MARY WASHINGTON HOSPITAL
PGY1 PHARMACY RESIDENCY MANUAL

2025-2026

MARY WASHINGTON HOSPITAL AND ASHP THE STANDARD

The MWH PGY1 Pharmacy Residency Program resident(s) at all times are to abide by all requirements, policies, procedures, and guidelines in this document, as well as by all requirements, policies, procedures, and guidelines of Mary Washington Hospital, and all requirements, policies, procedures, and guidelines as stated in the most recent copy of the American Society of Health-Systems Pharmacists (ASHP)'s The Standard.

OVERVIEW

Mary Washington Healthcare is a not-for-profit system that provides inpatient and outpatient care through over 50 facilities, including a 471-bed regional medical center designated as a level II trauma center and level III neonatal intensive care unit (Mary Washington Hospital), a 100-bed community hospital (Stafford Hospital), two free-standing emergency departments (Lee's Hill and Harrison's Crossing), a Medical Oncology practice with a 42 chair outpatient infusion center and a growing 54-bed inpatient mental health facility (Snowden). Our surgical services include open-heart surgery, neurosurgery, complex thoracic surgery, and stereotactic radiosurgery. We are a Joint Commission-certified Primary Stroke Center and ranked as one of the nation's 50 top cardiovascular hospitals in 2019 and 2020. Mary Washington Hospital is also a Great Place to Work – Certified company for the fourth year in a row. Together, we have been serving our community of Fredericksburg, Virginia for over 120 years.

INTENDED OUTCOMES OF RESIDENCY TRAINING

There are six primary outcomes for each resident which the residency program is structured to provide. These six abilities are listed below:

1. Provide direct patient care through disease state management, consultation with other health care providers and preceptors, and communication with patients.
2. Work in an interdisciplinary environment to improve patient care.
3. Know the importance of and how to implement medication safety practices.
4. Function in multiple healthcare environments and sites.
5. Be able to perform honest, thorough self-evaluations.
6. Possess excellent verbal and writing skills.

MISSION STATEMENT

The Pharmacy Practice Residency at Mary Washington Hospital is a 52-week training program designed to strengthen the residents' clinical, communication, and management skills in preparation for a continued career in hospital pharmacy, clinical pharmacy, or pharmacy management. Our focus is on transitioning residents from students of pharmacy to experienced pharmacists who provide exceptional patient care in an ever-changing profession. The PGY1 Pharmacy Residency conducted by Mary Washington Hospital in Fredericksburg, VA has an accreditation candidate status with ASHP.

ROLES AND RESPONSIBILITIES IN PHARMACY RESIDENCY LEADERSHIP

A. Definitions
Throughout the guidelines, the following terminology is used to define roles in the pharmacy residency program:

- **Director of Pharmacy**

The Director of Pharmacy Services, through appropriate leadership and administrative decisions, is responsible for the development, maintenance, and execution of program content for accreditation by the American Society of Health-System Pharmacists. The Director accepts all enrollees in the residencies and dismisses enrollees following the recommendation of the Residency Advisory Committee (RAC); ensures overall program goals and specific learning objectives are met and training schedules are maintained; ensures compliance with the resident's job description; and upon the recommendation of the RAC, certifies graduation of the enrollee(s) from the program.

- **Residency Advisory Committee (RAC)**

The residency advisory committee guides the residency program. Examples include: adding preceptors and rotations to the program, ranking residents for the matching program, ordering the release of residents unable to complete the program, approving a resident's completion of the program, expanding the program, and approving changes to the residency program guidelines. Members of the RAC include the Director of Pharmacy, the Residency Program Director, and preceptors.

- **Residency Program Director (RPD)**

The Residency Program Director (RPD) is responsible for achieving success of the residency program. The RPD identifies individuals among the staff to serve as preceptors and determines those portions of the overall program goals for which each preceptor is responsible.

The responsibilities of the program director may include, but are not limited to:

a. Serves as primary liaison between the Director of Pharmacy Services and the residents, and between the Director of Pharmacy Services and other preceptors.
b. Promulgates policies, procedures, and guidelines regarding the residency programs.
c. Reviews all information and directives from the American Society of Health-System Pharmacists concerning residency programs and initiates any necessary and appropriate follow-through actions.
d. Coordinates the central documentation of all residency activities and files sufficient documentation for operation and accreditation of the program.
e. Meets on a regular basis with each resident to discuss the resident's progress and to help plan for the remainder of the residency.
f. Plans the resident's rotations.
g. Coordinates the development and maintenance of specific training experience objectives for the programs.
h. Serves as facilitator for the Residency Advisory Committee.

i. Assists in the orientation planning for the pharmacy residents.
j. Assists each resident in the process of selecting a project and advisor.
k. Facilitates the resident's major project by serving as a resource for required institutional and hospital committees.
l. Attends each resident's CE seminar and other major presentations if possible and provides constructive criticism to the resident regarding their presentations.
m. Coordinates the evaluation of residents and residency experiences.
n. Completes a quarterly evaluation with each resident. Topics to be evaluated must include, but are not limited to, major project progress, rotation summaries for the completed quarter, staffing progress, and formal presentations.
o. Ensures that appropriate oral and written evaluations are conducted for each rotation and maintain documentation of residents' evaluations.
p. Assists in the planning of educational trips.
q. Actively participates in the recruitment of residency applicants.
r. Actively participates in the selection of residency candidates.
s. Coordinates expenditures and reimbursement for the residency program.
t. Maintains the overall character of the residency program.

- **Rotation Preceptors**

Each preceptor is responsible for the following:

a. In coordination with the RPD, the development and maintenance of training experience objectives for his/her assigned areas of responsibility.
b. An initial determination, at the beginning of each rotation regarding each resident's specific interests and needs, leading to an agreed-upon plan between the preceptor and the resident about the anticipated achievement of the rotation objectives.
c. The development and maintenance of an appropriate bibliography of readings for each resident, relevant to the preceptor's assigned responsibility.
d. The assignment of all tasks, projects, and schedule of the resident.
e. The mid-term and final rotation evaluation discussion held between the preceptor and the resident.
f. The review and critique of written summary evaluation reports prepared by the resident.
g. Advising the RPD of any appropriate interventions that may be needed relevant to a resident's performance.

BENEFITS AND RELATED PROCEDURES

A. Duration of Appointment: The resident's contract will begin in mid-June of the program year. The anticipated completion, contingent on the completion of the goals and objectives of the residency and the recommendation of the RAC, will be 52 weeks from the start date of the resident's contract.

B. Stipend: Each residency 52-week stipend may vary and is set by Human Resources.

C. Paid Time Off (PTO): Each resident is entitled to take PTO within the following guidelines:

- This document supersedes the MWHC PTO policy, however, anything covered in the MWHC PTO policy and not directly mentioned in this document must be adhered to in addition to this document.

- Use of personal PTO must be requested in writing at least two weeks in advance. Residents must make requests utilizing the PTO request form (Appendix A). PTO time must be approved by the Residency Program Director. The resident must have accrued enough PTO to cover requested time off, as per MWH policy.

- Vacation requests should be initially approved by the rotation preceptor and then forwarded to the Residency Program Director.

- An effort is made to be as equitable as possible regarding schedules and PTO.

- The total PTO (paid time off) allocation for the 52-week residency term is approximately twenty-four (24) days. PTO accrual rate 5.23 hours per pay period. Accrued resident PTO will be divided as follows:

    1. Twenty days of personal PTO (sick/vacation)

    2. Three days of holiday PTO

    3. One day of floating holiday PTO

- PTO is paid on the normal MWHC payday schedule. PTO payment will be based on the resident's weekday shift rate at the time of usage.

- Floating holiday PTO is awarded on January 1st and must be taken by December 31st of the same calendar year. The personal floating holiday is not eligible for PTO cash-in, PTO pay-out at termination or status change, or carryover. Floating holiday time used for leave under the FMLA may be used in increments of fifteen (15) minutes. Otherwise, floating holiday hours must be used in a single workday.

- PTO which is unused at the completion of the 52-week residency term may not be paid out, per Mary Washington Healthcare policy. Residents who remain employed with

Mary Washington Healthcare at the end of their residency contract may carry over their unused PTO.

- PTO requests for weekend shift(s) where the resident has been scheduled to staff may only be granted if the resident is able to find coverage for the shift(s) requested off, and if the resident is able to find other weekend shifts to add on to their staffing schedule to equal the number of shifts requested off.

- Residents must be present on the final day of the 52-week residency term; PTO will not be granted on this day.

- Residents will not be permitted to terminate the 52-week residency term while on PTO.

- Each resident must staff a minimum of 384 hours (48 shifts) of clinical staffing, consisting of:
    1. 30 weekend day shifts
    2. 3 major holidays (as recognized by Mary Washington Hospital)
    3. 15 additional weekday, weekend, or holiday shifts
- A minimum of 40 shifts of clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.
- Residents must be present on-site for a minimum of eight-and-half hours for all days scheduled to be on rotations, days scheduled to be staffing, days scheduled as project weeks, and days scheduled to attend professional meetings and conferences. If the resident is not present in-person for any scheduled residency days, they must use paid or unpaid PTO. Virtual attendance or work-from-home days will not be approved.

- Residents may not miss more than three days of any five-week rotation without written approval from the RPD and Pharmacy Director.

D. Holidays: MWHC recognizes six (6) holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

- Residents will be required to staff three (3) recognized holidays and will be granted three (3) recognized holidays as paid holidays off.

- An effort is made to have residents participate in holiday staffing/operations of the department on an equal basis with other pharmacists assigned to staff on holidays. Both residents will be assigned to have July 4th off as a paid holiday PTO, both residents will be assigned to staff on Memorial Day, one resident will be assigned to staff Labor Day and Christmas Day, and the other resident will be assigned to staff Thanksgiving Day and New Year's Day. Additional PTO time may be taken for unassigned holidays upon approval. Holiday time is deducted from PTO per HR policies.

- The number of Holiday PTO hours granted to an Associate will correspond to the FTE status of the Associate on the first of the holiday month.

- Holiday PTO hours will be loaded in the Holiday PTO bank at the beginning of the calendar month in which the holiday occurs and can be used any time.

- The equivalent of up to three (3) days of Holiday PTO can rollover at the end of the 52-week residency term. Holidays falling on a Saturday will be observed on the Friday before, while holidays falling on a Sunday will be observed on the Monday after.

- On January 1, PTO eligible Associates will be given a personal floating holiday. The number of hours granted to an Associate will correspond to the FTE status of the Associate as of January 1. The personal floating holiday must be taken by December 31. The personal floating holiday is not eligible for PTO cash-in, PTO pay-out at termination or status change, or carryover. Floating holiday time used for leave under the FMLA may be used in increments of fifteen (15) minutes. Otherwise, floating holiday hours must be used in a single workday.

E. Sick Leave: Absence due to illness will be deducted from the resident's PTO. Residents are expected to call their assigned work area and the preceptor or supervisor to whom they are assigned as early as possible each day of illness requiring absence. Complete depletion of PTO will not qualify as a consideration for an extension of the residency duration.

F. Bereavement Leave, Family and Medical Leave, and Leave of Absence Policies: Please refer to Appendices D-F for the most recent copies of these Mary Washington Policies.

G. Health Benefits: Residents are eligible for benefits as a full-time pharmacist employee of MWH. Residents are eligible to opt-in or opt-out of available medical, dental, and vision plans. The specific benefits and plan details may be found by contacting the Human Resource department.

H. Life Insurance: All pharmacy residents are automatically enrolled for basic life insurance at a rate of 1.5 times base annual earnings.

I. Teaching Opportunities: The Residency Program Director is responsible for coordinating residents and students to enable residents, if possible, to precept Doctor of Pharmacy students under the guidance of the resident's own preceptor.

J. Office space: Office space for the use by residents is provided at each site.

K. Computer Services: Resident computers are available. Patient information is available throughout the pharmacies and hospitals via the hospital's medical information system.

L. Staffing: Staffing requirements will typically include working every third weekend, two shifts per weekend, eight-and-half hours per shift (to include a 30-minute lunch break). Staffing schedules will be approved by the Residency Program Director and given to the residents during orientation. Each resident must staff a minimum of 384 hours (48 shifts) of clinical staffing, consisting of 30 weekend day shifts, 3 major holidays (as recognized by Mary Washington Hospital), and 15 additional weekday, weekend, or holiday shifts. A minimum of 40 shifts of

clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.

M. Health and Recreation Facilities: Residents may refer to the human resources department for information on local discounts.

N. On-Call Services: In-house, overnight calls are not required.

O. Parking: Parking is available on campus for free.

Requirements For Successful Completion

Residents are required complete the following to successfully complete their residency contract:

1) Meet all requirements outlined and follow all policies in this document
2) Complete a minimum of 384 hours (48 shifts) of clinical staffing, consisting of:
    a. 30 weekend day shifts
    b. 3 major holidays (as recognized by Mary Washington Hospital)
    c. 15 additional weekday, weekend, or holiday shifts
    d. A minimum of 40 shifts of clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.
3) Major research or service project
4) Manuscript of project, which must be eligible for journal publishing
5) Research poster presentation at ASHP Midyear Meeting
6) Formal presentation at one of the following: Virginia Society of Health-System Pharmacists Spring or Fall Conference, or Eastern States Residency Conference
7) 1-hour live continuing education seminar
8) Medication use evaluation
9) Minimum of three journal clubs and three case presentations
10) Drug class review or monograph
11) Successfully obtain “Achieved for Residency” for 80% of taught and evaluated ASHP

PHARMACY RESIDENCY MAJOR PROJECT PROPOSAL

Research Project

Each resident is required to complete a major project within the residency year of publishable quality for successful completion and graduation from a pharmacy residency training program. The intent of the project is to teach the resident, by direct experience, how objective scientific reasoning and/or quality improvement methods can be used to investigate a question, solve a problem, or improve patient care services. It is desirable for the resident to be the project manager and first author. In accordance with the policies of the Institutional Review Board (IRB) all applicable research proposals must have one identified Principal Investigator who is a full-time faculty or staff of the hospital. Residents must follow all institutional policies regarding project related data ownership and data presentation during and after completion of the residency training program. The resident will have many educational opportunities while serving as the project manager including written and verbal communication practice and time management skills. Please also refer to the Learning Experience Description: Research Project.

Objective

The objective of the project is for the resident to learn to investigate a question, solve a problem, or improve a process in an objective manner. The project should provide information that will benefit patient care through improved pharmacy services or implementation of new approaches to pharmacotherapy. The project should benefit the resident directly through application of sound research or investigative design, methods, and analysis. Additionally, the project should benefit the health system and its patients and staff.

Scope of Project

The project may involve any area of health system pharmacy practice. The project must be feasible within the 52-week residency term (i.e., can be completed in less than nine months). Project topics may include but are not limited to pharmacotherapy, patient education, delivery of pharmacy services, pharmacoeconomics, pharmacy administration, or the application of information technology within pharmacy practice.

Research Project Proposal

Each resident will be required to verbally present their major project proposal before the Program Director and any faculty and staff the Residency Program Director designates. After the successful verbal presentation of the project and the inclusion of any required changes, a concisely written major project proposal must be submitted and approved by the Residency Program Director and the Director of Pharmacy Services. The project proposal should be submitted for review and approval no later than the date established in the Pharmacy Residency Research Project timeline. After all required review and approvals, proposals will be submitted, by the resident, in the name of the faculty, to the IRB or other required institutional committees for final approval before initiation of the project. Each resident will be required to verbally present the final version of their project and submit a final completed proposal for graduation from the residency training program.

Format for Initial Research Project Proposal

Resident research projects are usually considered either quality improvement (QI) or clinical research (CR). Each type of project will require review and subsequent approval to be conducted within the institution(s) where the project will be carried out. Various institutional boards and committees will act to ensure the integrity of conducted work and ensure the safety of the patients involved.

Guidelines for the project proposal should follow the sections listed in the final project paper section of this manual and include rationale, objectives, methods, ethics, and budget. The residents, however, will reformat their project proposal several times during the year to meet each of the different boards, committees, or conferences' expectations or requirements.
These may include the following:

a. Residency Advisory Committee

b. IRB, if applicable, of site(s) affected by the project

c. American Society of Health-System Pharmacists (ASHP)

d. Eastern States Residency Conference (ESRC)

e. Other professional organizations, funding sources, and/or journal(s)

f. Pharmacy and Therapeutics

Residents should be able to edit documents with minor revision or edition to fulfill the respective requirements of the required institutional committees, boards, and conferences.

Format for Research Project Proposal Final Manuscript

Residents must complete a manuscript in the format matching the requirements of the journal selected for submission. In the absence of these requirements, the following format guidelines may be followed for submission.

Print the proposal on white bond paper (8.5 by 11 in.), with one-inch margins. Use double spacing throughout, including the title page, text, references, tables, and legends for illustrations. Begin each of the following sections on separate pages: title page (include all investigators in anticipated order of authorship); abstract (after title page); approval page; text; references; individual tables; and printed version of PowerPoint Slides or Poster utilized during the residency conference. The principal investigator who is either staff or faculty should be identified as project advisor. Number pages consecutively, beginning with the title page.

Abstract: The abstract should not exceed 150 words. The abstract should state the purpose of the study or project; basic procedures; main findings (give specific data and their statistical significance, if possible); and the principal conclusions. Emphasize important aspects of the project. The abstract submitted for the required Eastern States Residency Conference (ESRC) will meet this requirement.

The text of the project proposal should be divided into the following sections:

Rationale: State the purpose of the project and summarize the rationale. The introduction should be building a logical progression to the hypothesis being proposed. Include relevant information regarding clinical data, or lack of data to further support the ultimate research question or hypothesis. Utilize only strictly pertinent references, and do not provide an exhaustive review of the subject.

Project Objectives: Clearly and concisely state what the investigators hope to accomplish with completion of the project. The goals of the proposed study should be clearly identified with a brief list of specific objectives.

Methods: Thoroughly describe in detail the complete process of the project. Concisely identify all procedures in sufficient detail to allow others to reproduce the project in its entirety. Give references to any established methods, procedures, or assessment tools employed; give brief descriptions for methods or processes not well known. Identify whether the project is prospective or retrospective, blinded or un-blinded, and methods used to identify patient groups. Clearly define parameters for inclusion and exclusion of patients, and identify any records or data planned to be obtained. State the types of data to be collected, and provide data collection forms to be employed.

Ethics: The following should be clearly identified: how and by whom informed consent be obtained if required, how patient identifiers be handled, potential risks or benefits to research subjects, HIPAA compliance, and state all research personnel financial incentives or potential conflicts of interest.

Results: Present the findings in the results section in logical sequence using text, tables, and figures. Data in the tables and figures should not be repeated in the text. Emphasize or summarize only important observations.

Discussion: Emphasize new and important aspects of the project and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or Results section. Discuss the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the objectives of the study but avoid unqualified statements. Recommendations, when appropriate, may be included.

References: Number references consecutively in the order in which they are first mentioned in the text. Follow the reference format used by the U.S. National Library of Medicine.

Tables and Figures: Label these correctly with recognized standard formatting and include within document as necessary for presentation and clarity.

Budget: Include an itemized budget on a separate sheet of paper, if applicable. The budget should reflect personnel cost, non-personnel costs, costs for procedures, statistical analysis, and manuscript submission. Include this budget even if funding has been secured for the project or if no funding will be provided.

Residency Program Director Approval

The major project advisor must inform the Residency Program Director of their approval of the final manuscript. The final manuscript may be submitted at any time during a resident's appointment, but no

later than the final submission date defined by the RPD for the current residency training year. A final approved manuscript must be submitted for completion of and graduation from the residency program.

Research Project Advisor

The resident will work closely with a project advisor, but the resident will be responsible for project completion. The purpose of the project is to foster the application of the objective scientific reasoning and/or quality improvement methods to investigate a question or solve a problem. The purpose of the pharmacy residency research project advisor is to facilitate the research process throughout the residency training period.

Project Advisor Responsibilities

1. To serve as a primary advisory resource to the resident regarding his/her project and be responsible for assisting the resident in successful completion of the project.
2. To review and approve the major project proposal for feasibility and merit.
3. To maintain a detailed familiarity with the resident's project at all stages.
4. To establish appropriate timetables with the resident regarding completion of various phases of the project, progress reports, drafts of the final written description of the project, and a due date for the final paper.
5. To review and critique all project-related presentations and documents.
6. To approve or disapprove the resident's final paper.
7. To advise the Residency Program Director of significant problems related to the resident's progress on their project.
8. To attend all project related meetings involving the resident.
9. To increase awareness of the project within MWH.
10. Serve as the principal investigator (PI) on the IRB submission, if submission is deemed necessary, and during conduct of the project as applicable.

Pharmacy Resident

All pharmacy residents are required to fully complete a project during their residency appointment. Pharmacy residency research projects are usually classified as clinical research (CR) or quality improvement (QI) projects. The scope and focus of the projects may be diverse, and some projects may require the approval of the Investigational Review Board (IRB) before initiation. Residents are expected to take primary ownership of the project and be directly responsible for the successful completion and submission of the final project and all related requirements (i.e. IRB approval, Eastern States Residency Conference Presentations (ESRC), etc.). All residents should be vigilant in reviewing the IRB guidelines for submission requirements in their site of research, required forms, deadlines, and requested information. Additional review of the project may also be required to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). Any deviation from IRB or other institutional committee guidelines will delay the review of the project. Residents should work closely with their project advisors to facilitate IRB submissions (if required by project).

A pharmacy resident who fails to finalize a project and acquire their project advisor’s approval by the end of their residency appointment will not be considered to have successfully completed the program and will be ineligible for graduation with a pharmacy residency certificate.

Residents are expected to accomplish research and manuscript preparation on their own time. Residents should make an attempt to effectively utilize their time throughout the year for all phases of preparation and completion of the project. Time blocks will be scheduled throughout the year for essential phases of the project process such as proposal presentation, and ESRC training, but successful completion will depend upon effective time management by the individual residents.

Pharmacy Resident Responsibilities

1. To select a project topic and advisor from provided resources or develop a project under the direction of the advisor according to pharmacy residency major project timeline.
2. To be the primary project manager and directly facilitate the completion of all required phases of the project according to the pharmacy residency major project timeline.
3. To conduct appropriate literature review and preliminary surveys to successfully prepare written and verbal proposal presentations.
4. To work in conjunction with the project advisor to facilitate advisor involvement and review of all project-related materials.
5. To present a project proposal to faculty and staff for evaluation.
6. To summarize all changes and prepare for submission of the final proposal to the project advisor.
7. To submit a protocol to IRB (if applicable) after Program Director and advisor approval.
8. To prepare a platform or poster presentation for ESRC.
9. To complete all project-related requirements within reasonable limits of the pharmacy residency major project timeline.

EASTERN STATES RESIDENCY CONFERENCE

Residents from American Society of Health-System Pharmacy (ASHP) accredited programs attend a regional resident's conference. All MWH residents will attend the Eastern States Residency Conference (ESRC), held in spring (usually in April or May) at the Hershey Lodge in Hershey, PA. The purpose of the conference is for residents to share information regarding current activities and on-going programs in pharmacy research and practice taking place at teaching hospitals and Schools of Pharmacy in the Mid-Atlantic/Northeast region. Many pharmacists from the region and representatives of the American Society of Health-System Pharmacists (ASHP) will attend the conference.

The presentation topics are the resident's research projects. Platform presentations are limited to 20 minutes, including 5 minutes for questions. More detailed information regarding ESRC presentation preparations and requirements will be distributed during the residency training year.

Presenters from the MWH residency program are expected to make polished presentations. To assist the presenters in preparing, practice sessions are held prior to the conference. Practice sessions will be conducted to provide the resident with opportunities for structured practice and objective feedback regarding presentation content, format, and speaking style. Practice sessions will be conducted at least once for each resident, or more frequently as needed. In preparation for the ESRC, standardized slide templates and appropriate institutional logos and titles will be utilized. The slide templates will be provided to residents in a timely manner for preparation of all presentations. Due to yearly changes in program format and presentation requirements, residents will be provided with updated materials in late December or early January detailing specific dates, locations, submission deadlines, and presentation materials required for the ESRC.

This specific information and other information regarding the annual Eastern States Residency Conference can be found at: www.easternstates.org

PHARMACY CONTINUING EDUCATION

The Continuing Education (CE) Seminar series provides a forum for the presentation of continuing education to staff pharmacists. The topic scope may include clinical topics, management issues, socioeconomic health care issues, or any topics deemed appropriate to health-system pharmacy practices.

Residents are each required to present one seminar each residency year. Staff members are invited to attend and to participate as presenters. Pharmacy staff scheduled to work on the day of the seminar will be invited to attend.

In keeping with ACPE accreditation standards, residents should make presentations of 45 minutes in duration, based upon topic selection, followed by a 10-minute question and answer period in which the speaker should guide and conduct discussions. This should be equivalent to a one-hour CE program.

Residents shall select topics approved by the Residency Advisory Committee or submit an alternate topic for approval. Topics should represent new research for the resident and should not be a repeat of a previous talk.

Although the presentations by the residents are aimed at providing them with an opportunity to conceptualize, effectively develop, and formally communicate practice issues, the discussion and application to practice is intended for the professional staff of the Department of Pharmacy Services. Attendance and participation by all professionals and students is encouraged.

Residents will have their presentations critiqued by everyone in attendance, including the Residency Program Director, and a preceptor. A CE session critique will follow the presentation.

Audio-visual aids should be of professional quality and presented in a formal manner.

Presenting residents should wear formal "business" attire.

Each presenting resident will identify a preceptor as an advisor in the preparation of the CE presentation. This preceptor will mentor the resident, evaluate the final presentation and may offer suggestions/comments for improvement.

Residents must develop an outline and objectives for the presentation AT LEAST 60 days prior to date of presentation. The objectives page includes title, your name, mentor name, dates of presentation, and objectives. The objectives and a copy of your curriculum vitae are given to the preceptor.

Residents will present their CE for MWH associates, as well as at VSHP's Spring Conference.

Please also refer to the Learning Experience Description: Continuing Education Seminar.

PATIENT CASE PRESENTATIONS AND JOURNAL CLUB PRESENTATIONS

Goals/Objectives:

1. To provide an opportunity for the resident to do a verbal presentation to peers, faculty and students to help develop the resident's communication skills.
2. To further develop the resident's teaching skills.
3. To expand the resident's knowledge base and disease state management skills.

Description:

Each resident is required to do three patient case presentations and three journal club presentations. More may be required at the RPD or preceptor discretion. Presentation topics and journal articles must be provided to the Residency Program Director one week prior to the scheduled presentation date. If an article is not provided one week in advance, the program director or their designee will choose an article to present.

The resident will have 30 minutes for the presentation and questions. Resident presentations should include relevant patient demographics and medical history focusing predominately on drug therapy. The resident leading the discussion will share his/her knowledge, acquired through a literature search or observation, with the group. Journal club articles should be introduced, critically evaluated, summarized and interpreted for clinical practice. The resident is encouraged to make the presentation interactive by integrating questions for the audience into your discussions. Please allow a maximum of 5 to 10 minutes for questions.

Residency preceptors and pharmacists are expected to attend presentations when time permits. This provides a forum for not only the residents but also other pharmacists to keep current on research and therapeutics. Input and direction by clinical staff is essential to the success of the discussion and learning experience.

Written and verbal evaluations by the resident's preceptor should be conducted immediately after the presentation.

Please also refer to the Learning Experience Description: Patient Case Presentations and the Learning Experience Description: Journal Club Presentations.

Schedules - An Overview

The rotation schedule is maintained in PharmAcademic™. Individual rotations will be scheduled by the Residency Program Director. The resident and preceptors are responsible for discussing these at the beginning of each rotation.

Schedules for residents' weekend and holiday staffing assignments are determined and discussed at the beginning of the residency year.

MISCELLANEOUS

A. Licensure in Virginia

Each resident must be licensed to practice pharmacy in the Commonwealth of Virginia within 90 days from the start date of the residency program. Failure to be licensed to practice pharmacy in the Commonwealth of Virginia within 90 days from the start date of the residency program will result in immediate termination.

B. Virginia Society of Health-System Pharmacists and American Society of Health-System Pharmacists

Residents are provided membership in the American Society of Health-System Pharmacists and the Virginia Society of Health-System Pharmacists.

C. Address and Telephone Number

Each resident is responsible for maintaining a correct local address and telephone number on file at all times with the Director of Pharmacy, the Main Inpatient dispensing area of the Department of Pharmacy, and the Residency Program Director.

D. Long Distance Telephone Calls

Long distance telephone calls related to patient care or other departmental business may be made at department expense. Personal long-distance calls should be billed to the resident's own personal telephone service. It is imperative that employees follow this policy. Collect calls (personal or business) are not to be accepted in the department unless approved by policy or by a preceptor.

E. Placement Service

Residents planning to enroll in the ASHP Personnel Placement Service and to participate in employment-seeking interviews at the ASHP Midyear Clinical Meeting should enroll in advance of the meeting. Participation is at each resident’s expense.

F. Residency Showcase

All residents in attendance at the ASHP Midyear Clinical Meeting are required to staff the residency program’s Residency Showcase display booth. Staffing assignments will be made prior to the meeting and any changes must be approved by the Residency Program Director.

G. Travel and Reimbursement

If reimbursement for travel required by the residency program is requested, it must be supported by receipts, and submitted in a timely manner. The amount of reimbursement may not exceed the amount of payment requested. Please refer to Appendix I.

H. Confidential Information

By its nature as a comprehensive experience in actual practice, the resident is involved in numerous situations in which she/he is often present when sensitive management issues are discussed, confidences

are exchanged, or personal patient information is shared. Such information is entrusted to the resident in confidence and is to be utilized only in a prudent, professional manner. The HIPAA and confidentiality policies apply to all situations.

I. Mail

Mail slots are provided for the individual residents in each residency site's main pharmacy.

J. Typing:

Each resident is responsible for performing their own typing, document formatting, and other similar duties.

K. ACLS:

It is the goal of the program that each resident is ACLS certified before the program is completed. ACLS training is provided by the residency program.

L. Missed Rotation Time:

Requests for time off must be made by utilizing the MWH Pharmacy Residency Program Time-Off Request form (Appendix J). Requests must be submitted no later than two weeks prior to the beginning of the rotation affected. For successful completion of a rotation, a resident may miss no more than three days from any given rotation for any reason. In the extreme circumstance that more than three days is missed, an explicit plan outlining a way to make up the time must created and agreed upon by the resident, preceptor, and residency program director. This plan may involve lengthening the rotation, addition of additional project(s), or other arrangements as deemed satisfactory by the preceptor and residency program director.

ASHP STANDARD 2:
PROGRAM REQUIREMENTS AND POLICIES

OVERVIEW

The ASHP Accreditation Standard for Postgraduate Residency Programs (The Standard) requires under Standard 2: Program Requirements and Policies certain requirements. This portion of the Mary Washington Hospital PGY1 Pharmacy Residency Guidelines document outlines the most recently updated versions of requirements and policies listed under section 2 of The Standard. Please refer to The Standard for full guidance.

2.1 Minimum term of appointment

The minimum term of resident appointment is 52 weeks.

The resident's contract will begin mid-June of the program year. The anticipated completion, contingent on the completion of the goals and objectives of the residency program and the recommendation of the RAC, will be 52 weeks from the start date of the resident's contract.

2.2 Time away from the program

Time away from the program does not exceed a combined total of 37 days per 52-week training period, without requiring an extension of the program. Training is extended to make up any absences that exceed the allotted time and extension beyond the allotted time is equivalent in competencies and time missed.

Per the Standard, time away from the program is defined as the total number of days taken for vacation, sick, interview, personal days, holidays, religious time, jury duty, bereavement leave, military leave, parental leave, leaves of absence, and extended leave.

Extensions may be granted up to a maximum of 12 weeks for residents who have exceeded 37 days away from the program due to religious time, jury duty, bereavement leave, military leave, parental leave, leaves of absence, and extended leave. Residents will not be permitted to maintain their same salary and benefits during the extended period. Residents who have exceeded the maximum time away from the program must complete an appropriate extension in order to receive a certificate of completion of the residency program.

2.3 Duty-hour policy

Appendix A outlines ASHP duty-hour requirements, as well as this link: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and

utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

Residents will not be required to take on-call as part of their residency program appointment.

Duty hours exclude reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

Minimum Hours of Work per Week
Each resident is expected to be present a minimum of 40 hours per week, according to the schedule established by each preceptor (or program director in non-rotation periods). During orientation, hours are established by the supervisory personnel responsible for each orienting resident.

Maximum Hours of Work per Week
Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all internal and external moonlighting.

Moonlighting
Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

External moonlighting by Mary Washington Hospital PGY1 pharmacy residents will not be permitted during their residency contracts.

Internal moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director and pharmacy director whether to permit or to withdraw moonlighting privileges.

Time spent by residents on moonlighting must be counted towards the 80-hour maximum weekly hour limit averaged over a four-week period.

Mandatory Time Free of Duty
Residents must be scheduled for a minimum of one day free of duty every 7 days (when averaged over four weeks).

Maximum Duty Period Length
Duty periods of residents must not exceed 16 hours in duration.

Minimum Time Off between Scheduled Duty Periods
Residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.

It is the resident's responsibility to notify the Residency Program Director (RPD) if he/she is in danger of violating the resident duty hours. Residents will document compliance with all duty requirements on a regular basis both within PharmAcademic™ and by signing a monthly attestation document (Appendix B). For first and second instances of non-compliance, the resident should notify the RPD immediately, and actions will be taken to avoid future instances of non-compliance. A third instance of non-compliance will result in termination.

As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the

healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

2.4 Licensure policy

Each resident must be licensed to practice pharmacy in the Commonwealth of Virginia within 90 days from the start date of their residency program contract. Failure to be licensed to practice pharmacy in the Commonwealth of Virginia within 90 days from the start date of the residency program will result in immediate termination.

Please also see Mary Washington Healthcare's Licensure/Certification/Registration Verification Policy (Appendix C).

2.5 Requirements for successful completion of the program

Residents are required complete the following to successfully complete their residency contract:

12) Meet all requirements outlined and follow all policies in this document
13) Complete a minimum of 384 hours (48 shifts) of clinical staffing, consisting of:
    a. 30 weekend day shifts
    b. 3 major holidays (as recognized by Mary Washington Hospital)
    c. 15 additional weekday, weekend, or holiday shifts
    d. A minimum of 40 shifts of clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.
14) Major research or service project
15) Manuscript of project, which must be eligible for journal publishing
16) Research poster presentation at ASHP Midyear Meeting
17) Formal presentation at one of the following: Virginia Society of Health-System Pharmacists Spring or Fall Conference, or Eastern States Residency Conference
18) 1-hour live continuing education seminar
19) Medication use evaluation
20) Minimum of three journal clubs and three case presentations
21) Drug class review or monograph
22) Successfully obtain "Achieved for Residency" for 80% of taught and evaluated ASHP
    a. Must obtain "Achieved for Residency" for all objectives in R.1.1 (R.1.1.1 through R.1.1.6)
    b. Must not have any objectives marked as "Needs Improvement" at the end of the residency year

2.6 Residency-specific remediation/disciplinary policy

The following explains the procedures for either placing a resident on a probationary status or dismissing a resident from the program.

A pharmacy resident may be placed on probation or dismissed from the program should there be evidence of their inability to function effectively, resulting in placing patients at risk, or upon evidence of unethical or unprofessional behavior. Examples that would require action, include, but are not limited to:

1. Behavioral misconduct or unethical behavior that may occur on or off MWH premises.

2. Unsatisfactory attendance.
3. "Needs Improvement" marked for 50% or more of objectives assessed on a learning experience.
4. Theft of property.
5. Mental impairment caused by mental disorder or substance abuse.
6. Failure to become a licensed Pharmacist in the state of Virginia within 90 days of the start of their residency start date.

If a resident displays evidence of unsatisfactory performance or exhibits unethical or unprofessional conduct, the preceptor(s) is responsible for:

1. Documenting unsatisfactory performance in writing and reviewing the reasons for such an evaluation during the learning experience and upon completion of the experience.
2. Document in writing unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
3. Document in writing any actions the resident may have taken to place a patient's health at risk or cause endangerment to any patient or personnel.

Procedures for Probation or Dismissal:

1. The preceptor will provide the RPD with a written evaluation documenting any unsatisfactory performance, unprofessional, negligent or unethical behavior, or unapproved absences of more than 2 days. The resident will be counseled by the RPD and receive assistance on how to improve following a first report of this nature.
2. Upon receipt of a second report of unsatisfactory performance, unprofessional, negligent or unethical behavior, or unapproved absences of more than 2 days, the RPD will gather designated personnel for an Advisory Board meeting to determine appropriate action. Action may be placing the resident on probation for 4 weeks or additional counseling. The resident will not be paid during the probation period. The Director of Pharmacy must approve these actions.
3. Upon receipt of a third report of unsatisfactory performance, unprofessional, negligent or unethical behavior, or unapproved absences of more than 2 days, the RPD will gather designated personnel for an Advisory Board meeting to discuss appropriate actions. Actions will be either dismissal or additional probation. The Director of Pharmacy must approve these actions.
4. Actions the Advisory Board deems necessary will be communicated to the Resident in writing and verbally within 24 working hours.

WITHDRAWAL FROM THE RESIDENCY PROGRAM

It is the intent of the program to provide a good learning environment for all residents, taking into consideration individual needs and personalities. The Director of Pharmacy, RPD, and preceptors will make all attempts to resolve problems should any arise during the year. If, however, a resident makes the decision to withdraw from the program, there must be a minimum of a 4-week notice of resignation given to the RPD.

2.7 PGY2 programs procedure for verifying completion of PGY1

Not applicable.

2.8 Policies provided to applicants upon invitation to interview

2.8.a. Leave policies
Leave of Absence, Bereavement Leave, and Family and Medical Leave Policies: Please refer to Appendix D for the most recent copy of Mary Washington Healthcare's Leave of Absence Policy, appendix E for the most recent copy of Mary Washington Healthcare's Bereavement Leave Policy, and appendix F for the most recent copy of Mary Washington Healthcare's Family and Medical Leave Policy. Please also see 2.2 above.

2.8.b Duty-hour policy
Please see 2.3 above.

2.8.c Licensure policy
Please see 2.4 above.

2.8.d Requirements for successful completion of the program
Please see 2.5 above.

2.8.e Residency-specific remediation/disciplinary policy
Please see 2.6 above.

2.8.f Program start date and term of appointment
Please see 2.1 above

2.8.g Stipend and benefit information
Each residency 52-week stipend may vary and is set by Human Resources. The stipend for the 2025-2026 residency 52-week contract is-$58,656. Please see our Benefits Summary (Appendix G) and our Benefits Document (Appendix H).

2.8.h Financial support for required professional meeting attendance.

All financial support must also meet the requirements outlined in the Mary Washington Healthcare Travel & Expense Reimbursement policy (Appendix I).

Financial support for required professional meeting attendance for each resident includes:

- Membership fee
- Meeting registration fee
- Reasonable reimbursement for flight tickets to ASHP Midyear
- Mileage to/from the airport for ASHP Midyear per IRS mileage rates
- Economy parking at the airport for ASHP Midyear
- Mileage to/from local required meetings per IRS mileage rates
- Lodging reimbursement based on GSA lodging rates
- Meal vouchers based on GSAM&IE rates

ASHP STANDARD 3:
STRUCTURE, DESIGN, AND CONDUCT

OVERVIEW

The ASHP Accreditation Standard for Postgraduate Residency Programs (The Standard) requires under Standard 3: Structure, Design, and Conduct certain requirements. This portion of the Mary Washington Hospital PGY1 Pharmacy Residency Guidelines document outlines the most recently updated versions of requirements and policies listed under section 3 of The Standard. Please refer to The Standard for full guidance.

3.1 Program Structure and Design

Learning Experience	Required or Elective	Duration
Orientation I	Required	5 weeks
Orientation II	Required	5 weeks
Pharmacy Clinical Staffing	Required	Longitudinal (52 weeks) and 3 weeks
Medication Use Evaluation	Required	Longitudinal (30 weeks)
Research Project	Required	Longitudinal (48 weeks)
Continuing Education	Required	Longitudinal (40 weeks)
Teaching and Learning Certificate	Elective	Longitudinal (52 weeks) including a 5-week Teaching Rotation
Journal Club Presentations	Required	Longitudinal (50 weeks)
Patient Case Presentations	Required	Longitudinal (50 weeks)
Pharmacy and Healthcare Administration and Medication Safety	Required	Longitudinal (52 weeks)
Internal Medicine I	Required	5 weeks
Internal Medicine II	Elective	5 weeks
Infectious Disease and Antimicrobial Stewardship	Required	5 weeks
Ambulatory Care Pharmacy Services	Elective	5 weeks
Psychiatry and Behavioral Health	Elective	5 weeks
Emergency Medicine	Elective	5 weeks
Medical Intensive Care	Selective Required	5 weeks
Surgical Intensive Care	Selective Required	5 weeks
Repeat of any one of the 5 week learning experiences (excluding orientation)	Elective	5 weeks

For the Orientation Learning Experience, residents will be oriented to:

- Residency manual
- Residency's purpose as stated in the Standard
- The Standard
- Competency areas, goals, and objectives (CAGOs)
- Descriptions of all learning experiences
- Strategies and resources for maintaining well-being and resilience

For Selective Required Learning Experiences, residents must choose at least one of the following:

- Medical Intensive Care
- Surgical Intensive Care

The Pharmacy Clinical Staffing learning experience is comprised of staffing a total of 48 shifts:

- Every third weekend, 8-hour day shifts on Saturday and Sunday, 30 weekend day shifts in total as assigned
- Three of the six major holidays recognized by Mary Washington Hospital, 8-hour day shifts
- 8-hour day shifts Monday through Friday for a three-week period
- A minimum of 40 shifts of clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.

The requirement for successful completion of the program is to complete a minimum of 384 hours (48 shifts) of clinical staffing, consisting of:

- 30 weekend day shifts
- 3 major holidays (as recognized by Mary Washington Hospital)
- 15 additional weekday, weekend, or holiday shifts
- A minimum of 40 shifts of clinical staffing must be performed both as a licensed pharmacist and as the primary pharmacist assigned that staffing role, requiring minimum assistance from other pharmacists on duty. Additional clinical staffing shifts will be assigned as needed to fulfill this requirement.

Please see the Learning Experience Description of Pharmacy Clinical Staffing for more information.

For all learning experiences, start and end dates will be indicated in PharmAcademic™. Longitudinal learning experience durations (i.e. 7 months, 12 months) are estimates and may change, however any changes to durations must first be discussed and approved by the resident and the RPD and documented in the resident's developmental plan. Preceptor(s) will ensure the resident has access to all learning experience descriptions, which will also be available in PharmAcademic™.

Competency areas, goals, and objectives (CAGOs) that are required will be assigned to at least one required learning experience.
Residents will gain experience and independent practice with a variety of disease states and conditions and a diverse range of medication treatments and health-related needs, as well as experience in recurring follow-up of patients assigned. Residents will spend two thirds or more of the program in patient care activities, and no more than one third of direct patient care learning experiences on a specific disease state or population.

3.2 Learning Experiences

All learning experiences are documented in PharmAcademic™ and include:

- A general description, including the practice area
- The role of the pharmacists in the practice area
- Expectations of the residents
- Resident progression
- Objectives assigned to the learning experience
- Or each objective, a list of learning activities that facilitate its achievement

3.3 Development Plan

Each resident documents a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan.

Development plans include three required components:

- Resident documented self-reflection and self-evaluation: The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience. The self-evaluation component includes self-evaluation on the resident's skill level related to the program's competency areas.
- RPD documented assessment of the resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes.
- RPD documented planned changes to the resident's residency program for the upcoming quarter.

The RPD or designee develops, discusses, and documents with each resident an initial development plan, within 30 days from the start of the residency. The RPD or designee finalizes the resident's initial development plan and shares with preceptors in PharmAcademic™ within 30 days from the start of the residency. An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ every 90 days from the start of the residency. The RPD or designee documents updates to the resident's progress towards meeting all other program completion requirements at the same time the development plan update is documented.

Program start date for 2025-2026: June 16, 2025
30 days from start date: July 16, 2025
First 90 days: September September 15 2025
Second 90 days: December December 15, 2025
Third 90 days: March 14, 2025
Fourth 90 days: June 19th 2026

3.4 Evaluation of the Resident

The resident will receive regular ongoing verbal feedback regarding the resident's thought processes, therapeutic plans, and follow-up. The resident will have formative self and preceptor evaluations at regularly scheduled intervals and summative self and preceptor evaluations of all goals assigned at the end of each learning experience. The evaluations will be documented in PharmAcademic™ within 7 days after completion of the learning experience. Feedback will be documented for residents not progressing as expected. Preceptor(s) will make appropriate adjustments to learning activities based on the resident's progression.

Learning Experience	Required or Elective	Duration	Evaluations
Pharmacy Clinical Staffing	Required	Longitudinal (52 weeks) and 3 weeks	Every 91 days, and at the end; half-way through the 3 weeks and at the end of the 3 weeks
Medication Use Evaluation	Required	Longitudinal (30 weeks)	Every 10 weeks and the end
Research Project	Required	Longitudinal (48 weeks)	Every 12 weeks and the end
Continuing Education	Required	Longitudinal (40 weeks)	Every 10 weeks and the end
Teaching and Learning Certificate	Elective	Longitudinal (52 weeks)	Every 91 days and the end

Preceptors will choose the appropriate rating to indicate resident progress and provide narrative commentary for any goal for which progress is marked as “needs improvement” or “achieved.”

NI or Needs Improvement

- Resident’s skill level for the goal does not meet the criteria for achieved or satisfactory progress.
- Resident is unable to complete assignments on time and/or requires significant preceptor oversight
- Resident’s aptitude or clinical abilities were deficient to a level of potentially causing patient harm
- Unprofessional behavior was noted

SP or Satisfactory progress

- Resident has progressed at a rate that will result in full mastery by the end of the residency program
- Resident can perform with some assistance from the preceptor
- Improvement is evident throughout the experience

ACH or Achieved

- Resident has fully mastered the goal or skill or
- Resident has performed the skill consistently with little or no assistance from the preceptor

Achieved for Residency or ACHR
The RPD will assess all goals and objectives quarterly in PharmAcademic™. When sufficient evidence is presented in the form of feedback from preceptors (summative evaluations, formative) and deliverables (documents uploaded) to indicate that a resident has achieved a residency goal, it will be marked as such in PharmAcademic™.

3.5 Evaluation of the Preceptor and Learning Experience

The resident will complete preceptor(s) and learning experience evaluations at the end of the experience. The evaluations will be documented in PharmAcademic™ within 7 days after completion of the learning experience. For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations.

Learning Experience	Required or Elective	Duration	Evaluations
Pharmacy Clinical Staffing	Required	Longitudinal (52 weeks) and 3 weeks	Every 91 days and at the end; half-way through the 3 weeks and at the end of the 3 weeks
Medication Use Evaluation	Required	Longitudinal (30 weeks)	Every 10 weeks and the end
Research Project	Required	Longitudinal (48 weeks)	Every 12 weeks and the end
Continuing Education	Required	Longitudinal (40 weeks)	Every 10 weeks and the end
Teaching and Learning Certificate	Elective	Longitudinal (52 weeks)	Every 91 days and the end

ASHP STANDARD 4:
REQUIREMENTS OF THE RESIDENCY PROGRAM DIRECTOR AND PRECEPTORS

OVERVIEW

The ASHP Accreditation Standard for Postgraduate Residency Programs (The Standard) requires under Standard 4: Requirements of the Residency Program Director and Preceptors certain requirements. This portion of the Mary Washington Hospital PGY1 Pharmacy Residency Guidelines document outlines the most recently updated versions of requirements and policies listed under section 4 of The Standard. Please refer to The Standard for full guidance.

4.1 Residency program requirements

The residency program must have a single residency program director (RPD). The RPD may delegate, with oversight, administrative duties/activities for the conduct of the residency program to one or more individuals.

The program must have a sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard.

When interim leadership for a residency program is required due to vacancy or leave of absence of the RPD, the Director of Pharmacy will appoint themselves or a pharmacist to serve as the Interim RPD. It neither the RPD or Director of Pharmacy are available, the Pharmacy Clinical Manager will appoint a pharmacist to serve as the Interim RPD. Please refer to The Standard for full guidance.

4.2 Residency program director (RPD) eligibility

The residency program director (RPD) must be a licensed pharmacists from the practice site who:

- has completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience; or
- has completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience; or
- has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

4.3 Residency program director (RPD) qualifications

The residency program director (RPD) must serve as a role model for pharmacy practice and professionalism as evidenced by:

- Contribution to pharmacy practice.
- Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.
- Ongoing professional engagement.
- Modeling and creating an environment that promotes outstanding professionalism.

4.4 Residency program oversight

The residency program establishes a Residency Advisory Committee (RAC) to guide all elements of the residency program. The RAC meets at least quarterly, and discussions and decisions are documented.

The RAC engages in an ongoing process of assessment of the residency program, including an annual formal evaluation that consists of:

- Assessment of methods for recruitment.
- End-of-the year input from residents who complete the program.
- Input from resident evaluations of preceptors and learning experiences.
- Input from preceptors related to continuous improvement.
- Documentation of program improvement opportunities and plans for changes to the program.

Improvements identified through the assessment process must be implemented.

Criteria for preceptor appointment and reappointment are documented, and include:

- Licensed pharmacists in the state of Virginia
- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
- Or if any of the above criteria are not met, criteria will be met by two years from the time of appointment or reappointment

Preceptor compliance with reappointment criteria is reviewed at least every 4 years. Preceptor appointment and reappointment decisions are documented. A preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills.

4.5 Pharmacist preceptors' eligibility

The residency pharmacist preceptors must be licensed pharmacists in the state of Virginia and:

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
- Or if any of the above criteria are not met, criteria will be met by two years from the time of appointment or reappointment

4.6 Pharmacist preceptors' qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

- Content knowledge/expertise in the area(s) of pharmacy practice precepted.
    - As demonstrated by at least one of the following:
        - Active BPS Certification(s)

        - Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
        - Completion of Pharmacy Leadership Academy (DPLA).
        - Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
        - For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
        - Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
        - Privileging granted by preceptor's current organization that meets the following criteria:
            - Includes peer review as part of the renewal process.
            - Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a.
            - If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
        - Subject matter expertise as demonstrated by at least one of the following:
            - Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted.
            - Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted.
            - PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted.
            - At least 5 years of practice experience in the area precepted.
- Contribution to pharmacy practice in the area precepted.
    - Examples must be from the last four years of practice, occurred after preceptor obtained pharmacist licensure and after completion of residency training, if applicable.
    - Preceptors must have an example as demonstrated by at least one of the following:
        - Contribution to the development of clinical or operational policies/guidelines/protocols.
        - Contribution to the creation/implementation of a new clinical or operational service.
        - Contribution to an existing service improvement.
        - Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – do not include membership on the Residency Advisory Committee (RAC) or other residency-related committees.
        - In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different in-services/presentations given in the past 4 years, OR a single in-service/presentation given at least annually within the past 4 years.
- Role modeling ongoing professional development
    - Examples are from the last four years of practice with the exception of formal recognition of professional excellence over a career, which is considered a lifetime achievement award. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at the state/regional level.

- Examples are from the last four years of practice and occurred after pharmacist licensure was obtained and, if applicable, residency training completed. Completion of a teaching certificate program is the only exception, as it could be obtained during residency training.
- As demonstrated by at least 3 types of ongoing professional engagement
    - Types of professional engagement include:
        - Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at state or regional level).
        - Primary preceptor for pharmacy APPE/IPPE students (does not include precepting residents).
        - Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site).
        - Service (beyond membership) in national, state, and/or local professional associations.
        - Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable).
        - Completion of a teaching certificate program.
        - Providing preceptor development to other preceptors at the site.
        - Evaluator at state/regional residency conferences; poster evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations.
        - Publications in peer-reviewed journals or chapters in textbooks.
        - Formal reviewer of submitted grants or manuscripts.
        - Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s).
        - Community service related to professional practice (e.g., free clinic, medical mission trip).
        - Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).
        - Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.

Preceptors who do not meet criteria have a documented individualized preceptor development plan to achieve qualifications within two years.

4.7 Pharmacist preceptors' responsibilities

Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors. Preceptors actively participate and guide learning when precepting residents. Preceptors may be part-time and/or at a remote location but must be actively engaged. If more than one preceptor is involved in a learning experience, one preceptor is designated as the primary preceptor, maintains continuity of the learning experience, and is accountable for global oversight of the resident's progression over the course of the learning experience. Methods for communication among preceptors and providing coordinated feedback to the resident

are utilized. Preceptors engaged in the training of residents during a learning experience (i.e., team-precepted experiences) should be designated as preceptors for the experience (may not be applicable for orientation or staffing learning experiences).

4.8 Non-pharmacist preceptors

Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

- Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
- Readiness for independent practice is documented in the resident's development plan.
- The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
- The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
- At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.