UVA Health
University Medical Center
Department Of Pharmacy Services

PHARMACY RESIDENCY PROGRAMS
POLICIES AND PROCEDURES
2025-2026

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University of Virginia Health

University of Virginia Health integrates patient care, health education, research, and public service. UVA Health is a world-class academic medical center and health system with a level 1 trauma center, a nationally recognized cancer center, and UVA Children's Hospital. Our footprint also encompasses 3 community hospitals and an integrated network of primary and specialty care clinics throughout Charlottesville, Culpeper, Northern Virginia, and beyond. Through teaching and research, we continue to advance medicine and innovate excellence while providing high-quality care. UVA Medical Center was honored among the 60 top hospitals for diversity.

The Charlottesville Community

Charlottesville is a modern, progressive city, filled with old-world elegance and charm, nestled in the foothills of the Blue Ridge Mountains. Charlottesville is famous for its distinctive architecture, hospitality, and small city sophistication, with an estimated population of 235,096 residing in the greater Charlottesville metro area.

The Department of Pharmacy

The UVA department of pharmacy has over 300 team members who practice in various areas ranging from administration and business services, clinical inpatient care, and ambulatory settings. The inpatient hospital pharmacy provides decentralized dispensing and clinical services to 671 beds and an average daily census of 528 patients. Sterile compounding for patients occurs in a newly renovated state-of-the-art IV clean room. The department operates numerous pharmacist-run outpatient clinics, several outpatient dispensing pharmacies, a specialty pharmacy, mail order, and home infusion services. The entire department has extensive technology and automation to provide innovative and safe care. Recent outpatient pharmacy, outpatient surgical services with associated pre and post-op clinical pharmacy care, and community hospital expansion has allowed UVA to provide pharmacy services to an increased number of patients throughout the state.

In addition, the department has greater than 90 pharmacy student and resident preceptors serving our 12 ASHP-accredited residency programs as well as introductory and advanced experiential education of pharmacy students from Virginia Schools of Pharmacy.

Mission

UVA Health's Department of Pharmacy Services will provide superlative patient-centered care focused on safe medication practices and innovative education and training.

Vision

UVA Health Pharmacy Department is a vital member of the patient care team dedicated to expanding patient care services and leading initiatives to maximize patient safety and improve outcomes. We are a collaborative group focused on providing superlative patient care in the setting of ongoing professional development by all employees, a productive, innovative work environment in which staff are engaged and motivated, and nationally-recognized clinical services and educational/ training programs.

Pharmacy Residency Programs
Purpose Statements

PGY1 Purpose:
PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

PGY2 Purpose:
PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Pharmacy Residency Programs and Directors

The following policies and procedures apply to all pharmacy residency programs at UVA Health Medical Center. The programs and program directors are as follows:

Program	Program Director
PGY1 Pharmacy	Katelyn Hipwell, PharmD, MPH Assistant RPD: Allison Chidester, PharmD, BCCP
PGY1 Community - Based Pharmacy	Justin Vesser, PharmD, MS
PGY2 Ambulatory Care Pharmacy	Donna White, RPh, CDCES, BCACP Assistant RPD: Kevin Lonabaugh, PharmD, BCACP, BCPPS, AE-C
PGY2 Cardiology Pharmacy	Steven P. Dunn, PharmD, FAHA, FCCP, BCCP Assistant RPD: Mary Roth, PharmD, BCPS, BCCP
PGY2 Critical Care Pharmacy	Rebecca Hockman, PharmD, BCPS, BCCCP Assistant RPD: David Volles, PharmD, BCCCP
PGY2 Emergency Medicine Pharmacy	Derek Burden, PharmD, BCEMP Assistant RPD: John Witucki, PharmD, BCCCP
PGY1/2 Health System Pharmacy Administration and Leadership	PGY1: Katelyn Hipwell, PharmD, MPH PGY2: Tyler Goins, PharmD, MSHA, BCPS Assistant RPD: Samantha Chetosky, PharmD, MSHA, BCCCP, BCPS
PGY2 Infectious Diseases Pharmacy	Heather Cox, PharmD, BCIDP Assistant RPD: Lindsay Donohue, PharmD, BCIDP
PGY2 Internal Medicine Pharmacy	Sara Valanejad, PharmD, MSCR, BCPS
PGY2 Oncology Pharmacy	Andrew Whitman, PharmD, BCOP Alia Lynch, PharmD, BCOP
PGY2 Pediatric Pharmacy	Christine Bryant, PharmD, BCPPS Assistant RPD: Nicole Palazzolo, PharmD, BCPPS
PGY2 Pharmacy Informatics	James Fiebert, PharmD, CPHIMS Assistant RPD: Michelle, Ha, PharmD
PGY2 Solid Organ Transplant Pharmacy	Jennifer Geyston, PharmD, BCPS, BCTXP Assistant RPD: Jillian Dann, PharmD, BCTXP

Pharmacy Residency Program Director Responsibilities/Expectations

1. Meets ASHP qualifications for residency program director
2. Ensures preceptors meet ASHP preceptor qualifications and are appointed/reappointed based upon criteria
3. Ensures adherence to National Matching Services rules
4. Ensures ongoing compliance with residency accreditation regulations and standards
5. Corresponds as necessary with GME and ASHP Accreditation Services Division (ASD)
6. Actively manages all residency program accreditation survey needs (submission of applications, pre-survey materials, survey reports, etc) as requested by ASHP ASD
7. Oversees recruiting for program including regularly updating the ASHP on-line directory listing and UVA pharmacy residency website
8. Represents program at Residency Oversight Committee
9. Actively participates in preceptor development activities including providing at least one session per fiscal year
10. Oversees creation of all learning experience descriptions for the program
11. Identifies and assigns preceptors/advisors for all programmatic experiences (service, project, presentation, etc)
12. Creates initial and quarterly development plans for resident(s)
13. Ensures resident schedule, evaluations, learning experience descriptions, and development plans are entered into PharmAcademic (as required by the accreditation regulations)
14. On an ongoing basis, tracks resident progress in meeting graduation requirements
15. Tracks employment, certifications, etc for program graduates as required by the accreditation standard
16. Ensures resident(s) have adequate opportunities for quality project(s) and research project(s)
17. Performs an annual program evaluation and implements changes as necessary

A. SUBJECT: **Preceptor Appointment, Reappointment, Development, and Expectations Policy**

B: EFFECTIVE DATE: **May 1, 2023**

C: POLICY

The following describes the processes for preceptor appointment, reappointment, development, and performance expectations to ensure sufficient number of preceptors available to facilitate achievement of the competencies, goals, and objectives and to guide residents for each learning experience.

D: PROCEDURE

1. Initial preceptor appointment

To be considered as a new residency preceptor, interested pharmacists shall submit a completed Academic and Professional Record (APR) and statement of interest to their direct supervisor and pharmacy education, training, and development services manager. 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.

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.

PGY1 residency preceptors must have must have completed: an ASHP-accredited PGY1 pharmacy residency program plus a minimum of one (1) year of practice experience in the area precepted; PGY1 and PGY2 pharmacy residencies plus a minimum of six (6) months of experience in the area precepted; or without completion of a pharmacy residency have at least three (3) years of pharmacy practice experience.
PGY2 residency preceptors must have completed: an ASHP-accredited PGY2 residency program plus one (1) year of pharmacy practice in the advanced area; or without completion of an ASHP-accredited PGY2 residency program have three (3) or more years of experience in the advance practice area.

Preceptors must meet the criteria established by ASHP and documented within the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs. Preceptors who do not meet the minimum criteria may have a documented individualized preceptor development plan to achieve qualifications within two (2) years. These preceptors shall have a preceptor advisor and an individualized preceptor development plan that are approved through ROC. The transition to full qualifications for precepting is determined by ROC and requires submission of an updated APR and documented completion of the preceptor development.

Non-pharmacist preceptors:
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.

2. Preceptor Reappointment

Preceptor reappointment is performed on biennial basis by the ROC approval date. The review and reappointment process is overseen by ROC and involves preceptor submission of an updated APR by August 1st for review in the designated review year. In addition to review of the preceptor qualifications, ROC will review adherence to preceptor development criteria, timeliness of evaluation submission (electronic evaluation system dashboard), and preceptor evaluations submitted by residents (electronic evaluation system).

3. Preceptor Development:

All preceptors
All Preceptors are expected to participate in at least 4 preceptor development sessions per academic year (July- June). Individuals in their first year of precepting will have their preceptor development requirements prorated for the duration of the year that they are an approved preceptor. For example, a preceptor approved by ROC in January is responsible for completing 2 preceptor development sessions between January and June.

Preceptor development sessions may include but 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.

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.

Completion of preceptor development activities is tracked by an administrative support staff member and shared with preceptors on an ongoing basis. Preceptors who do not complete their required preceptor development activities will receive a one year extension to complete the missing preceptor development activities. Preceptors who do not complete the required preceptor development activities after one year will be required to be put on a preceptor development plan.

New preceptors
In addition to the above preceptor development requirements, new preceptors will complete the following preceptor development training modules on the following approval by ROC and prior to having the 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. Preceptor Expectations

Each residency learning experience preceptor is responsible for the following activities:

- Preparing/updating learning experience descriptions as instructed by the residency program director
- Orienting residents to their particular learning experience prior to or on the first day of the learning experience
- Reviewing resident development plans in order to modify learning experiences based upon resident strengths and areas for improvement
- Providing timely, qualitative formative feedback to the resident
- Completing all summative evaluations within the electronic evaluation system within one week of the completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations by the end of the learning experience
- Submitting documentation of preceptor development activities to the administrative supportive staff member
- Participation in residency recruitment, which includes application review and interview process

Revised: June 2012, August 2014, November 2014, June 2015, August 2016, October 2017, March 2019, April 2020, May 2023, October 2023

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.

PGY1 applicants must:
- Be enrolled in or a graduate of an ACPE-accredited advanced pharmacy program
- Be eligible for licensure in the Commonwealth of Virginia and licensed by September 1st

PGY2 applicants must:
- Be a graduate of an ACPE-accredited advanced pharmacy program
- Be eligible for licensure in the Commonwealth of Virginia and licensed by September 1st
- Be enrolled in or a graduate of an ASHP-accredited or ASHP candidate status PGY1 residency program

Applicants must upload to PhORCAS the following by the specified deadline:
- Curriculum vitae that includes:
  - Completed and anticipated advanced pharmacy practice experience rotations and PGY1 rotations (if applicable)
  - Leadership, organizational, and community service involvement
  - Research projects, presentations (verbal and poster), and publications (include doi and/or hyperlink)
- Letter of intent that explains your reasons for pursuing residency at UVA and your goals
  - Do not exceed one (1) page
- Official college of pharmacy transcript (minimum GPA to be considered is 3.0)
  - Pass/Fail will still be considered, except as stated below for PGY1/2 HSPAL Residency + Master's Program

PGY1 References:
- Total of three (3) references
- **TWO** should be from preceptors of two different rotations able to speak to clinical problem-solving in direct patient care experiences (not classroom)
- **ALL THREE** references MUST be from practicing professionals, excluding pharmacists actively in training programs (residents, fellows)

PGY2 References:
- Total of three (3) references, **ALL MUST** be from practicing professionals, excluding pharmacists actively in training programs (residents, fellows), from the following:
  - PGY1 Residency Program Director (RPD)
  - Preceptor from specialty area of PGY2 application (if available, i.e. critical care residency, etc)
    - If RPD and preceptor from specialty area of practice are the same person, please select another appropriate rotation preceptor for your submission
  - Pharmacy provider of your choice
- **ALL THREE** References MUST comment on the following characteristics:
  - Ability to organize and manage time

- Ability to work with peers and communicate
- Clinical problem solving skills
- Independence and resourcefulness
- Willingness to accept constructive criticism
- Professionalism

Alternate requirements for the PGY1/2 Health-System Pharmacy Administration and Leadership (HSPAL) + Master's Program

- The **THIRD** reference is required from an individual practicing in administration
- A GPA is required for entry into the Master's program; therefore, individuals from Pass/Fail schools will not be considered

Alternate requirements for the PGY 2 Critical Care Pharmacy Residency Program

- Total of four (4) references from the following:
  - Three of these four must be from a clinical practice area

For all programs, please note the following:

- UVA Health System Pharmacy Residency Programs do not sponsor work visas
- Those who attend/attended schools that are not ACPE-accredited will not be considered
- The minimum pharmacy school GPA is 3.0
  - Pass/Fail will still be consider, except as stated above for PGY1/2 HSPAL Residency + Master's Program
- References should be from different rotation experiences
- All materials must be submitted by the deadline posted in PhoRCAS
- All rules and regulations of the ASHP residency matching program will be strictly followed

Match Phase 1 and Phase 2

Selection of Candidates for Interviews:

- Residency program directors, members of the residency advisory committees, and residents will review applicants using program specific applicant selection rubrics. Candidates will be invited to interview based on the results from the applicant selection rubrics. Determinations based on weaknesses collected from the rubrics will be used to remove candidates with feedback that does not align with the organization's values such as not a team player, lack of accountability, or lack of professionalism. The final selection of candidates for interviews is the responsibility of the residency program director.

- The PGY1 Pharmacy Residency Program redacts candidate application names to enhance diversity, equity, and inclusion efforts

- Candidates with incomplete residency application files following the application deadline are not considered for interviews.

- Approximately 6 candidates per available position are invited for interviews in phase 1. In match phase 2, no more than 8 interviews per open position will be conducted.

Interview and Evaluation of Candidates:

- Interviews with the residency program director and residency preceptors is required.

- All persons participating in the interview process will utilize program specific interview score to assess each candidate. At the completion of the interview, all participants will submit their completed scores to the residency program director.

- The residency program director will create a preliminary rank list based on the score from each candidate interview session. Programs may choose to include the initial scoring rubric into their overall candidate score.

- At the conclusion of all interviews, a candidate review session is held to discuss the preliminary rank list and the strengths and weaknesses of residency candidates. Determinations based on weaknesses collected from the rubrics will be used to remove candidates with feedback that does not align with the organization's values such as not a team player, lack of accountability, or lack of professionalism. All persons involved in the interviewing process are invited to attend this meeting.

- The residency program director is responsible for submitting the residency advisory committee-approved rank order list to the National Matching Service (NMS).

- All candidate selection, interview, and evaluation materials are reviewed annually for improvements with particular interest in increasing diversity, equity, and inclusion efforts.

Early commitment process for internal applicants to the PGY2 residency programs

Application Process and Eligibility

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. PGY1 residents must not actively be in a performance improvement, action, or remediation plan to apply for early commit. The application requirements are as follows:

- Letter of intent
- Curriculum vitae

Interviews for internal applicants will be conducted and include the following interview groups or items:

- PGY2 residency program director
- Panel of PGY2 residency program preceptors or other team members of service line
- Residency coordinator and assistant program director
- Presentation and/or patient case (RPD specific criteria and option to not conduct)
- 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 the last Monday of rotation block three (3) for residents who have completed rotations in all areas of interest in blocks one (1) through three (3). For residents who are scheduled for rotation block four (4) in an area of interest, the deadline is the second Monday of rotation block four (4). Any changes to the above deadline must be approved by the Residency Oversight Committee.

Interviews will be planned and communicated 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 the traditional interview process (early January). All PGY2 applicants outside of the early commitment process must participate in the National Matching Program.

A. SUBJECT: **Licensure and Documentation Policy**

B: EFFECTIVE DATE: **August 1, 2022**

C: POLICY

The following "Licensure Policy" applies to all pharmacy trainees (residents) at UVA Health.

Definition:

License: In-date, pharmacist license in the Commonwealth of Virginia.

PGY1 completion certificate: official documentation of successful graduation from the resident's PGY1 program

D: PROCEDURE

1. Expectations for Licensure and Documentation

Every pharmacy resident is expected to have an in-date license as a pharmacist issued by the Commonwealth of Virginia's Board of Pharmacy. Residents are expected to be licensed by the first day of the first clinical rotation of the residency program (mid-July). Residents will provide a printed copy of their license for display within the appropriate pharmacy department (inpatient or outpatient).
Orientation and training periods may be extended for residents who are not licensed during the orientation period. If extension of the residency program is required, the program may be extended by a maximum of 4 (four) weeks. Residents who are not licensed pharmacists in the Commonwealth of Virginia by September 1st will have a formal deficiency and remediation plan in place. If a resident inadequately meets the requirements of the remediation plan, during the remediation period or by October 1st, they will be dismissed from the program.

Each PGY2 resident must produce the official PGY1 completion certificate by the first day of the first rotation block (mid-July). Failure to produce a certificate will result in remediation and immediate dismissal from the program. PGY1 completion certificates will be provided to the residency program coordinator; residents shall also upload a scanned copy to PharmAcademic™ and their individual electronic residency notebook.

Pharmacy Residency Programs Resident Expectations

Overview

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 self-assessment quarterly reports to residency program director
5. Documentation of GME requirements including duty hours in New Innovations
6. Provision of pharmacy staffing coverage (416 hours) as indicated on the Pharmacy Staffing Schedule and program specific structure
7. Provision of required presentations throughout the residency
    a. See graduation requirements and rotation specific learning experience descriptions
8. Completion of assigned residency administrative duties
9. Submission of an electronic notebook to the program director upon completion of the program
    a. See “Notebook Requirements” for specific details
10. Attendance at the ASHP Midyear Clinical Meeting and regional residency conference (PGY1 Only)
    a. Residents may attend other professional meetings if the staffing schedule permits

Pharmacy Residency Programs
Requirements for Graduation

All residents are expected to meet specific requirements for successful graduation from the residency program. Each residency program has program specific requirements for graduation. Residents are expected to review the graduation requirements for their program. Graduation requirements will be reviewed and tracked quarterly with the Residency Program Director. Program Specific Graduation Requirements can be found in the appendix section of the Residency Manual.

Pharmacy Residency Programs
Evaluation Strategy

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 specific practice and/or 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 and programmatic criteria.

    - Goals and objectives only evaluated in one experience may be ACHR with scheduled evaluations for specific milestones.

    - 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" if shown significant examples in a learning experience as determined by the RPD; OR
        - be rated as "achieved" in the final scheduled evaluation.

Pharmacy Residency Programs
Expectations for Summative Evaluations by Residents and Preceptors

SUMMATIVE EVALUATIONS:
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 all 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 copying the direct leadership 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 leadership (lead, manager, director, executive director) 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.

Per ASHP Standards, all pharmacy residency programs include a required objective focused on self-evaluation, "Apply a process of ongoing self-evaluation and personal performance improvement".

- All residents, are assigned to complete self-evaluations for required seminar presentation, the first 3 rotations, and for the first quarter of longitudinal residency requirements.
- On a quarterly basis, each RPD will assess resident self-evaluation responses and make a determination if the resident has achieved for residency the objective that focuses on self-evaluation.
- PGY1 pharmacy residents may achieve for residency the self-evaluation objective no earlier than at the midpoint of the year (end of quarter 2).
- PGY2 residents may achieve for residency the self-evaluation objective 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-evaluations continue throughout the residency year.

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: January 2022, May 2023
Approved: Residency Oversight Committee

A. SUBJECT: Performance Assessment Policy

B. EFFECTIVE DATE: August 1, 2022

C. POLICY

The following "*Performance Assessment*" (hereinafter "Performance Policy" applies to all pharmacy residency trainees (GME Trainees) at University of Virginia Health. The Performance Policy governs the qualification of GME Trainees to remain in training and its provisions shall apply in all instances in which such qualification is in question.

This policy also addresses deficiencies in performance and options for performance improvement and remediation.

Definition:

Deficiency: Inadequate acquisition of or performance in any of the core competency areas, as expected by the GME Trainee's level of experience and education.

Remediation: A period of time at the discretion of the program director with advisement by the Pharmacy Residency Oversight Committee's recommendation imposed on a GME Trainee to improve the competency area(s) of deficiency. Remediation can include repeating one or more rotations or participation in a special remedial program (e.g., participation in a program outlined through Help [COACH] referral) and will be no shorter than one month. Remediation per se is not appealable, but may be reportable. Adverse actions resulting from unsuccessful completion of remediation are appealable.

Failure to progress: Failure to improve an identified deficiency after completion of remediation or failure to meet the conditions of remediation.

Misconduct: See GMEC Policy No. 31, GME Procedures to Address Trainee Misconduct.

Adverse Action: Adverse actions may include suspension or dismissal of a GME Trainee from their training program. Adverse actions are generally reportable events and appealable.

Reportable Events: Those actions the program or institution must disclose to others upon request, including, but not limited to, future employers, privileging hospitals, licensing and specialty certification boards, and if applicable, the Educational Commission for Foreign Medical Graduates (ECFMG).

D. **PROCEDURE**

1. PERFORMANCE ASSESSMENT AND REVIEW OF GME TRAINEES

GME Trainees shall be evaluated in a timely manner during each rotation or similar educational assignment in alignment with the ASHP Residency Accreditation Standards and Regulations.

GME Trainees' evaluations are submitted electronically into PharmAcademic™ within one week of the completion of each learning experience. Evaluations are accessible to the GME Trainee, program director, and all necessary preceptors.

The program director has primary responsibility for monitoring the competence of the program's GME trainees, for determining attainment of graduation requirements, and, when necessary, imposing remediation or adverse action.

All pharmacy residency program directors should evaluate all GME trainees regularly but no less than every three (3) months for alignment with ASHP Standards of development plan review.

The program director must complete a graduation checklist for each GME trainee to document achievement of graduation requirements. Additionally, an end of program summative evaluation upon completion of training year is completed within New Innovations by the program director/coordinator.

2. COACH (Committee on Achieving Competence through Help)

The COACH program provides a comprehensive assessment of the GME Trainee performance and the development of an individualized coaching plan. Following assessment and development of a coaching plan, COACH faculty may act as a consultant to the learner's program leadership as the plan is carried out, and/or may participate in the actual coaching process. The COACH program is not directly involved in the learner's reassessment.

1) GME Trainee Self-Referral to COACH
GME Trainees may self-identify as needing help through the course of their training and seek assistance from the COACH team. Such a self-referral is independent of a formal remediation plan, and there is no required communication between COACH and the GME Trainee's training program leadership.

2) Program Director Referral to COACH
GME Trainees may also be referred to the COACH team for the development of an individual coaching plan or as part of a formal remediation process. In both cases, GME Trainee participation is required and there is ongoing communication between COACH and the GME Trainee's training program leadership.

3. REMEDIATION

1) Letter of Remediation: When one (or more) deficiency (ies) is/are identified, the program director will issue the GME trainee a Letter of Remediation and an updated development plan. The GME trainee must be informed in person of this decision and must be provided with a hard copy that includes the following:
   a) A statement identifying the area(s) of deficiency
   b) A plan for remediation including duration of remediation (which may include formal referral to COACH)
   c) Criteria by which successful remediation will be assessed; and
   d) Written notice of the resident's failure to progress after remediation could result in additional remediation, extended training, failure to graduate, and/or suspension or

dismissal from the training program at any point during the remediation period, or at the conclusion of the remediation period.

2) The program director or designee must document that the meeting with the GME Trainee occurred and that the GME Trainee was provided with the Letter of Remediation and updated development plan. The Designated Institutional Official ("DIO") and Chair of the Residency Oversight Committee (ROC) must receive a copy of the Letter of Remediation and updated development plan.

3) At the end of the remediation period, the ROC shall convene to determine if the remediation of the GME Trainee was successful. If the GME trainee successfully completed the remediation, the program director shall notify the GME Trainee of successful completion. Written documentation must be included in the GME Trainees electronic residency files including PharmAcademic describing the satisfactory completion of remediation. The DIO and Chair of ROC must receive a copy of the documentation.

4) In the case of failure to progress after the initial remediation, ROC must determine if further actions which may include extension of remediation, failure to graduate, suspension, or dismissal of the GME Trainee from the program. Program extension may be permitted for a maximum of duration of 4 (four) weeks. If an adverse action is taken, the GME Trainee must be given a copy of GMEC Policy 32, Adverse Actions and Appeals Process. The DIO and GME Office must be notified of such decisions.

5) A Letter of Remediation issued to a GME Trainee constitutes notification that dismissal from the program can occur at any time or at the conclusion of the remediation. Dismissal prior to the conclusion of a remediation period may occur if the deficiency that gave rise to the Letter of Remediation is repeated and jeopardizes patient safety and quality of patient care.

Adapted from GME Policies No. 05

ROC Revised/Approved: August 2022, November 2023

A. SUBJECT: Adverse Actions and Appeal Process Policy

B. EFFECTIVE DATE: August 1, 2022

C. POLICY

The following "*Adverse Actions and Appeal Process Policy*" (hereinafter "Appeal Policy") outlines the procedures for the appeal process and shall apply to all pharmacy residency trainees (GME Trainees) at the University of Virginia Health.

Definition:

Adverse Action: Adverse actions may include suspension, summary suspension, or dismissal of a GME Trainee from their training program. Adverse actions are generally reportable events and appealable.

Reportable Events: Those actions the program or institution must disclose to others upon request, including, but not limited to, future employers, privileging hospitals, and licensing, specialty certification boards, and, if applicable, the Educational Commission for Foreign Medical Graduates (ECFMG).

D. PROCEDURE

1**. ADVERSE ACTIONS**

A. Suspension of Clinical Activities

A GME Trainee may be suspended from clinical activities by their program director, department chair, the medical director of the clinical area to which the GME Trainee is assigned, the DIO, or the Chief Medical Officer. This action may be taken in any situation in which continuation of clinical activities by the GME Trainee is deemed potentially detrimental to UVA Health operations, including, but not limited to, jeopardizing patient safety or quality of patient care, suspension or loss of licensure, or debarment from participation as a provider of services to Medicare and other federal programs' patients. Unless otherwise directed, a GME Trainee suspended from *clinical activities* may participate in non-clinical program activities (e.g., educational conferences).

A decision involving suspension of a GME Trainee's clinical activities must be reviewed within three (3) calendar days by the department chair (or their designee, e.g., Division Chief) to determine whether the GME Trainee may return to clinical activities and/or whether further action is warranted (including, but not limited to, counseling, remediation, fitness for duty evaluation, or summary dismissal). If the Department Chair initiates the suspension, the decision must be reviewed by the DIO.

D. Summary Suspension

A GME Trainee may be immediately suspended from clinical duties and all program activities by their program director, department chair, or DIO when 1) a GME Trainee demonstrates grossly unprofessional conduct, serious acts of incompetence, impairment, or falsified information; 2) a GME Trainee engages in criminal acts; 3) a GME Trainee is found noncompliant with UVA Health policies and/or federal health care program requirements ; 4) a GME Trainee becomes a threat to the safety and well-being of patients, other GME Trainees, faculty, other health care team members, or any other learners in clinical learning environments; or 5) GME Trainee 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" such as criminal offenses related to governmentally financed health care programs, including health care fraud, criminal abuse or neglect of patients, and/or felony controlled substance convictions related to the provision of health care).

A decision involving summary suspension from clinical duties and all program activities of a GME Trainee must be reviewed within three (3) calendar days by the department chair (or their designee) to determine whether the GME Trainee may return to some or all program activities and duties and/or whether further action is warranted (including, but not limited to, career or academic advising, remediation, fitness for duty evaluation, or dismissal). Summary suspension may be with or without pay at the discretion of the DIO.

E. Dismissal

A GME Trainee may be dismissed by the program director, department chair, or the DIO 1) at any time during or at the conclusion of remediation (See Performance Policy) or 2) at the end of suspension period.

The GME Trainee must be notified in writing of the reason for dismissal and have an opportunity to respond to the action within 3 calendar days of notification before the dismissal is effective, and receive a copy of the GME Appeal Process described in this policy. The DIO and Department Chair (or designee) must also be notified of such action.

2. GME APPEAL PROCESS

A GME Trainee may appeal suspension or dismissal as follows. Any questions about appealability shall be directed to the DIO.

A. GMEC Appeal

A GME Trainee may initiate an appeal by submitting a written notice of appeal to the DIO, within thirty (30) calendar days of the date of notification of the appealable action (hereinafter "adverse action") which may be extended for good cause. The DIO will convene an appeal panel consisting of 3 faculty members outside of the trainee’s Department. The GME Trainee may request one of the three members appointed by the DIO be replaced by another physician including a trainee at a same or a higher training level within a GME training program. The GMEC appeal hearing will be held within thirty (30) calendar days

following receipt of the notice of appeal. *A member of the GME Office must be present during this hearing*. The GME Trainee may have a faculty advocate appear and participate on the GME Trainee's behalf at the hearing. Prior to the hearing, the GME Trainee and program director must notify the chair of the appeal panel of the number of witnesses (if any) the GME Trainee expects to call and whether the GME Trainee will be accompanied by a faculty advocate and/or legal counsel.

At the appeal hearing, the program director (or designee) will present a statement in support of the adverse action and may present any relevant records, witnesses, or other evidence. The GME Trainee will have the right to present evidence (including the final summative evaluation), call and question witnesses, and make statements in defense of their position. Legal counsel may be present to provide advice and counsel to the GME Trainee, the Program, and the chair of appeal panel but counsel will not be permitted to actively participate in presentation of testimony, examination/cross-examination of witnesses, or oral arguments. Additionally, the GME office will hire a court reporter to record and transcribe the hearing. After presentation of evidence and arguments by both sides, the appeal panel will meet in closed session to consider the adverse action.

In its deliberations, the panel must accord deference to the recommendations of ROC. The panel's review shall be limited to: (a) compliance with applicable GME policies and procedures, and (b) whether there is sufficient evidence to support the recommendation of the program director or ROC in the instance of dismissal for academic reasons.

The panel may uphold or reject the adverse action or may impose alternative actions, which may be more or less severe than the initial action. However, before rejecting the adverse action or imposing any alternative action, the panel must conclude that: (a) there was a failure to follow GME policies and that failure negatively affected the program's recommendation, and/or (b) that there is not substantial evidence to support the recommendation. The panel's decision must be submitted to the GME Trainee, the program director, chair of the department, and chair of ROC within ten (10) calendar days of the close of the hearing and copied to the DIO and the GME Office.

B. Appeal to the DIO

Either party may appeal the panel's decision to the DIO. The GME Trainee or program director must deliver a written appeal to the DIO within ten (10) calendar days of receipt of the notification of the action of the appeal panel. Either party must state as clearly and as fully as possible the reasons for seeking modification of the decision. The DIO will review the GME Trainee's training file, evidence presented during the appeal hearing, and any other relevant materials. The DIO will review the record submitted during the course of the appeal and may consider any other written material or oral testimony they deem relevant. The DIO's responsibilities are to:

1) Determine whether applicable University, department, and/or Medical Center policies were fairly and appropriately applied, and
2) Determine whether there is sufficient evidence to support the decision of the appeal panel. The DIO may uphold or reject the adverse action, may uphold or reject the decision of the appeal panel. The decision of the DIO will be submitted to

the graduate medical trainee, the program director, ROC Chair and the department Chair within thirty (30) calendar days of the notice of appeal to the DIO. The decision of the DIO will be final within the University of Virginia.

3) If the DIO has a conflict, these responsibilities would fall to the Associate DIO; if both have a conflict, this responsibility would fall to the Vice-Chair of the GMEC.

3. OTHER CONSIDERATIONS

Documentation of the entire appeal will be maintained by the GME Office and becomes a part of the GME Trainee's permanent record.

External rules, regulations, or law governs mandatory reporting of problematic behavior or performance to licensing agencies or professional boards. The fact that such a report is made is not a matter which may give rise to the appeal process; only the adverse action as specified by this section is appealable. The reporting of an Adverse Action shall not be made the subject of an appeal. GME Trainees shall be aware that participation in the GME appeal process does not preclude investigation or action on the part of external entities.

Adapted from GME Policies No. 32

ROC Revised/Approved: August 2022

A. SUBJECT: Learning and Working Environments for GME Trainees

B. EFFECTIVE DATE: August 1, 2022

C. REASONS FOR POLICY

UVA Health (UVA) strives to provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness. To promote these goals, UVA is committed to a safe and supportive learning and working environment for all members of its community. This policy outlines the responsibilities for Graduate Medical Education (GME) programs and the steps to be taken to ensure well-being and quality of clinical experiences and education of GME Trainees.

This policy shall apply to all GME Trainees at UVA. This policy is based upon ASHP's *Duty-Hour Requirements for Pharmacy Residencies*.

Definition of Terms:

One Day Off: One continuous 24-hour period free from all administrative, clinical and educational activities.

Fitness for Duty: The GME Trainee is physically and mentally capable of safely performing the functions of his/her job. Fitness for Duty includes being free of alcohol and drugs that have not been legitimately prescribed and being free from impairment that affects job functioning due to a) use of prescription or nonprescription drugs, b) medical or emotional problems while enrolled in a UVA graduate medical training program, and/or c) fatigue.

Internal Moonlighting: Any voluntary, compensated work (not related with training requirements) performed within the institution in which the GME Trainee is in training or at any of its related participating sites.

External Moonlighting: Any voluntary, compensated work performed outside the institution where the GME Trainee is in training or at any of its related participating sites. Pharmacy residents are prohibited from external moonlighting.

D. POLICY STATEMENT

1. GME Trainee Well-being

In the current health care environment, GME Trainees are at increased risk for burnout and depression. GME programs, in partnership with the Sponsoring Institution, are responsible to address GME trainees' well-being as they do to evaluate other aspects of GME Trainee competence. UVA GME programs must:

a) Make efforts to enhance the meaning that each GME Trainee finds in the experience of being a healthcare provider, including protecting time with patients, minimizing service obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;

b) Give attention to scheduling, work intensity, and work compression that impacts GME Trainee well-being;

c) Evaluate workplace safety data and addressing the safety of GME Trainees;

d) Establish programs and practices that encourage optimal GME Trainee well-being;

e) Give attention to GME Trainee burnout, depression, and substance abuse;

f) Educate faculty members and GME Trainees in identification of the symptoms of burnout, depression, and substance abuse among GME Trainees, including means to assist those who experience these conditions. GME Trainees and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care;

g) Assist a GME Trainee to receive appropriate evaluation and care when a GME Trainee's Fitness for Duty is in question by following the Fitness for Duty protocols in Appendix A, which is incorporated into this Policy;

h) Establish policies and procedures that ensure coverage of patient care in the event that a GME Trainee may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the GME Trainee who is unable to provide the clinical work; and

i) Promote and ensure confidentiality in the GME Trainee assessment process.

2. Fatigue Mitigation

It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies. UVA GME programs, in partnership with the sponsoring institution, must:

a) Educate all faculty members and GME Trainees to recognize the signs of fatigue and sleep deprivation;

b) Educate all faculty members and GME Trainees in alertness management and fatigue mitigation processes;

c) Encourage GME Trainees to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning;

d) Ensure continuity of patient care, consistent with the program's policies and procedures in the event that a GME Trainee may be unable to perform their patient care responsibilities due to excessive fatigue; and

e) Ensure adequate sleep facilities and safe transportation options for GME Trainees who may be too fatigued to safely return home.

3. Clinical and Educational Work Hours

Programs must design an effective program structure that is configured to provide GME Trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

a) Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

b) Mandatory time free of clinical work and education

The program must design an effective program structure that is configured to provide GME Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- GME Trainees should have eight hours off between scheduled work hours. There may be circumstances when GME Trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80- hour and the one-day-off-in-seven requirements
- GME Trainees must have at least 14 hours free of clinical work and/or required educational activities after 24 hours of in-house call.
- GME Trainees must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

c) Maximum clinical work and education period length

Clinical and educational work periods for GME Trainees should not exceed 16 hours and must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to two hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or GME Trainee education.
- Additional patient care responsibilities must not be assigned to a GME Trainee during this time.

d) Clinical and educational work hour exceptions

- In rare circumstances, after handing off all other responsibilities, a GME Trainee may elect to remain or return to the clinical site, on their own initiative, in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.
- UVA GMEC does not grant any exceptions beyond 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

e) Moonlighting

- Moonlighting must not interfere with the ability of the GME Trainee or other Trainees in the program to achieve the goals and objectives of the educational program, and must not interfere with the GME Trainee's fitness for duty nor compromise patient safety.
- Time spent by GME Trainees in internal moonlighting must be counted toward the 80-hour maximum weekly limit.
- PGY1 residents are not permitted to moonlight.
- A GME Trainee who wishes to moonlight must follow the Moonlighting protocols outlined in Appendix B which is incorporated into this Policy.

f) At-Home On-Call Programs

- At-home on-call is a required component for only the PGY2 HSPAL residents and the PGY2 Informatics resident.
- Each program that elects to have an at-home on-call program will create a longitudinal learning experience that includes that includes the following:
    - Frequency of at-home on-call
    - Responsibilities of the resident during at-home on-call
    - Level of supervision a resident will be provided base on the activities the resident is expected to perform, the level of resident training, and timing during the residency year
    - Backup systems when the resident requires assistance to complete the responsibilities required of the on-call program
    - A plan for how to proceed if residents' participation in the call program affects their performance during duty hours
- Residents will track all at-home on-call hours in New Innovations. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
    - If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit
    - Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit
- The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    - Impact to the resident of at-home on-call will be documented in the learning experience evaluations and quarterly development plans (if applicable).
    - If there is documentation of negative impact on the resident due to on-call, the RPD will work with the resident to determine the most appropriate way to proceed (in accordance with all ASHP, GME, and residency policies).

- Documentation of this plan will be uploaded into PharmAcademic, placed in the resident notebook, and included in the quarterly development plan.

g) Oversight of Trainee Work Hours

- Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.
- Review of tracking must be completed on a monthly basis by GME Trainee and program director
- Any instance of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.
- The program director will engage in real-time problem solving to address how/why a violation occurred and make the necessary changes to prevent future occurrences.
- Report actions taken to address violations monthly

Appendix A: FITNESS FOR DUTY PROTOCOLS

1. Physical Impairment
   https://www.healthsystem.virginia.edu/documentation/manuals/mc/0091InfectionPreventionandControl.pdf

   a) If a GME Trainee is suspected to have an infectious/communicable disease, he/she will be evaluated for infectious processes and/or referred to his/her medical provider for further evaluation. If indicated, the trainee must be placed off duty until cleared to return to work by Employee Health (See also Medical Center Policy No. 0091 "Infection Prevention and Control").

   b) If a GME Trainee suffers a physical impairment including, but not limited to, injury, illness, or fatigue that precludes effective patient care or the ability to perform his/her job, the trainee will be placed on medical ("sick") leave until able to return to work. For details on sick leave, see Graduate Medical Education Policy No. 3, Absence from Graduate Medical Training, "Sick Leave."

2. Mental Impairment and/or Impairment related to use of alcohol or drugs (See also Medical Center Policy No. 702 "Fitness for Duty")

   a) No GME Trainee may unlawfully manufacture, distribute, dispense, use, possess, sell, or be under the influence of alcohol, illegal drugs or any medications that impair performance while on Medical Center premises and while conducting business-related activities off Medical Center premises.

   b) The following applies when addressing concerns with GME Trainees whose performance and/or behavior brings into question their fitness for duty, necessary follow up, and return to duty.

      i. GME Trainees must comply with all aspects of the Fitness for Duty evaluation (which may include drug and alcohol testing) or be subject to disciplinary action, up to and including termination. GME Trainees must also comply with all treatment recommendations resulting from a Fitness for Duty evaluation in order to be cleared to return to work.

      ii. The GME Trainee's work performance is the basis for continued employment. When a program suspects impairment, whether due to emotional difficulty and/or drug/alcohol impairment, as the underlying cause for a trainee's poor performance, referral must be made immediately to the Faculty and Employee Assistance Program (FEAP). Participation in a treatment or rehabilitation program does not guarantee continued employment and will not necessarily prevent disciplinary action for violation of the GME and Medical Center policies.

      iii. GME Trainees taking prescription medications or over-the-counter medications that impair their ability to work safely are subject to the conditions of this policy.

      iv. GME Trainees who have the responsibility for on-call shifts must meet the Fitness for Duty standard during the entire on-call period.

c) When there is concern that the GME trainee is not Fit for Duty, the trainee's supervisor, Program Director, Chairman, or the administrative representative on duty must follow the recommended steps outlined below:

i. Meet with the trainee and perform the following actions:

- Remove the trainee from direct job duties and inform the trainee that he/she is relieved from duty at this time.
- In private, state your concerns for the safety and well-being of the trainee. Obtain a witness for a confidential interaction with the trainee.

ii. Consult with a representative of FEAP at 924-0000. Discuss any concerns about safety and ensure a plan is in place to provide support for the trainee.

iii. GME Trainees who are required to go to FEAP or Employee Health as directed by FEAP must be escorted by the trainee's supervisor, Program Director, or representative to the destination, and must remain for disposition. The trainee must be informed that failure to comply with this directive shall result in suspension and disciplinary action.

iv. Identify means for transporting the trainee safely home in collaboration with FEAP. Should the trainee become uncooperative contact Security or University Police, as appropriate.

v. The trainee's program director or his/her representative must document the incident with the trainee.

d) The results of Fitness for Duty evaluations performed by qualified, licensed health care professionals shall be presumed to be valid. Results of the evaluation will be received by FEAP. The trainee shall be notified of the results of the evaluation by the evaluator and/or FEAP. Only necessary information shall be shared with the Coordinating Party.

After an evaluation, information given to the Program Director, Chairman, GME Office, shall be limited to whether the trainee may:

i. Return to full duty;
ii. Not return to full duty, pending required follow-up action; or
iii. Return to modified duty that meets the evaluator's recommendations.

e) Continued employment will be contingent upon compliance with conditions established by FEAP such as periodic testing, participation in professional counseling and treatment programs, re-assignment of duties for a specific period of time and/or continued performance of specified functions under more immediate supervision. Failure to comply may result in disciplinary action up to and including termination from employment. FEAP will coordinate with the Program Director and GME Office regarding return to work status.

f) Acts or Threats of Violence and the Threat Assessment Team:
The University has established a Threat Assessment Team ("TAT") with responsibility for implementing the University's assessment, intervention and action protocol in cases suggesting

a potential risk of violence. All acts of violence, threats of violence or other seriously disruptive behaviors must be reported immediately to University Police and/or to the TAT.

g) Confidentiality/Privacy of Fitness for Duty Evaluations:
Under the Health Insurance Portability and Accountability Act (HIPAA), any document containing medical information about a trainee is considered a medical record and is regarded as confidential. Records of fitness for duty evaluations shall be treated as confidential medical records and maintained by FEAP or Employee Health, as appropriate. This information may be shared only when necessary to support treatment, business operations, and upon the execution of appropriate release by the individual trainee or as otherwise permitted or required by law. Trainees may obtain a copy of the medical report upon written request to FEAP or Employee Health.

h) Suspension of Clinical Duties:
The trainee's assignment of clinical duties may be suspended for suspicion of any impairment as outlined in this policy or for the following: refusal to undergo an evaluation, failure or refusal to stop practice after a recommendation has been made for treatment, refusal to comply with treatment recommendations, or non-compliance with required monitoring.

3. Responsibilities:

a) A GME trainee is responsible for:

i. Coming to work Fit for Duty and performing job responsibilities in a safe, secure, productive, and effective manner during the entire time at work;
ii. Notifying the Program Director or attending physician when not Fit for Duty;
iii. Notifying the Program Director or attending physician when a co-worker is observed acting in a manner that indicates the co-worker may not be Fit for Duty;
iv. Informing the Chairman or Designated Institutional Officer for further guidance, if the supervisor's behavior is the focus of concern. Threats or acts of violence should be reported immediately to the University Police Department by calling 911;

b) A supervisor, Program Director, or attending physician is responsible for:

i. Monitoring the attendance, performance, and behavior of the trainees under his/her supervision;
ii. Notifying FEAP and the Graduate Medical Education Office (or DIO) when a trainee is exhibiting behavior that suggests he/she may not be Fit for Duty;
iii. Following this policy's procedures for documentation when presented with circumstances or knowledge that indicate that a trainee may be unfit for duty;
iv. Maintaining the confidentiality of a trainee's medical record. (See Section 2.g above)

Appendix B: MOONLIGHTING PROTOCOLS

1. Programs and departments may have policies which are more restrictive than the institutional policy. Programs must not require GME Trainees to engage in moonlighting activities.
    a) PGY1 residents are not permitted to moonlight.
    b) Moonlighting by pharmacy residents is limited to 16 hours/ month.
    c) In order to minimize disruption to learning experiences, weekday shifts may not commence before 5 PM unless approved by RPD.
    d) Moonlighting is prohibited during regularly scheduled work hours/responsibilities.

2. Should a GME Trainee be approved by his/her program director for moonlighting, then an application to moonlight must be submitted to the Graduate Medical Education Office (GMEO) no less than 60 days prior to the intended start date of the moonlighting activity. Applications will be referred to the DIO for review and approval. GME Trainees shall not begin moonlighting prior to receiving DIO approval.

3. Approval of moonlighting by DIO is subject to the program director's attestation that the proposed moonlighting does not interfere with the ability of the GME Trainee to achieve the goals and objectives of the required educational program, and that the GME Trainee is in good standing in his/her training program.

4. Approval for moonlighting may be valid for an academic year. Any granted moonlighting shall expire on the proposed ending date or June 30th each year, whichever comes first. A new application must be submitted at the beginning of each academic year.

5. The program director has primary responsibility to monitor fatigue levels of all GME Trainees participating in all moonlighting activities. Additionally, faculty members and GME Trainees must be educated to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes. Each GME programs must adopt policies to prevent and counteract potential negative effects of fatigue on patient care and learning.

6. Approval for moonlighting can be revoked at any point by the program director or DIO in any of the following cases. Reinstating the revoked approval for moonlighting is at the program director's discretion.
    a) When it is determined that a GME Trainee's moonlighting activities negatively impact his/her ability to fulfill their clinical duties and patient care; or
    b) When it is determined that a GME Trainee's moonlighting activities negatively impact the learning and working environment for other trainees in the program; or
    c) When the GME Trainee is deemed unfit for clinical and/or non-clinical duties due to mental or physical impairment including injury, illness, and fatigue; or
    d) When the program director or the program's Clinical Competency Committee issued a Letter of Deficiency to a GME Trainee: or
    e) When the GME Trainee is suspended from his/her training program activities or clinical activities; or

f) When the GME Trainee is found to be non-compliant with the Medical Center and GME policies and regulations including, but not limited to, non-compliance with the mandatory Workday courses, flu-shot, TB-testing, and respiratory mask-fit deadlines; or
g) When the GME Trainee is found to be in Clinical and Educational Work Hours violation.

7. Time spent by trainees in any moonlighting activity must be counted towards the 80 hour Maximum Weekly Clinical and Educational Work Hours Limit. All moonlighting hours must be recorded in New Innovations as moonlighting hours in addition to the Clinical and Educational Work Hours for the regular educational activities.

8. In consideration of Clinical and Educational Work Hours restrictions, no GME Trainees assigned to inpatient service requiring in-house call shall engage in any moonlighting activity during that rotation.

9. Audits of moonlighting hours logged will be performed by the GMEO and the GME trainee's program director.

10. In view of the serious legal implications of GME Trainees engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain disciplinary or adverse actions, including dismissal from the residency or fellowship training program. Specific disciplinary or adverse actions will be determined by the program director, department chair, or DIO.

Adapted from GME Policies No. 10

Approved by Residency Advisory Committee, November 2007

Updated: January 2011, September 2016, December 2016, March 2019, August 2022

Reviewed: April 2016, June 2017, July 2021

A. SUBJECT: **Vacation and Leaves of Absence Request**

B. EFFECTIVE DATE: **April 4, 2024 (R)**

C. POLICY STATEMENT:

The University of Virginia Health shall seek to provide its residents and fellows (hereinafter "Trainees") with appropriate time off to ensure the Trainee's well-being and to comply with the sponsoring institution's policies and applicable requirements for accreditation and/or specific specialty/subspecialty board certification. Furthermore, any time away from training must adhere to pharmacy department and program policies in compliance with American Society of Health System Pharmacists (ASHP) regulations.

This GMEC Policy, following all ACGME leave requirements, outlines various types of leave available to Trainees and the rules and policies governing those leaves of absence. **Trainees are provided with a minimum of six paid weeks of approved medical, parental or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during an ACGME-accredited program, starting the day the Trainee is required to report. In the academic year in which a Trainee takes those six weeks, they are also able to use one additional paid week of leave outside of the approved six weeks**.

Additionally, the Commonwealth of Virginia affords eligible employees, including Trainees, Paid Parental Leave (PPL). Trainees who have been employed for at least 12 months prior to the start of PPL are eligible for up to 8 weeks of consecutive paid leave. Trainees with less than 12 months of employment prior to the start of PPL are eligible for up to 6 weeks of consecutive paid leave. Trainees' health and disability insurance benefits (for themselves and covered dependents) will be extended for a minimum of six weeks for any approved leave and for eight weeks during parental leave.

The policy contains a worksheet application required for any medical, caregiver or parental leave requests. The purpose of the worksheet is for the Trainee and Program to mutually review and discuss the proposed leave in advance and to understand any impact an extended leave might have on meeting program and board eligibility criteria. This step is required by the ACGME. Trainees must otherwise follow all individual program requirements surrounding leave requests and notifications.

D. PROCEDURES

1. **Requests for Leave**
   - **a)** Trainees must submit requests in accordance with Program and Medical Center procedures and policies. Trainees should submit leave requests in a timely fashion, especially if rotating on another service and coverage must be arranged.
     a. All pharmacy trainee leave requests must be submitted and approved by the applicable preceptor and program director, communicated to the program coordinator, and documented within the pharmacy residency vacation database.
     b. All leave must be documented on pharmacy residency vacation 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.

b) All leaves of absence must be reported in New Innovations within 30 days of the planned absence.

c) Leaves of absence resulting from a Disciplinary Action must be coordinated with and reported to the GME Office (GMEO) per GMEC Policy 31.

2. LEAVES AVAILABLE FOR TRAINEES

a) Bereavement Leave: GME Trainees may take up to 7 days of paid Bereavement Leave in the event of an Immediate Family Member's death. Bereavement Leave may also be taken for pregnancy loss:

- A Parent who experiences a pregnancy loss prior to twenty (20) weeks gestation is eligible for 7 days of Paid Parental Leave.
- A Parent who experiences pregnancy loss at twenty (20) weeks gestation or beyond and prior to delivery is eligible for 4 weeks of Bereavement Leave.

Trainees may take additional time for bereavement with the approval of their Program Director by applying sick or vacation time towards that leave.

For the purpose of Bereavement Leave, Immediate Family Member includes a) parents, including step-parents, in-laws and *in loco parentis* (a person who stood in place of parent); b) spouse; c) children, including step-children, foster children, sons-in-law, daughters-in-law; d) siblings, including step-siblings, siblings-in-law; e) grandparents and grandchildren; f) any person living in the trainee's household.

b) Caregiver Leave: Trainees may utilize this category of leave to care for a child, spouse or parent with a Serious Health Condition as outlined in Medical Center Policy HR-600.

c) Family and Medical Leave: Family and Medical Leave, including Military Caregiver Leave and Qualified Exigency Leave, is federally mandated, job-protected leave which is available for Trainees who have been employed by the sponsoring institution for at least 12 months. Please see Medical Center Policy HR-600 for details.

d) Medical Leave: Trainees may utilize this category of leave to take time off due to extended personal illness, medical procedure, disability or other Serious Health Condition as outlined in MC Policy HR-600.

e) Paid Parental Leave: Trainees may utilize this category of leave within 6 months of the event (birth, adoption, or placement).

- Trainees who have been employed for at least 12 months prior to the start of PPL are eligible for up to 8 weeks of paid leave. Trainees with less than 12 months of employment prior to the start of PPL are eligible for up to 6 weeks of consecutive paid leave.

- PPL may be taken consecutively or may be taken in two 4 week blocks for those eligible for a total of 8 weeks of PPL, or two 3 week blocks for those eligible for a total of 6 weeks of PPL.
- PPL must be taken within 6 months of the event
- PPL can be taken once in a 12-month period and only once per child.
- PPL is separate from vacation and sick leave (i.e., trainees may take vacation time in addition to approved PPL time).
- PPL must be requested via the attached form, submitted to Program Director for approval and signature and then to the GMEO and should be requested at least 3 months prior to the birth, adoption, or placement of a child, if possible.
- If both parents are eligible trainees, both parents are eligible to take PPL. However, the GMEO requests that both parents not take simultaneous PPL if both parents are being trained in the same program.
- Trainees who have been employed for 12 months or longer are required by MC policy to also apply for FML which runs concurrently with their PPL (see below).
- PPL may be used when a Parent loses an infant during birth or whose infant survives for only a short period of time following birth. Both or either parent may take either eight (8) or six (6) weeks of PPL depending on length of employment to date.

f) **Professional Leave**: Each training program should have its own written professional leave policy to cover attendance at off-site conferences, research time, and other scholarly activities away from the Hospital and in accordance with any Medical Center, GMEC, or ACGME policies.

- Each pharmacy trainee is granted professional leave for attendance at professional meetings (e.g., 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.

g) **Routine Medical Appointment:** Trainees are encouraged to prioritize their own well-being by seeking necessary and proactive care. The ACGME requires that no resident or fellow should have to arrange their own coverage to seek or attend an appointment for medical or mental health. It is an expectation that programs will provide coverage for trainees' routine medical appointments when they are provided reasonable notification. In some instances, medical appointments qualify for FML. Please refer to Medical Center Policy HR-600.

h) **Sick Leave**: Trainees are provided up to 14 calendar days per academic year of paid sick leave, inclusive of time needed for mental health and resident bonding days (may opt to use vacation day as desired for resident bonding day). This leave type is for unexpected illnesses of short duration. See Medical/Caregiver Leave for additional options.

i) **Vacation Leave**: Trainees must be provided a minimum of 15 business days of vacation time per academic year. Vacation time does not carry forward, although

exceptions can be made on an individual basis when specifically allowed by Trainee's certification board and approved in advance by the Program Director.

- Pharmacy trainees may not use vacation leave for terminal leave unless approved by program director and reviewed for good standing and on track for successful completion of graduation requirements.
- Pharmacy trainees must use vacation leave for holidays with the exception of the major holiday they are assigned to work. Trainees shall work one major holiday stretch in alignment with the pharmacist holiday schedule (Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day) and usually the accompanying weekend during the residency year. Depending on department need Trainees will also work one minor holiday (Independence Day, Labor Day, or Memorial Day).

j) **Religious Holidays**: When requested, a Trainee should be granted time off to observe a religious holiday consistent with these policies: https://eocr.virginia.edu/staff-religious-accommodations.[1] The days taken off will be counted against the trainee's vacation days.

3. OTHER CONSIDERATIONS

a) **Additional Time for Completing Board Requirements**: In the event that additional training time is required to meet Board eligibility requirements (due to leave or other circumstances), the Trainee must be reappointed, with stipend and benefits covered by the GME Office to continue for the extension.

b) **Pharmacy Trainee Additional Time for Completing Residency Requirements**:

a. The program director and coordinator maintain responsibility for ensuring that absences incurred do not jeopardize the trainee's ability to attain the program's competency areas, goals, and objectives.
b. Absences from any learning experience should not exceed 20% of the total time allotted to the experience. Time away from the residency program shall not exceed a combined total of 37 days per 52 week training period. Absences that extend beyond those allotted (described in this policy) must be made up.
c. 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

[1] A reasonable workplace accommodation is a modification to an employee's work or environment to enable the Employee to participate in their religious practice or belief which does not cause an Undue Hardship to UVA operations or activities. UVA is committed to providing accommodations, upon request, to ensure access to employment opportunities, benefits, programs, and services to all employees who have sincerely held religious beliefs. However, reasonable religious accommodations are not required or permitted when such accommodation would cause Undue Hardship, violate other laws, or interfere with the safety and security of UVA or its operations. Undue Hardship is a burden that would result in substantial increased costs in relation to UVA's business. Undue Hardship must be based on an individualized assessment of current circumstances that show that a specific reasonable accommodation would cause such burden or expense.

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. The maximum extension period will be set at 8 weeks unless extenuating circumstances exist to justify longer extensions approved by program director, DIO, and GMEO.

c) **Unexcused Leave of Absence**: Disciplinary or remedial action resulting from any unexcused leave of absence shall be at the discretion of the Program Director based on individual Department and/or accreditation requirements and regulations, and in consultation with the Designated Institutional Official.

d) **Timely Notice of Leave Impact:** The program is required to notify the Trainee if any given leave impacts the Trainees' ability to satisfy requirements for program completion or Board eligibility at the initial discussion of leave with the Trainee.

e) Training program Leave Policy: Every training program in the Medical Center must have its own Leave Policy which must acknowledge compliance with that program's Board requirements.

Revised, GMEC Policy Subcommittee, 1/12/2012
Revised, GMEC Policy Subcommittee, 3/7/2012
Reviewed/Approved, GMEC, May 16, 2012
Revised, GMEC Policy Subcommittee, 12/10/2013
Reviewed/Approved, GMEC, 12/18/2013
Revised/Approved, GMEC, 02/15/2017
GMEC Policy Subcommittee Reviewed/Revised, March 13, 2018
GMEC Approved, March 21, 2018
GMEC Policy Subcommittee Reviewed/Revised: December 11, 2018
GMEC Policy Subcommittee Reviewed/Revised: January 8, 2019
GMEC Reviewed/Approved: January 16, 2019
GMEC Policy Subcommittee Reviewed/Revised: February 12, 2019
GMEC Policy Subcommittee Reviewed/Revised: March 10, 2020
GMEC Approved: April 15, 2020
GMEC Policy Subcommittee Reviewed/Revised: July 14, 2020
GMEC Reviewed/Approved: July 15, 2020
GMEC Policy Subcommittee Reviewed/Revised: August 11, 2020
GMEC Reviewed/Approved: August 19, 2020
GMEC Policy Subcommittee Reviewed/Revised: March 8, April 12, & June 14, 2022
GMEC Reviewed/Approved: June 15, 2022
GMEC Reviewed and approved: July 19, 2023
GMEC Policy Subcommittee Reviewed/Revised: November 14, 2023
GMEC Approved: November 15, 2023
Pharmacy ROC Revised/Reviewed/Approved: April 17, 2024

Pharmacy Residency Programs
Leave and Staffing Expectations

Leave Request

- Residents submit requests for leave through the "Vacation" database. Failure to submit vacation requests prior to leaves will result in disciplinary action.
- Discuss leave requests with your preceptor prior to submitting requests.
- 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 18, 2025 unless authorized by your program director.

Staffing Hours

- The total resident contractual service commitment will be 416 hours distributed throughout the residency year and will include weekends, evenings, overnights, holidays, and on-call based on department requirements and program specific structure.
- All residents must complete 416 hours
    - A variance of 5% will be allowed for extenuating circumstances approved by the residency program director and coordinator, such as an extended approved leave or inability of department to provide sufficient shifts.
    - Greater than 5% variance will result in an evaluation for program extension.
- Participation in the service component throughout the entire contract provides necessary training and allows the residents to meet the intent of the ASHP residency standard and longitudinal service evaluations.
    - PGY2 residents must fill all contractual shifts throughout the entire residency year and receive moonlight pay for additional shifts voluntarily picked up.
        - If hours are met prior to completing contractual shifts due to voluntarily picking up shifts without receiving moonlighting pay, moonlighting pay will be applied to the remaining shifts as these are required for the longitudinal service experience.
    - See Learning and Working Environments for GME Trainees Policy, Moonlighting Appendix for specifics regarding moonlighting

Weekend and Evening 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.

- Evening switches may be made between any residents within the program regardless of year.

- Weekend and evening switches are requested through the Schedule OneSource software (StaffReady).

Calling Out

- Rotations
  - Immediately communicate with rotation preceptor as soon as possible via phone and email if phone call or text is not an option
  - Notify RPD as soon as possible via call, text, or email
  - Complete "Time Off" request in database upon your return
  - Number of days will be tracked and unusual patterns will be addressed (sick days before or after holidays, required presentations, major deadlines)

- Staffing Shifts
  - MUST call inpatient pharmacy (outpatient pharmacy for PGY1 Community and PGY2 Ambulatory Care residents) to notify as soon as possible
  - Email your RPD letting them know that you had to call off
  - You will be required to make up the shift(s) missed

A. SUBJECT: **Supervision Policy for All Postgraduate Pharmacy Programs**

B: EFFECTIVE DATE: **April 1, 2024**

C: POLICY:

This policy outlines the University of Virginia Graduate Medical Education (GME) requirements regarding progressive responsibility of GME Trainees (hereinafter "Trainees") and Trainee supervision in all pharmacy residency training programs. The Policy incorporates all applicable University of Virginia Medical Center institutional policies, and ACGME Common Program, and Specialty Specific Requirements.

D. Procedure

1. Levels of Supervision

To promote oversight of Trainee supervision while providing for graded authority and responsibility, the following classification of supervision must be employed:

a. Direct Supervision
- The supervising preceptor is physically present with the trainee during the key patient care encounter;
- Or, the supervising preceptor and/or patient is not physically present with the trainee and the supervising preceptor is concurrently monitoring the patient care through appropriate telecommunication technology.
- PGY-1 trainees must initially be supervised directly

b. Indirect Supervision:
- the supervising preceptor is not providing physical or concurrent visual or audio supervision but is immediately available to the trainee for guidance and is available to provide appropriate direct supervision.

c. Oversight – the supervising preceptor is available to provide review of procedures and encounters with feedback provided after care is delivered.

<u>These patient care encounters require the physical presence of the supervising pharmacist:</u>
- First patient education/counseling session
- First immunization/vaccination
- Orientation checklist items until signed off (if applicable)
- Code response – PGY1 Only

2. Trainee responsibilities and escalation of care

a. Trainees must be aware and adhere to the institutional and program-level policies on Trainee supervision.

b. Trainees must request supervision from the preceptor or supervisor if asked to perform a procedure when he/she has insufficient experience with the procedure and/or universal protocol, or when the procedure is beyond the Trainee's competence.

c. A Trainee must verbally notify the responsible preceptor within 90 minutes of any of the following events in line with the Medical Center Policy 0324: Clinical Communication and Escalation of Care/Inpatient Services. The preceptor must review this list and discuss their expectations for Escalation of Care at the start of each rotation. .

- Medication errors requiring clinical intervention
- Whenever a Trainee believes that his/her ability to provide care to the patient is impeded

d. Trainees must contact the **supervising pharmacist** and pharmacy leader on duty as the next level in the Clinical Help Chain if the responsible pharmacist does not respond within 60 minutes.

Pharmacy ROC Reviewed/Revised/Approved: April 17, 2024

Residency Administrative Duties

Administrative Assignment
APPE Student Presentations Coordinator
CE/Presentation Coordinator
Core Curriculum Coordinator
DEI Champion/Diversity Dialogue Coordinator
KIWK Minutes Stenographer/Hoos News Annual Author/Editor
Longitudinal Projects Coordinator (Research and Quality)
Midyear & UNC Reps Coordinators
P3 Foundations Lab Coordinator/Code Coverage Coordinator
PGY1 Community Recruitment Coordinator
PGY1 Pharmacy Recruitment Coordinator
PGY1/2 HSPAL Recruitment Coordinator
Pharmacy Week Coordinators/Graduation Coordinators
ROC Liaison/GME Housestaff Council Representative
Scheduler
Social Chair/Resident Bonding Day Coordinator
Social Media Coordinators/Historians
Student Success Facilitator
Webmaster
Wellness Chair/Block Buddy Coordinator

Pharmacy Residency Programs

Important Policies:

- Licensure and Documentation
- Leave or Request for Absence
- Performance Assessment
- Dismissal and Appeals
- Learning and Working Environment (includes Duty Hours and Moonlighting)
- Requirements for Residency Graduation
- Resident Expectations

I attest that the above policies were reviewed with me during my orientation period.

Resident Signature: _____

Date: _____

UVA Health
University Medical Center
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 UVA Health 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 here.

University of Virginia Health
Department of Pharmacy Services
Residency Programs (PGY1 Pharmacy)

Resident Name: _____

Program: PGY1 Community-Based Pharmacy

Year: _____

Requirements for PGY1 residency completion:

The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion of quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting and to the appropriate institutional committee

- ☐ QIP finalized and presented at Patient and Family Education Subcommittee

Completion of a research project with final report submitted in manuscript style and platform presentation at the regional residency conference

- ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Identify the need and develop a business plan for a new or enhanced service.

- ☐ Validated by RPD or Coordinator

Submission of an 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.

- ☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD or Coordinator

Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of 5 required rotations and 4 elective rotations.

- ☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar

☐ Validated by RPD or Coordinator

Completion of two journal club presentations for pharmacists and three presentations/ inservices to medical staff, nursing staff, or allied health professionals

☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

UVA Health
Department of Pharmacy Services

Requirements for PGY1 Pharmacy Residency Program Graduation

Resident Name:
Year:

Completion Checklist:

1. The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program, no objectives can have a final assessment of "Needs Improvement"

    ☐ % of objectives achieved: _____

2. Completion of research or quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting, to the appropriate institutional committee, platform presentation at the regional residency conference, and final report submitted in manuscript style

    ☐ Project finalized and presented at _____ on _____

    ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

3. Submission of an 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

    ☐ Validated by RPD or Coordinator

4. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic

    ☐ Validated by RPD or Coordinator

5. Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule

    ☐ Validated by Administrative Assistant/Staff Ready/Scheduling Task Force

6. Completion of 5 required rotations and 4 elective rotations

    ☐ Validated by RPD or Coordinator

7. Completion of one ACPE accredited continuing education seminar

    ☐ Validated by RPD or Coordinator

8. Completion of two journal club presentations for pharmacists and four presentations/inservices to medical staff, nursing staff, or allied health professionals

    ☐ Validated by RPD or Coordinator

9. Completion of a medication-use evaluation

    ☐ Validated by RPD or Coordinator

10. Preparation of a drug class review, monograph, treatment guideline, or protocol

    ☐ Validated by RPD or Coordinator

11. Documentation of all leave time in the residency leave database

    ☐ Validated by RPD or Coordinator

12. Documentation of all duty hours in New Innovations

    ☐ Validated by RPD or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

UVA Health
Department of Pharmacy Services

Requirements for PGY2 Pharmacy Residency Program Graduation

Resident Name: _____

Program: Health-System Pharmacy Administration and Leadership with Master's

Degree Year: _____

Completion Checklist:

1. The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program, no objectives can have a final assessment of "Needs Improvement"

    ☐ % of objectives achieved:

2. Completion of research or quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting, to the appropriate institutional committee, platform presentation at the regional residency conference, and final report submitted in manuscript style

    ☐ Project finalized and presented at _____ on _____

    ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

3. Submission of an 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

    ☐ Validated by RPD or Coordinator

4. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic

    ☐ Validated by RPD or Coordinator

5. Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule

    ☐ Validated by Administrative Assistant/Staff Ready/Scheduling Task Force

6. Completion of 10 required rotations and 1 elective rotation

    ☐ Validated by RPD or Coordinator

7. Completion of one ACPE accredited continuing education seminar

   ☐ Validated by RPD or Coordinator

8. Completion of two journal club presentations for pharmacists and four presentations/inservices to medical staff, nursing staff, or allied health professionals

   ☐ Validated by RPD or Coordinator

9. Completion of Master's Degree

   ☐ Validated by RPD or Coordinator

10. Documentation of all leave time in the residency leave database

    ☐ Validated by RPD or Coordinator

11. Documentation of all duty hours in New Innovations

    ☐ Validated by RPD or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

University of Virginia Health System
Department of Pharmacy Services
Requirements for PGY-2 Ambulatory Care Residency Completion

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 Ambulatory Care residency completion:

The resident is expected to have earned an assessment of "Achieved" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion of a research project and presentation of results at Society of General Internal Medicine Meeting or other appropriate meeting and to an appropriate institutional committee is required.

- ☐ RP finalized and presented at _____ on _____

Completion of a research project with final report submitted in manuscript style

- ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Submission of an 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.

- ☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by RPD or Coordinator

Completion of all required longitudinal learning experiences including completion of PGY2 appendix in PharmAcademic.

- ☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar and one additional presentation to VCU School of Pharmacy or other discipline group.

- ☐ Validated by RPD or Coordinator

Completion of 3 journal club presentations to pharmacists and 3 additional presentations to physician or another provider group.

- ☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

- ☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

- ☐ Validated by RPD or Coordinator

Return all devices, chargers, and name badge during close-out graduation meeting

- ☐ Confirmed by Pharmacy IT, RPD, or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ _____Date: _____

University of Virginia Health System
Department of Pharmacy Services
PGY-2 Cardiology Residency Graduation Checklist

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 Cardiology residency completion:

The resident is expected to have earned an assessment of "Achieved" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion and documentation of all required patient experiences and case/topic discussions in the appendix.

- ☐ Validated by RPD or Coordinator

Completion of quality project/ medication use evaluation (MUE) and presentation of results at the American College of Cardiology Annual Meeting and/or to the appropriate institutional committee

- ☐ QP/ MUE finalized and presented at _____ on _____

Completion of a research project with final report submitted in manuscript style

- ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Submission of an 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.

- ☐ Validated by RPD or Coordinator

Completion and sign off all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by Administrative Assistant/ Staff Ready

Completion of all required longitudinal learning experiences

- ☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar

- ☐ Validated by RPD or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

University of Virginia Health

Department of Pharmacy Services

PGY-2 Critical Care Pharmacy Residency Program

Requirements for successful completion of the PGY2 Critical Care Pharmacy Residency Program Progression and Completion Document for Successful Graduation from the Program

(Quarterly documentation of progress alongside the development plan)

Resident Name: _____ Year: _____

The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% of the required ASHP Competency Area Objectives for PGY-2 Critical Care Pharmacy Residency Program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of Objectives Achieved for Residency as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ % of Objectives Achieved for Residency as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ % of Objectives Achieved for Residency as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ % of Objectives Achieved for Residency as of end Quarter 4: _____ Date Validated by RPD:_____

Completion of All ASHP PGY2 Critical Care Residency Accreditation Standards Topics as defined in the Standards Appendix and Documented in grid in PharmAcademic (completed during learning experiences and required rotations).

- ☐ % of Appendix Items Completed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ % of Appendix Items Completed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ % of Appendix Items Completed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ % of Appendix Items Completed as of end Quarter 4: _____ Date Validated by RPD:_____

Completion of Orientation Rotation, 7 Required Clinical Rotations and 2 Elective Clinical Rotations.

Orientation and Required Clinical Rotations	Elective Clinical Rotations
☐ **Orientation**	☐ MICU ll Advanced MICU
☐ Surgical Intensive Care Unit	☐ Medical Toxicology
☐ Medical Intensive Care Unit (MICU)	☐ Trauma Critical Care Unit
☐ Neurosciences Intensive Care (NNICU)	☐ Coronary Care Unit (CCU) Or ☐ Thoracic/Cardiovascular Post-Op Intensive Care (TCVPO)
☐ Coronary Care Unit (CCU) Or ☐ Thoracic/Cardiovascular Post-Op Intensive Care (TCVPO)	
☐ Pediatric Intensive Care (PICU)	
☐ Emergency Medicine	
☐ Infectious Diseases (General)	

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Completion of all longitudinal learning experiences (Practice management, Service/Staffing, Research/QIP Project, and Second Project for quality initiative). ***(This is the end of the year validation. Refer to next bullets (bullets below) for breakdown and Quarterly validation of progress).***

☐ **Validated by RPD or Coordinator at Completion of residency**

Progression related to Practice Management Longitudinal Experience

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Objective 2.1.1: (Cognitive - Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements (*This is a deliverable within the Practice Management Learning Experience Description)*

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Objective 2.1.2 - Participate in a medication-use evaluation related to care for critically ill patients. ***This is a deliverable expected to be achieved within the Practice Management Learning Experience or within (as a portion) of the primary research or QIP project or the "second project-quality initiative)***

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Completion of the Provision of pharmacy staffing coverage (Service/Staffing) as indicated on the Pharmacy Residency Staffing Schedule. [This includes the provision of clinical pharmacy services in a collapsed staffing model on: weekends, evenings, includes one 4 day stretch (10 hours per shift) of overnights, one major holiday and adjacent weekend, and one minor holiday (416 hours for the residency year)]

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

- Overnight stretch (4 shifts of 10 hours each) completed (dates) _____ Validated by RPD
- Minor Holiday worked (date)_____Validated by RPD
- Major Holiday worked and adjacent weekend (date)_____ Validated by RPD
- Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of a Primary Research Project or Quality Improvement Project (QIP) with presentation of the project and results in the format of platform or poster presentation at the UVA Department of Medicine or Department of Surgery Scholars and Research Day or other comparable scientific meeting. The final report must be submitted in manuscript style ready for publication, to the program director.

- Project Title:

  - Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

- Presentation of Project and Results to:
  - Venue and Date:

- Project manuscripts submitted and deemed in final form by primary project preceptor:
  _____
  (Signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission in final form)

- . **Validated by RPD or Coordinator at Completion of residency**

Completion of an internal second project addressing a medication-related quality topic. (This is noted as the "Second project" as approved by the Residency Program Director). The final report written in SBAR (Situation, Background, Assessment, and Recommendation) format with presentation of results to relevant institutional committees or workgroups to determine next steps based on findings. (The resident is encouraged to present the project in poster format for UVA Department of Medicine Scholars and Research Day, Pharmacy Research Day and/or multidisciplinary critical care organizational meetings (i.e. Society of Critical Care Medicine, etc.).

- Project Title:
- SBAR completed (and Date):
- Project presented to and Date:
- Project deemed completed by preceptors and RPD (and Date):

  - Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
  - Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Completion of one ACPE accredited continuing education Seminar

- Title:
- Dates presented:
- Validated by RPD or Coordinator:

Completion of 6 educational activities [selected from the following options: Journal club presentations (max of 2 count toward the 6 needed activities), Presentations/in-services to LIPs, Presentations/in-services to nursing staff, Presentation at trauma conference, Peer review at least one article]

Date	Title and Type of Educational Activity	Venue	Type of Evaluation in PharmAcademic (Formative Feedback or Rotation Evaluation)	Prepared Materials for Activity Uploaded into PharmAcademic Files (yes)
1.				
2.				
3.				
4.				
5.				
6.				

- Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Documentation of all leave time in the residency leave database

- ☐ Validated by RPD or Coordinator Quarter 1 (Date):
- ☐ Validated by RPD or Coordinator Quarter 2 (Date):
- ☐ Validated by RPD or Coordinator Quarter 3 (Date):
- ☐ Validated by RPD or Coordinator Quarter 4 (Date):

Documentation of all duty hours in New Innovations

- ☐ Validated by RPD or Coordinator Quarter 1 (Date):
- ☐ Validated by RPD or Coordinator Quarter 2 (Date):
- ☐ Validated by RPD or Coordinator Quarter 3 (Date):
- ☐ Validated by RPD or Coordinator Quarter 4 (Date):

Submission of an 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.

☐ **Validated by RPD or Coordinator for end of year**

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD:_____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD:_____

Return of tablet/charger, phone/ charger, and name badge – END OF YEAR DOCUMENTATION ONLY

☐ **Confirmed by Pharmacy IT: _____**
Name/ date

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

Note:

Residents who do not complete all graduation requirements within the 12 month residency have 6 additional months to complete and submit all requirements. Pay and benefits are not extended. After 6 months, materials will no longer be accepted and the certificate is forfeited.

UVA Health - Department of Pharmacy Services
Residency Programs (PGY2 Emergency Medicine)

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 residency completion:

The resident is expected to have earned an assessment of "Achieved" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion of PGY-2 Emergency Medicine Residency Accreditation Standard Topics as defined in the Standards Appendix and documented in PharmAcademic

- ☐ Topics finalized on _____

Completion of quality project/ medication use evaluation (MUE) and write-up presented in SBAR format

- ☐ QP/ MUE finalized on _____

Completion of a research project with final report submitted in manuscript style and platform presentation at the University of Virginia Department of Medicine/Surgery Scholars Day or comparable scientific meeting

- ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Submission of an 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.

- ☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of 6 required learning experiences and 1 elective learning experience.

- ☐ Validated by RPD or Coordinator

Completion of one (1 hour) ACPE accredited continuing education seminar

- ☐ Validated by RPD or Coordinator

Completion of two journal club presentations for pharmacists, two presentations/ inservices to medical staff, and two presentations/ inservices to nursing or allied health professionals

- ☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

- ☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

- ☐ Validated by RPD or Coordinator

Return of tablet/charger, phone/charger, and name badge

- ☐ Confirmed by Pharmacy IT: _____
  Name/Date

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

UVAHealth

Requirements for PGY2 Infectious Diseases Pharmacy Residency Program Graduation
Department of Pharmacy Services

Resident Name:
Year:

1. All longitudinal learning experiences and required rotations completed.

   ☐ Validated by RPD

2. The resident has earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

   ☐ % of objectives achieved for residency:

3. Quality improvement other practice advancement project completed with presentation of results and recommendations to the ID pharmacist/antimicrobial stewardship team, the Antimicrobial Utilization Committee and/or similar workgroup of stakeholders.

   Project title:
   ☐ Presented: (date and stakeholder group)

4. Research project completed with final report submitted to preceptor and RPD in manuscript style

   Project title:
   ☐ Manuscript submitted and deemed final by all preceptors and RPD: (date)
   ☐ Verbal presentation to local stakeholders and/or an outside venue (e.g. webinar, conference): (date and audience)

5. Submission of a manuscript to a peer-reviewed journal OR an abstract to an Infectious Diseases conference (e.g. IDWeek™, ASM Microbe, SHEA Spring Conference, MAD-ID, CROI)

   Project title:
   ☐ Submission venue and date:

6. Poster presentation at Infectious Diseases conference, UVA Department of Medicine Scholars/Research Day, UVA Infectious Diseases and Biodefense Research Day, or UVA Pharmacy Research Day.

   Project title:
   ☐ Venue and date:

7. ACPE accredited continuing education seminar.

   Title:
   ☐ Presentation dates:

8. At least one medication guideline or protocol.

   Title:
   ☐ Destination and stakeholder workgroup: (e.g. Approving committee or workgroup; EMR tool, Intranet)

9. Prepare or revise a drug class review or monograph with presentation to the Antimicrobial Utilization Committee

   Title:
   ☐ Presentation date:

10. Journal club for the ID clinical pharmacist team

    Title(s):
    - ☐ Presentation date(s):

11. Inservice for non-ID clinical pharmacist team

    Title(s):
    - ☐ Presentation date(s):

12. Inservices for medical and/or microbiology staff (at least 2):

    Title(s):
    - ☐ Presentation date(s):

13. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.
    - ☐ Validated by StaffReady/Service preceptor and RPD

14. Electronic notebook that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts complete.
    - ☐ Validated by RPD

15. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.
    - ☐ Validated by RPD

16. Documentation of all leave time in the residency leave database
    - ☐ Validated by Coordinator

17. Documentation of all duty hours in New Innovations
    - ☐ Validated by Coordinator

18. Return of tablet/charger, phone/ charger, and name badge
    - ☐ Validated by Pharmacy IT

19. Learning experiences included the following core content in the care of patients with infections (all complete as documented in development plans and PharmAcademic Appendix). Those marked with an asterisk do not require direct patient care experiences and can also be met through didactic discussion, reading assignments, case presentations, and/or written assignments.

_____ Bone and joint infections	_____ Opportunistic infections in immunocompromised hosts
_____ Cardiovascular infections	_____ Parasitic infections*
_____ Central nervous system infections	_____ Reproductive organ infections*
_____ Fever of unknown origin*	_____ Respiratory infections: upper and lower
_____ Fungal infections	_____ Sepsis
_____ Gastrointestinal infections	_____ Sexually transmitted diseases*
_____ Hepatitis B*	_____ Skin and soft tissue infections
_____ Hepatitis C*	_____ Tuberculosis and other mycobacterial Infections*
_____ HIV-infection and AIDS*	_____ Travel medicine*
_____ Intra-abdominal infections	_____ Urologic infections
_____ Neutropenic fever	_____ Viral infections
_____ Ophthalmologic infections*	

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

UVA Health

List of PGY2 Oncology specific residency requirements for program completion (Standard 2.5)*:
Resident Name:

1. All longitudinal learning experiences and required rotations completed.

   ☐ Validated by RPD

2. The resident has earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

   ☐ % of objectives achieved:

3. Quality improvement or other practice advancement project completed with presentation of results at an oncology-specific conference (e.g., HOPA) or at the UVA Hematology/Oncology Subcommittee

   Project title:
   ☐ Presented (date, location):

4. Research project completed with final report submitted to preceptor and RPD in manuscript style

   Project title:
   ☐ Manuscript submitted and deemed final by all preceptors and RPD (date):

5. Poster presentation at Oncology-specific conference, UVA Department of Pharmacy Medicine Scholars/Research Day and/or UVA Pharmacy Research Day.

   Project title:
   ☐ Venue and date:

6. ACPE accredited continuing education seminar.

   Title:
   ☐ Presentation dates:

7. At least one medication use evaluation (MUE), medication guideline, and protocol.

   Title:
   ☐ Destination and stakeholder workgroup (date):

8. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.
   ☐ Validated by StaffReady/Service preceptor and RPD

9. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD

10. Documentation of all leave time in the residency leave database
    - ☐ Validated by Coordinator

11. Documentation of all duty hours in New Innovations/PharmAcademic
    - o Validated by Coordinator

12. Return all devices, charges, and name badge during close-out graduation meeting
    - o Validated by Pharmacy IT

13. Pharmacademic Appendix (CAGO) completed:
    - o Validated by RPD in Pharmacademic

University of Virginia Health System
Department of Pharmacy Services
PGY2 Pediatric Residency Program

Resident Name: _____
Year: _____

Requirements for PGY2 Pediatric Residency Program completion:
Completion of all longitudinal learning experiences and required rotations.

- ☐ Validated by RPD

The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion of a research or quality improvement project with final report submitted in manuscript style and a platform or poster presentation at the annual Pediatric Pharmacy Association (PPA) meeting or the UVA Children's Hospital Symposium.

- ☐ Project manuscript submitted and deemed final by RPD: _____
  (signature of RPD verifying manuscript submission)

Completion of one ACPE accredited continuing education seminar, a Pediatric Resident Noon Conference, and required journal club presentation(s).

- ☐ ACPE accredited continuing education seminar: _____
- ☐ Pediatric Noon Conference OR presentation to non-pharmacy healthcare professionals: _____
- ☐ Journal club(s): _____

Completion of at least one medication guideline or SBAR related to pediatric pharmacy practice.

- ☐ Validated by RPD

Completion of a medication use evaluation (MUE):

- ☐ Validated by RPD

Completion of all PGY2 appendix topics in PharmAcademic

- ☐ Validated by RPD

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by preceptor for Service learning experience

Submission of an electronic notebook, or files on PharmAcademic to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

- ☐ Validated by RPD

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Requirements for PGY2 Informatics Pharmacy Residency Program Graduation
Department of Pharmacy Services

Resident Name:
Year:

1. All longitudinal learning experiences and required rotations completed.

   ☐ Validated by RPD

2. The resident has earned an assessment of "Achieved for Residency" for ≥ 80% the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

   ☐ % of objectives achieved:

3. Research or quality improvement project completed with final report submitted to preceptor and RPD in manuscript style

   Project title:
   ☐ Manuscript submitted and deemed final by all preceptors and RPD: (date)

4. Poster presentation at UVA Department of Pharmacy Medicine Scholars/Research Day or other comparable scientific meeting.

   Project title:
   ☐ Venue and date:

5. ACPE accredited continuing education seminar.

   Title:
   ☐ Presentation dates:

6. Completion of Epic Willow Certification or Accreditation

   ☐ Completion date:

7. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.
   ☐ Validated by StaffReady/Service preceptor and RPD

8. Electronic notebook that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts complete.
   ☐ Validated by RPD

9. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.
   ☐ Validated by RPD

10. Documentation of all leave time in the residency leave database
    ☐ Validated by Coordinator

11. Documentation of all duty hours in New Innovations
    ☐ Validated by Coordinator

12. Return of tablet/charger, phone/ charger, and name badge
    ☐ Validated by Pharmacy IT

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

University of Virginia Health
Department of Pharmacy Services

Resident Name:

Program:

Year:

Requirements for Solid Organ Transplant PGY2 residency completion:

The resident is expected to have earned an assessment of "Achieved for Residency" for ≥ 80% of the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement"

- ☐ % of objectives achieved: _____

Completion of a project (research or quality improvement)

- ☐ Submission of project abstract for the annual American Society of Transplantation American Transplant Congress or equivalent scientific meeting
- ☐ Presentation of the project at the annual American Transplant Congress meeting or equivalent scientific meeting or the UVa Department of Medicine or Surgery Scholars/ Research Day
- ☐ Project manuscripts submitted and deemed final by primary project preceptor: _____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Completion of a second project assigned by the residency program director

- ☐ Validated by RPD or Coordinator

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

- ☐ Validated by RPD or Coordinator

Submission of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic

- ☐ Validated by RPD or Coordinator

Completion of PGY2 appendix in PharmAcedemic

- ☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule (416 hours per resident). Documentation of all duty hours in New Innovations and monthly attestation via PharmAcademic

- ☐ Validated by RPD or Coordinator

Completion of 9 required rotations.

- ☐ Validated by RPD or Coordinator

Completion of at least: one seminar (ACPE-accredited continuing education session for pharmacists)

- ☐ Validated by RPD or Coordinator

Completion of the following additional SOT specific presentations:

- ☐ 2 formal presentations to the transplant department (audience of transplant MDs, NPs, RNs)
- ☐ Annual transplant nursing core curriculum (immunology and pharmacology lectures)

Return all devices, chargers, and name badge during close-out graduation meeting

- ☐ Confirmed by Pharmacy IT, RPD, or Coordinator (Name/date):_____

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____