considered for PGY1 pharmacy residency programs. PGY2 residents may be precepted by non-pharmacy preceptors in select instances when appropriate. Approval of non-pharmacy personnel as preceptors is subject to the endorsement of the Training Oversight Committee and residency program director. Non-pharmacy preceptors will be evaluated for appropriateness based on a review of professional accomplishment, accolades, and commitment to serving as a preceptor for pharmacy residents. A pharmacist preceptor must coordinate with non-pharmacist preceptors to develop goals and objectives for the rotation and to ensure regular feedback and evaluations are provided.

### **Preceptor Development:**

1. Residency program directors are responsible for ensuring preceptors are evaluated on their performance in the preceptor roles of instructing, modeling, coaching, and facilitating. An evaluation of the preceptor and learning experience should be completed by all residents at the end of each rotation and quarterly for longitudinal residency requirements. Residents should discuss their evaluation with their preceptors and provide recommendations for improvement. These evaluations and recommendations forwarded to the residency program director and documented for future reference.
2. Preceptor development topics are presented monthly.
3. Preceptors are expected to participate in at least 6 preceptor development sessions per year. These may include: documented attendance at RAC meetings, preceptor development continuing education provided by Virginia Commonwealth University, preceptor development webinars provided by the Pharmacist's Letter, attendance at the National Residency Preceptors Conference, or Accreditation/ Preceptor Development Resources provided on the [ASHP website](#). All preceptors shall keep a preceptor development portfolio that is submitted to the Residency Coordinator and their direct supervisor as part of their annual performance appraisal.
4. Residency program directors will be evaluated by their residents at the end of each year. Residents should discuss their evaluation with their residency program director and provide recommendations for improvement. These evaluations and recommendations should be documented for future reference.

Revised: June 2012

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

Purpose: to describe the process for internal applicants for the PGY2 residency programs.

**Application process**

Application requirements for internal candidates are different from those of external candidates due to the availability of evaluations, customized training plans and quarterly updates to PGY2 program directors and preceptors. The application requirements are as follows:

- Letter of intent
- Completed application
- Curriculum vitae

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

- PGY2 residency program director
- Panel of applicable PGY2 residency program preceptors
- Residency coordinator
- Lunch and interview with current resident (if applicable)

The residency program director will convene a meeting of all individuals involved in the interview process within 4 working days of the interview in order to determine candidate acceptability. The final acceptance of the residency candidate is the responsibility of the residency program director, residency program coordinator, and the Director of Pharmacy Services.

**Timeline**

The deadline for receipt of completed application materials is October 7.

Interviews will occur within 10 days of the application deadline. If the internal candidate is selected for the position, candidates will be given at least 5 working days to make their decision. The residency program acceptance letter must be signed and returned to the residency program director prior to the ASHP Midyear Clinical Meeting Personnel Placement Service early registration deadline (usually the fourth Monday of October). Upon completion of this process, the National Matching Service will be notified of the early commitment. In the event that the interview committee elects to pursue additional candidates, then PPS interviews will proceed; both internal and external candidates will be considered.

Internal candidates are not required to participate in early commitment and may apply for PGY2 positions during traditional interview process (early January) All PGY2 applicants outside of the early commitment process must participate in the National Matching Program.

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Requirements for Graduation:**

**All programs:**

- The resident is expected to have earned an assessment of “Achieved” for  $\geq 80\%$  the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement”.
- Completion of a quality project/ medication use evaluation (MUE) and presentation of results at the University HealthSystem Consortium Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting
- Completion of a research project with a final report submitted in manuscript style.
- Submission of a completed notebook to the program director (at the conclusion of the program) that includes evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences.
- Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Weekend Staffing Schedule.
- Residents who do not complete all graduation requirements within the 12 month period of the residency have an additional 6 months to complete and submit all requirements. Pay and benefits will not be extended during this time period. After 6 months, materials will no longer be accepted and the resident forfeits the opportunity to earn their certificate.

**PGY1: (in addition to the above)**

- Platform presentation of their research project at the regional residency conference.

**PGY2-Drug Information**

- Submission of a manuscript to a biomedical journal
- Poster presentation of the research project at the UVa Department of Medicine Scholars/ Research Day or other comparable scientific meeting

**PGY2-Critical Care**

- Poster presentation of the research project at the UVa Department of Medicine Scholars/ Research Day or other comparable scientific meeting

**PGY2-Health System Pharmacy Administration**

- Poster presentation of the research project at the UVa Department of Medicine Scholars/ Research Day or other comparable scientific meeting

**PGY2-Oncology**

- Submission of project abstract for the annual HOPA meeting trainee poster session
- Poster presentation of the research project at the annual HOPA meeting or the UVa Department of Medicine Scholars/ Research Day
- Submission of a manuscript to a biomedical journal

**PGY2-Pharmacy Informatics**

- Poster presentation of the research project at the UVa Department of Medicine Scholars/ Research Day or other comparable scientific meeting

**PGY2-Solid Organ Transplantation**

- Submission of project abstract for the annual American Society of Transplantation American Transplant Congress
- Poster presentation of the research project at the annual American Transplant Congress meeting or the UVa Department of Medicine Scholars/ Research Day

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Resident Expectations**

The resident is expected to earn a rating of achieved in least 80% the objectives of their respective residency program. The resident reports to and is supervised by the rotation preceptor and the residency director/ coordinator.

Responsibilities of the resident include:

1. Development of personal goals for the residency following an initial evaluation of career interests, prior experience, and areas of strength and weakness.
2. Compliance with rotation expectations:
  - a. meeting with the rotation preceptor to define individual goals and objectives for the rotation
  - b. completing assignments by the end of the rotation
  - c. scheduling routine meetings with rotation preceptor
  - d. informing the residency director of difficulties encountered in meeting goals and objectives or problems with preceptors
  - e. assuming responsibility of the rotation preceptor in his/her absence
  - f. preparing a written self-evaluation, preceptor and learning experience evaluation at the conclusion of each rotation and quarterly for longitudinal requirements.
3. Timely communication regarding absences and requested leave; failure to inform the program director of an absence/ illness will result in disciplinary action.
4. Completion of quarterly reports to be reviewed by the residency director; the purpose of these reports will be to assure that the established residency goals and objectives are being achieved
5. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Weekend Staffing Schedule
6. Completion of a major residency project and medication use evaluation (MUE)/ quality improvement project. Each resident will submit an abstract to present their MUE/ quality project at the University HealthSystem Consortium Pharmacy Council Meeting Poster Session. PGY1s projects will be presented as platforms at the regional residency conference. PGY2 residents submit their projects for poster presentation at the UVa Department of Medicine (or Surgery) Scholars/ Research Day or other applicable scientific meeting.
7. Provision of required presentations throughout the residency
8. Submissions of articles to departmental newsletters
9. Attendance at the ASHP Midyear Clinical Meeting and regional residency conference (PGY1 only). Residents may attend other professional meetings if the staffing schedule permits.
10. Submission of completed materials to the "Residency Notebook" folder on the O:drive by completion of the program. Specific details regarding "Notebook Requirements" can be found in the program specific residency manual.

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Methods of Communication**

The Department of Pharmacy Services provides each resident with a Blackberry for business use. The device is provided during the first week of the residency and is returned to the Department at the completion of the residency or departure from the institution.

During the workday, devices should be set to “Phone only.” Such setting will allow for an audible notification of incoming phone calls and text and Blackberry Messenger messages. It is NOT recommended that you have your device set to notify you (either audible or vibrate) for incoming email messages. During continuing education sessions and/or executive meetings outside the department, the audible settings should be turned OFF.

Although it is tempting to check your e-mail by using your Blackberry on a frequent basis, it is not acceptable to check email messages while on rounds, in meetings, and during one-on-one discussions with other health care providers.

The preferred route for non-urgent communication with rotation preceptors, pharmacy managers, and the program director(s) is by e-mail. Phone calls are discouraged. Urgent messages should be communicated by text messaging, Blackberry Messenger, or text paging. If none of these options are available, calling is acceptable.

Outlook Scheduler is the preferred method for scheduling meetings. Non-urgent meetings should be requested through the Outlook Scheduler a minimum of 2 work days in advance.

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs**

**Travel Requests**

The Department of Pharmacy Services provides a travel stipend to support attendance at the professional meetings including the ASHP Midyear Clinical Meeting, regional residency conference (PGY1s), and specialty focused professional meetings (PGY2s). Travel expenses that exceed the amount allocated to trainee become the responsibility of the individual.

Prior to travel, a Travel Expense Request Form must be completed and submitted to the RPD/ Coordinator. Travel supported by the University is subject to lodging, meals, and incident expense limits. These limits can be found at: <http://www.procurement.virginia.edu/pagetravellimits-01oct09>.

Upon completion of travel, the same form is completed based upon expenses incurred as a result of travel and submitted along with original receipts.

**Travel Tips:**

Only taxi fare from airport to hotel and back will be reimbursed.

Under no circumstance are alcoholic beverages reimbursed.

The following items must be retained and submitted with expense requests:

- Boarding passes
- Itemized meal receipts

All receipts/boarding passes should be taped to letter sized paper (8.5 x 11) and submitted with the Travel Expense Request form.

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs  
Moonlighting Approval Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Potential Employment Hours: \_\_\_\_\_

I understand that my primary responsibility is to the University of Virginia Health System Pharmacy Residency Program and that additional employment should not interfere with this responsibility. I understand that I need to check with my rotation preceptor before agreeing to work. I also understand that ACGME standard that prohibits working more than 80 hours per week (averaged over a four week period) applies to internal moonlighting. Should the residency program director deem that "moonlighting" interferes with my responsibilities, he/she may prohibit me from additional employment.

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**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Residency Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Residency Coordinator Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs  
Annual/Professional Leave Request\***

Residents submit requests for leave through the “Vacation” database.

**Requests for annual leave MUST be submitted at least 1 week prior to planned absence. Exceptions must be approved by the residency director.**

**The last available vacation day is Monday, June 22, 2015.**

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**University of Virginia Health System  
Department of Pharmacy Services  
Pharmacy Residency Programs  
Weekend Switch Request**

Weekend switches may only be made by residents in the same postgraduate year. Weekend switches may only be performed with approval from the residency program director and coordinator, affected weekend supervisors, and the scheduling coordinator.

Weekend switches are requested through the Schedule OneSource software.