



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

**PHARMACY RESIDENCY PROGRAMS
POLICIES AND PROCEDURES
2018-19**

Table of Contents

Residency Programs and Directors.....	3
Residency Candidate Selection Policy.....	4-5
Leave Policy.....	6-8
Dismissal Policy.....	9-11
Moonlighting Policy.....	12-13
Duty Hours Policy.....	14-17
Preceptor Selection, Development, and Expectations Policy.....	18-19
Early Commitment Procedure.....	20
Requirements for Graduation	21-22
Evaluation Definitions.....	23
Evaluation Expectations for Residents and Preceptors.....	24-25
Resident Expectations.....	26
Resident Administrative Duties.....	27
Preferred Methods of Communication.....	28
Leave and Weekend Switch Request Process.....	29
Appendices	
Moonlighting Approval form.....	30

GME also requires submission of a moonlighting form which can be found [here](#).

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

The following policies and procedures apply to all pharmacy residency programs at the University of Virginia Medical Center. The programs and program directors are as follows:

Program	Program Director
Postgraduate Year One (PGY1) Pharmacy	Michelle W. McCarthy, PharmD, FASHP
PGY1 Community Pharmacy	Michael Palkimas, PharmD
PGY2 Ambulatory Care Pharmacy	Donna White, RPh, CDE, BCACP
PGY2 Cardiology Pharmacy	Steven P. Dunn, PharmD, BCPS (AQ-CV)
PGY2 Critical Care Pharmacy	David Volles, PharmD, BCPS, BCCCP Rebecca Hockman, PharmD, BCPS (Assistant Director)
PGY1 Pharmacy/ PGY2 Health System Pharmacy Administration	PGY1: Michelle W. McCarthy, PharmD, FASHP PGY2: Rafel Saenz, PharmD, MS, FASHP
PGY2 Infectious Diseases Pharmacy	Heather Cox Hall, PharmD, BCPS (AQ-ID)
PGY2 Oncology Pharmacy	Kathlene DeGregory, PharmD, BCOP
PGY2 Pediatric Pharmacy	Marcia Buck, PharmD, FCCP, FPPAG, BCPPP
PGY2 Pharmacy Informatics	Mark Chabot, RPh, MHA, MBA
PGY2 Solid Organ Transplant Pharmacy	Winston A. Ally, PharmD, BCPS

**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 references
 - e. letter of intent
6. 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 using program specific applicant selection rubrics (documents are housed on O:pharmacy/pharmacy_res). 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. 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.
3. 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.
4. The residency program director is responsible for submitting the Residency Advisory Committee-approved rank order list to the National Matching Service.



A. SUBJECT: Leave or Request for Absence Policy

B: EFFECTIVE DATE: November 1, 2014

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).

Unexcused Leave: Defined as any absence not approved by the program director and properly documented within the departmental leave database. Disciplinary or remedial action from an unexcused leave shall be at the discretion of the program director.

Vacation Leave: Trainees are allowed up to 12 days of vacation time. Trainees should complete the Annual Professional Leave Request at least 1 week prior to the planned absence (unless approved by their program director).

Holiday Leave: Trainees receive 8 holidays that may be used for any of the following holidays in which the resident is not scheduled to work: 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. Trainees shall work one major holiday (Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year’s Eve and New Year’s Day) and the accompanying weekend in a distributive role during the residency year.

Professional Leave: Each trainee is granted professional leave for attendance at professional meetings (eg, ASHP Midyear Clinical Meeting, regional residency 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. Additionally, leave that follows or proceeds vacation, holiday, or professional leave also require submission of a physician’s note. 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. Any leave time that exceeds the allotted 14 days must be made up.

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. All leave must be made up.

Maternity Leave: Maternity leave is granted as 4 paid, consecutive weeks of exceptional leave, plus any remaining unused annual sick leave or annual vacation time. The total leave period must be approved by the Program Director who must communicate this to the Office of Graduate Medical Education. All leave must be made up.

Paternity Leave: Paternity leave may be granted as one paid week (seven consecutive days) of exceptional leave, plus any remaining unused sick time or unused annual vacation time. The total leave period must be approved by the Program Director who must communicate this to the Office of Graduate Medical Education. All leave must be made up.

Adoption Leave: Adoption leave may be granted as 4 paid, consecutive weeks of exceptional leave for the primary care giver, plus any remaining unused sick time or unused annual vacation time. The total leave period must be approved by the Program Director who must communicate this to the Office of Graduate Medical Education. All leave must be made up.

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 competency areas, goals, and objectives. The program director and coordinator maintain 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. Prior to the end of the training program, the program director/ coordinator shall develop a plan describing how missed days will be made up. In the event that the time missed extends beyond the anticipated 12 month 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 is considered unexcused leave and will result in disciplinary action.

Developed: May 2008

Updated: October 2013, October 2014, April 2016, December 2016

Approved by: Residency Oversight Committee

Reviewed June 2017



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 beginning of the first clinical rotation of the residency program (mid-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 orientation/ each rotation. Quarterly summative evaluations are provided for longitudinal residency requirements (ie, medication use evaluation/quality project, research project, longitudinal service functions, teaching

certificate). 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
Reviewed June 2017



Department of Pharmacy Services

A: SUBJECT: Extramural Professional “Moonlighting” Activities

B: EFFECTIVE DATE: January 1, 2016

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 16 hours/ month. In order to minimize disruption to learning experiences, weekday shifts may not commence before 5 PM unless approved by RPD. Moonlighting (internal or

external) must be counted towards the 80 hour Maximum Weekly Hour Limit imposed by ACGME/ ASHP Duty Hour Regulations.

7. Moonlighting is prohibited during regularly scheduled work hours/responsibilities.
8. 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.
9. The program director is responsible for monitoring residency performance for residents participating in moonlighting activities.

Approved by Residency Advisory Committee, November 2007

Updated: January 2011, September 2016, December 2016

Reviewed: April 2016, June 2017



GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 10

A: SUBJECT: Duty Hours

B: EFFECTIVE DATE: September 16, 2015 (R)

C: POLICY: Policy on Duty Hours in the Learning and Working Environment

The Office of Graduate Medical Education shall require all ACGME and non-ACGME residency and fellowship programs to participate in the documentation of duty hours in New Innovations, to ensure graduate medical trainees are not being placed at risk for fatigue, and to document compliance with each program's individual Residency Review Committee (RRC) and the Accreditation Council for Graduate Medical Education (ACGME) regulations.

Definition:

Duty hours are defined as all clinical and academic activities required for the residency program; i.e., patient care (direct patient care: both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities such as required conferences. Duty hours do *not* include reading and preparation time spent away from the duty site. Duty hours restrictions are based upon the ACGME Duty Hour rules as found in the Common Program Requirements on the ACGME website:

<https://www.acgme.org/acgmeweb/tabid/429/ProgramandInstitutionalAccreditation/CommonProgramRequirements.aspx>

D: PROCEDURE:

1. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.
2. The Institution mandates that all graduate medical programs comply with their individual RRC regulations regarding duty hours restrictions.
3. The Institution mandates that all non-ACGME accredited programs comply with the ACGME Duty Hour rules as found in the Common Program Requirements on the ACGME website: <https://www.acgme.org/acgmeweb/tabid/429/ProgramandInstitutionalAccreditation/CommonProgramRequirements.aspx> (7/01/2015)
4. The Institution does not allow exceptions to the 80 hour weekly limit on duty hours.
5. The GMCC has established a Subcommittee on Duty Hours Compliance. Review of duty hour compliance is within the scope of review of the GMCC CLER Subcommittee. It will be the responsibility of this Subcommittee to review the tracking reports and determine sufficient programmatic compliance. The Subcommittee, with assistance from the Graduate Medical Education Office (GMEO), will compile and track additional information related to duty hours for

each program (including RRC surveys, internal reviews, annual program reviews, routine New Innovations (NI) logging audits, and off-service trainees' violations, etc.) in order to establish an initial baseline of duty hours violations for each program from which to gauge individual progress toward eliminating violations. Subcommittee will further be responsible for investigating any duty hours concerns, complaints or reports that arise from faculty, staff, or trainees. The DIO and the Subcommittee may request from any program documentation or clarification regarding any concern. In instances where a concern is found to be significant or has not been resolved in a reasonable period of time, the Subcommittee will make recommendations to the full GMEC, including the possibility of activating the internal review process.

6. Duty Hour Logging and Monitoring

a. Per RRC Common Program Requirements, the program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:

- i. implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
- ii. ensure that residents can freely report duty hour violations without fear of consequences
- iii. adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
- iv. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

b. Because of the intricacies of New Innovations (NI) and individual RRC mandates regarding duty hours, it will be the responsibility of the Program Directors and his/her staff to determine which exceptions reported in New Innovations represent true violations and to follow up on those accordingly. It is the expectation that programs will monitor duty hours, and collect data on trends and systems-based causes on a schedule sufficient to ensure compliance.

c. Program Directors will complete and submit a duty hours tracking report to the GMEC Subcommittee on Duty Hours Compliance on the following schedule:

- i. Programs at **high risk** for violations will complete one survey for each of the months in the 2nd and 4th academic quarters. (October 1 – December 31 and April 1 – June 30). The forms for October – December will be due to the GMEC by the second Friday in January. The forms for April – June will be due to the GMEC the second Friday in July. High risk is defined as having any risk for duty hour violations, or the presence of any of the following: true duty hour violations recorded in New Innovations, including those of off-service residents, an RRC citation or concern, an Internal Review concern, or any ACGME/RRC Anonymous Survey generating non-compliance responses on duty hour related questions, GME Office exit survey, or call to the Residency Advocacy Hotline.
- ii. Programs at **low risk** for violations will complete one survey for the one month period of their choosing and will submit to the GMEC the second Friday after the

end of that rotation. Low risk is having no risk of true duty hour violations and absence of any of the additional measures noted above to designate high risk.

d. While Programs may initially select their own reporting status per above, determinations about a program's classification into either high or low risk status will ultimately rest with the GMEC CLER Subcommittee. Any of the aforementioned qualifying events (RRC citation, Internal Review concern, anonymous incident tip reporting line, ACGME survey results, etc.) will result in Subcommittee review and possible change in reporting status.

e. The CLER Subcommittee will report any recommended action or follow up to the full GME Committee. A Program Director may be asked to provide additional information and/or clarification. If programs cannot achieve compliance easily by schedule alteration, a more detailed compliance plan may be requested.

f. In the event of failure to comply with either tracking, monitoring or proposing solutions to violations, the Program Director and/or Department Chair may be asked to present to either the Subcommittee or full GME Committee.

g. Additionally, programs must ensure the following:

i. Graduate Medical Trainees must be responsible for recording their own hours in New Innovations.

ii. Any graduate medical trainee who rotates to another service (host program) must be in compliance with the host program's RRC duty hours requirements. Programs must be responsible for providing sufficient orientation on any program-specific duty hours requirements to all off-service residents. Both the home program and the host program must monitor that trainee's duty hours for compliance.

iii. Any trainee participating in any required away rotation must log all duty hours for those rotations.

iv. Trainees engaged in any moonlighting activities must log ALL duty hours for the primary rotation they are on during that time period in addition to logging the hours they spend moonlighting (See also Policy on Moonlighting Activities, No. 11). Time spent by trainees in any form of moonlighting must be counted towards the 80 hr maximum weekly duty hour limit. Trainees who are enrolled in non-accredited, non-clinical years are required to log hours spent moonlighting.

v. Any graduate medical trainee wishing to discuss a duty hour concern may do so confidentially with their program director, chief resident, GMEO staff or the DIO. Trainees are encouraged to utilize the anonymous incident reporting line at (434) 806-9521.

GMEC Reviewed/Approved: September 28, 2006

GMEC Revised/Approved: January 24, 2007

GMEC Revised/Approved: April 18, 2007

GMEC Revised/Approved: September 16, 2009

GMEC Revised/Approved: February 17, 2010

GMEC Policy Subcommittee Reviewed: March 8, 2011

GMEC Reviewed/Approved: April XX 2011

GMEC Policy Subcommittee Revised: July 6, 2011

GMEC Reviewed/Approved: July 20, 2011
GMEC Policy Subcommittee Revised: November 15, 2011
GMEC Reviewed/Approved: November 16, 2011
GMEC Policy Subcommittee Reviewed: November 13, 2012
GMEC Reviewed/Approved: November 14, 2012
GMEC Reviewed/Approved: July 15, 2015
GMEC Reviewed/Approved: September 16, 2015



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

Preceptor Selection, Development, and Expectations Processes

Preceptor Requirements:

1. 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 Residency Oversight Committee (ROC). Guidance on how to complete each of the sections of this form can be found [here](#).
2. 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. Preceptors must be in their current roles for at least 6 months and have successfully completed their human resources probationary period.
3. 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.
4. Preceptors must meet the criteria established by ASHP (available from <http://www.ashp.org/DocLibrary/Accreditation/Newly-approved-PGY1-Standard-September-2014.pdf> and <http://www.ashp.org/menu/Residency/Residency-Program-Directors/Accreditation-Standards-for-PGY2-Pharmacy-Residencies.aspx>). Preceptors not meeting the minimum criteria may be designated as preceptors-in-training for no longer than 2 years. Preceptors-in-training shall have a preceptor advisor and an individualized preceptor development plan that are approved through ROC.
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 ROC 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 are forwarded to the residency program director and documented for future reference.

2. Preceptors are expected to participate in at least 4 preceptor development sessions per year. These may include and are not limited to: documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education provided by schools of higher education (School of Medicine, Schools of Pharmacy), preceptor development webinars provided by the external sources such as the Pharmacist's Letter, attendance at the National Pharmacy 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.
3. All new preceptors will complete the following preceptor development training modules on the [ASHP Accreditation Services Website](#) following approval by ROC and prior to having your first resident trainee:
 - [Resident's Learning Activities: Understanding Learning Taxonomies and Levels - new \(2014\) Standards](#)
 - [Starring Roles: The Four Preceptor Roles and When to Use Them](#)
 - [UVA Evaluation Definitions Video](#)
4. Live preceptor development sessions may be provided by any member of the department. All residency program directors shall provide a minimum of one preceptor development offering per calendar year.
5. 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.

Preceptor Expectations

1. Each residency learning experience preceptor is responsible for the following activities:
 - a. Preparing/ updating learning experience descriptions as instructed by the residency program director
 - b. Orienting residents to their particular learning experience prior to or on the first day of the learning experience
 - c. Completing formative evaluations as scheduled in the electronic evaluation system
 - d. Completing all summative evaluations within the electronic evaluation system no later than 5 days from the completion of the learning experience conclusion
 - e. Meeting with the resident to discuss summative, self, and preceptor/ learning experience evaluations
 - f. Submitting documentation of preceptor development activities to the residency program director/ coordinator

Revised: June 2012, August 2014, November 2014, June 2015, August 2016, October 2017



Department of Pharmacy Services

Early commitment process for internal applicants to the PGY2 residency programs

Application process

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

- Letter of intent
- 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 20.

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 beginning of ASHP Midyear Clinical Meeting. 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, 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 in SBAR format to the appropriate institutional committee.
- Completion of a research project with a final report submitted in manuscript style.
- Completion of at least: one seminar (ACPE-accredited continuing education session for pharmacists), one technician talk (ACPE-accredited continuing education session for technicians), and one case conference
- Submission of a completed electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, manuscripts, and quarterly reports.
- Provision of pharmacy staffing coverage as indicated on the Pharmacy Staffing Schedule.
- Submission of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic
- 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 Pharmacy AND Community: (in addition to the above)

- Platform presentation of their research project at the regional residency conference.
- Poster presentation of MUE/ QP results at the at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting
- Completion of two journal club presentations for pharmacists, two presentations/ inservices to medical staff, and two presentations/ inservices to nursing or allied health professionals

PGY2-Cardiology

- Submission of project abstract for the annual American College of Cardiology or equivalent scientific meeting
- Poster presentation of the research project at the annual UVa Department of Medicine or Surgery Scholars/ Research Day

PGY2-Critical Care

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

•

PGY2-Drug Information

- Completion of a manuscript suitable for submission to a biomedical journal
- Poster presentation of the research project at the UVa Department of Medicine Scholars/ Research Day or other comparable scientific meeting
- Poster presentation of MUE/ QP results at the at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting
- Completion of two journal club presentations for pharmacists, two presentations/ inservices to medical staff, and two presentations/ inservices to nursing or allied health professionals

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
- Poster presentation of MUE/ QP results at the at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting
- Presentation of final budget submission with detail to Hospital Administration at Senior Leadership Cabinet Meeting
- Completion of at least 1 Management Journal Club presentation

PGY2-Infectious Diseases

- Poster presentation of the research project at the UVa Department of Medicine Scholars/Research Day and/or the Annual Infectious Diseases and Biodefense Research Day
- Submission of 1) a manuscript to a biomedical journal or 2) an abstract to IDWeek™, ASM Microbe, or the SHEA Spring Conference
- Completion of one journal club for the ID clinical pharmacy team, one inservice for a non-ID clinical pharmacy team, two presentations/in-services for medical and/or microbiology staff

PGY2-Oncology

- Poster presentation of MUE/ QP results at the at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting or other suitable professional meeting (as determined by program director) or UVa department of medicine Scholars/Research day
- 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
- Completion of two journal club presentations for clinical oncology pharmacists, two presentations/ inservices to medical staff, and two presentations/ inservices to nursing or allied health professionals

PGY2-Pediatrics

- Completion of one journal club presentation for the pediatric clinical pharmacy team, two presentations to medical or nursing staff, and one presentation to the public (such as a patient/family support group) related to pediatric medication use in children
- Submission of abstract for the Pediatric Pharmacy Advocacy Group (PPAG) annual meeting residency platform presentation sessions and/or presentation of the research project at the UVa Children's Hospital Research Symposium
- Submission of the research or quality project for publication

PGY2-Pharmacy Informatics

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

PGY2-Solid Organ Transplantation

- Submission of project abstract for the annual American Society of Transplantation American Transplant Congress or equivalent scientific meeting
- Poster presentation of the research project at the annual American Transplant Congress meeting or the UVa Department of Medicine or Surgery Scholars/ Research Day
- Completion of the following presentations:
 - 2 Friday transplant conferences (audience of transplant MDs, NPs, RNs)
 - Annual abdominal transplant nursing core curriculum (immunology and pharmacology lectures)

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

The following definitions are used for all programs to document resident performance as it relates to the required and elective ASHP residency program goals and objectives.

Evaluation Definitions:

- Needs improvement- the resident is not practicing at the expected level and specific practice modifications are needed
- Satisfactory Progress- the resident is practicing in a manner consistent with their level of experience; improvement was noted during the rotation, but the individual has not yet mastered this/ able to function as an independent practitioner.
- Achieved- the resident practices independently and has mastered the skill set. No further instruction or evaluation is required.

- Achieved for Residency (ACHR) - may only be designated by program directors based upon review and assessment of each individual resident's performance from summative evaluations. In instances where goals and objectives are taught and evaluated in multiple learning experiences, to be ACHR, an objective shall:
 - be rated as "achieved" in at least 2 experiences before being marked as ACHR; OR
 - be rated as "achieved" in the final scheduled evaluation.

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

Expectations for Summative Evaluations by Residents and Preceptors

Summative evaluations are a critical piece of feedback and communication to assist in the growth and development of resident, preceptors, and the residency program. In order for an evaluation to have the greatest value, the content needs to provide fundamental information regarding what was done well, constructive feedback for areas of improvement, and should be provided as close to the completion of the activity as possible. The following outlines the expectations for the content and timeliness of summative evaluations for the Uva Pharmacy Residency Programs.

Timeliness: All evaluations are expected to be completed in PharmAcademic within one week of the conclusion of an experience.

On a weekly basis, a member of our administrative support team will obtain an “overdue evaluations” report for all programs from PharmAcademic for submission to all program directors and CCing the direct supervisors of preceptors who are overdue on their submissions. Individuals who fail to meet timeliness expectations are subject to performance management processes.

Clinical pharmacists serving as preceptors will be granted 1 hour of administrative time per rotation to complete summative evaluations. It is the pharmacist’s responsibility to arrange coverage for this time and should seek assistance from the clinical coordinator, if necessary.

Summative Evaluations of the Resident by the Preceptor: Evaluations should be written so the resident knows what they did well and what they can improve upon. The evaluation should not list what the resident did, but how well they did it. The follow elements should be included for objectives evaluated:

1. Specific examples of how the resident is working to meet the objective. Describe what is it about the activity that indicated the resident in on track to achieving the objective.
2. If the resident has not yet achieved the objective, list what specifically the resident should do to achieve the objective.

Evaluations that do not include the above comments will be returned to the preceptor through the “send back for edits” feature in PharmAcademic.

Summative Self-Evaluations by the Resident: Self- reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives. At a minimum, residents should discuss the following as part of self-evaluation:

1. What did I do?
2. How well did I do it?
3. What did I learn?
4. What will I do differently next time?

Self-evaluations that do not include the above comments will be returned to the resident through the “send back for edits” feature in PharmAcademic.

All of the pharmacy residency programs include a required objective focused on self-evaluation (Apply a process of ongoing self-evaluation and personal performance improvement). All PGY1 pharmacy and PGY2 residents are assigned to complete self-evaluations for all required presentations (seminar, tech talk), the first 3 rotations, and for the first quarter of longitudinal residency requirements. On a quarterly basis,

each RPD will assess resident responses to the above questions and make a determination if the resident has achieved for residency the objective that focuses on self-evaluation. If determined by the RPD, PGY1 pharmacy residents may achieve for residency the self-evaluation objective no earlier than at the midpoint of the year (end of quarter 2) and PGY2 residents no earlier than after the first quarter. Once the RPD has determined that the resident has achieved for residency this objective, subsequent self-evaluations are removed from PharmAcademic. Verbal conversations between residents, preceptors, advisors, and RPDs on self-evaluation continue throughout the residency year.

PGY1 community-based residents complete self-evaluations on the same schedule as the preceptor for the duration of the year as is required by the [accreditation standard](#).

Summative Evaluations of the Preceptor by the Resident: As our part of our commitment to lifelong learning and growth, preceptors welcome feedback from the residents as to how they can continue to challenge and guide residents through the residency. At a minimum, residents should address the following as part of the preceptor evaluations:

1. What were the preceptor roles that the preceptor most frequently utilized (from the 4 ASHP preceptor roles)?
2. What are the preceptor's strengths?
3. What did I learn from this preceptor?
4. What could the preceptor do to make future experiences more valuable?

Preceptor-evaluations that do not include the above comments will be returned to the resident through the "send back for edits" feature in PharmAcademic.

Summative Evaluations of the Learning Experience by the Resident: In order to provide challenging and valuable learning experiences, the preceptors welcome feedback regarding the experience. At a minimum, the resident should address the following as part of the learning experience evaluations:

1. What was the most valuable aspect of this experience?
2. What did I learn from this experience?
3. What could be done in the future to make the learning experience better?

Learning experience evaluations that do not include the above comments will be returned to the resident through the "send back for edits" feature in PharmAcademic.

Developed: June 2016

Updated July 2018

Approved: Residency Oversight Committee

Reviewed June 2017

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

Resident Expectations

The resident reports to and is supervised by the rotation preceptor and the residency director/ coordinator. The resident is expected to abide by all policies and the values of the organization at all times.

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 reflective 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 and submission of quarterly reports to residency program director
5. Documentation of GME requirements including duty hours in New Innovations
6. Provision of pharmacy staffing coverage as indicated on the Pharmacy Staffing Schedule
7. Provision of required presentations throughout the residency (see graduation requirements and rotation specific learning experience descriptions)
8. Completion of assigned residency administrative duties (see below)
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.

Administrative Duties

Resident	Administrative Assignment
1) Taylor	Pharmacy Week representative
2) MLG	UNC REPS residency conference coordinator (PGY1)
3) Andrew	Residency Representative to ROC/ Resident “lead” (PGY2)
4) Yvonne -PGY1 5) Kristi- PGY2	Midyear logistics coordinator
6) Meredith Taylor (pgy1 understudy)	Core Curriculum schedule coordinator
7) Josephine	Residency research committee support
8) Christa	Student presentation coordination/ communication
9) Tyler	Scheduling Czar to represent residents on scheduling task force (PGY1 HSPA)
10) Mary	Hoo’s News Fall edition editor
11) Michelle	Hoo’s News Spring edition editor
12) John	Residency website editor (PGY2 IT)
13) Alina	Historian (photos/ end of year)
14) Ally	Wellness Champion for pharmacy department
15) Bobby	PGY2 management conference
16) Ashni	Foundations Lab coordinator
17) Kristen	Student “transition for success” mentor/ facilitator
18) Julianne	Residency presentations (case conference, seminar, and tech talks) coordinator
19) Cory/ Anna	End of year celebration coordination

**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 cell phone 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 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 phone 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 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
Annual/Professional Leave Request***

Residents submit requests for leave through the “Vacation” database. **Failure to submit vacation requests prior to leaves will result in disciplinary action.**

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

In the event of illness, residents shall reach out to the program director and preceptor immediately. Sick leave must be documented in the database upon the first day of returning to work.

The last available leave day is June 21, 2019.

**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.

**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.

Resident Signature: _____ **Date:** _____

Residency Director Approval: _____ **Date:** _____

Residency Coordinator Approval: _____ **Date:** _____

GME Requires completion of a “Moonlighting Application” which can be found at:
http://www.medicine.virginia.edu/education/graduate-md/GME/program-resources/Policy11Moonlighting_Jan2015.pdf