The UVA Health Medical Center offers an American Society of Health-System Pharmacists (ASHP) accredited PGY2 Pediatric Pharmacy Residency program.

Residency Purpose Statement

PGY2 pediatric pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in pediatrics. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the pediatrics.

Program Overview

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### Residency Program

<table>
<thead>
<tr>
<th>Type/Duration:</th>
<th>12 month/full-time residency</th>
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<tbody>
<tr>
<td>No. of Positions:</td>
<td>1</td>
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<tr>
<td>Application Deadline:</td>
<td>12/23/2020</td>
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<tr>
<td>Starting Date:</td>
<td>July 1&lt;sup&gt;st&lt;/sup&gt;</td>
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<tr>
<td>Estimated Stipend:</td>
<td>$56,425</td>
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<tr>
<td>Interview required:</td>
<td>Yes</td>
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Fringe Benefits: Medical, dental, and vision insurance, 15 vacation days, 14 sick days, professional leave days. Base stipends were increased in 2018 to support travel to professional meetings. As a result, residents are responsible for paying travel-related expenses through the funds added to the stipend.

**Special Requirements for Acceptance:**

**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 1<sup>st</sup>
- Be enrolled in or a graduate of an ASHP-accredited or ASHP candidate status PGY1 residency program

Applicants must upload to PhORCAS by the specified deadline the following†:
- Curriculum vitae that includes:
  - Completed and anticipated residency and advanced pharmacy practice rotations
  - 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 PGY2 residency at UVA and your goals
- Official college of pharmacy transcript (minimum GPA to be considered is 3.0)
- THREE references from the following:
  1. PGY1 residency program director
  2. Preceptor from a residency preceptor in practice area of PGY2 application (i.e., critical care preceptor for critical care residency)
  3. Pharmacy provider of your choice

ALL 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
**Training Site**

Type: Hospital  
Owner/Affiliate: State  
Model Type: Teaching  
Tax Status: Non-Profit  
Number of Professional Staff: 200  
Number of Non-Professional Staff: 180  
Total Beds: 600 (117 pediatric beds)  
Average Daily Census: 550

**Program Features**

The University of Virginia (UVA) Health System PGY2 Pediatric Pharmacy Residency program is a 12-month residency providing concentrated training in pediatric clinical pharmacy practice. The program is designed to prepare the resident to serve as an integral part of interprofessional teams caring for pediatric patients, incorporating evidence-based care in decisions made by the team and providing leadership in medication-related issues. Residents of the program will have the opportunity to provide care in a wide variety of settings, including pediatric and neonatal intensive care, as well as subspecialties such as pediatric cardiology, hematology/oncology, nephrology, endocrinology, solid organ transplant, and emergency care. Residents completing the program will be prepared to manage pediatric pharmacy operations, including supervision of staff and optimization of technology to aid in medication preparation and administration. In addition, they will possess the skills to deliver effective training to health care professionals, conduct research, and lead quality improvement initiatives.

**Orientation**

The 2020-21 residency year will begin on July 1, 2021 and end on June 30, 2022. The PGY2 pediatric resident will complete institutional and departmental orientation learning experience during the first few weeks of the residency. Residency goals and objectives, policies and procedures, and resident responsibilities will be presented. Training will be provided for Epic, the institution’s electronic medical record. Pediatric residents will be trained to work in both the Pediatric Pharmacy and the Sterile Products areas so that he/she is able to staff any of the pediatric operations shifts, as part of the service requirement. Training will include order verification in Epic, including verification of chemotherapy and parenteral nutrition. Residents will meet with the preceptor of the longitudinal Solid Organ Transplantation rotation to review the management of these patients, including pre-transplant assessments. Those residents who did not complete their PGY1 training at UVA will also undergo competency evaluations in the cardiac arrest and sepsis alert programs, aseptic technique, and the use of the department’s computer applications programs for sterile product preparation. Additional pharmacy residency policies can be referenced on the UVA pharmacy website at: https://www.medicalcenter.virginia.edu/pharmacy/residency_info/residency-policy-manual-1.
Rotations generally begin on the last Monday in July and are each five weeks in duration. Residents will work with the Program Director to create a residency plan that meets the program requirements as well as their own residency goals. At least three required rotations must be completed in the first half of the year. All required rotations must be completed by the end of the residency year.

Required Rotations
- General Pediatrics
- Neonatal Critical Care (NICU)
- Pediatric Critical Care (PICU)
- Ambulatory Care Pediatrics
- Pediatric Hematology/Oncology

Elective Rotations
- Pediatric Cardiology
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pharmacy Operations and Administration
- Pediatric Pulmonology
- Advanced Neonatal Critical Care
- Advanced Pediatric Critical Care

Mini-rotations
Between the third and fourth rotation blocks (November and December), residents will have a mixture of research days and mini-rotations. The mini-rotations are abbreviated experiences held over a period of 13-16 days. The resident may select up to three mini-rotations for that period. These abbreviated experiences provide residents with an opportunity for a concentrated experience in a practice area they have not chosen or one not available as a full rotation. Additional clinical practice areas include:
- Adolescent Health
- Developmental and Behavioral Pediatrics
- Pediatric Infectious Diseases/Antimicrobial Stewardship
- Toxicology
- Women’s Health
- Pediatric Sedation Service
Longitudinal Learning Experiences

In addition to clinical rotations, residents will have the following longitudinal experiences:

- **Pediatric Pharmacy Practice Management**
  - This longitudinal experience incorporates aspects of professional development and preparation for a career in pediatric clinical pharmacy practice. Residents are required to serve on at least one committee within the University of Virginia Children’s Hospital and prepare (or significantly update) a medication guideline. In addition, residents will participate in the Residency Core Curriculum with residents of other programs to further their understanding of practice-related issues.
  - Residents are also expected to attend Pediatric Resident Noon Conference, Pediatric Grand Rounds, Pharmacy Grand Rounds, and the pediatric clinical pharmacy team’s monthly conference and journal club when clinical responsibilities permit.

- **Pediatric Solid Organ Transplant**
  - Residents will provide care throughout the year for patients admitted for pediatric heart, kidney, or liver transplants, in conjunction with the clinical staff and the PGY2 Solid Organ Transplant resident.
  - In addition to patients admitted for transplantation, residents will gain experience in completing pre-transplant pharmacy assessments and medication education for patients and families during admission and clinic visits.

- **Presentations**
  - Residents are required to provide a platform presentation on the results of their residency research project at a national meeting of a professional organization, such as the annual meeting of the Pediatric Pharmacy Advocacy Group (PPA), and/or the University of Virginia Children’s Hospital Research Symposium.
  - Required presentations include: a seminar, a Pediatric Resident Noon Conference, and a presentation to the public (such as a patient/family support group) related to the safe and effective use of medications in infants, children, and adolescents. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists. Residents may also be asked to give a presentation for the pediatric clinical pharmacy team monthly educational conference or presentation to their medical teams during rotations.
  - residents will assist with precepting pharmacy students and PGY1 residents.

- **Service**
  - Experience in the distributive and clinical functions of the Pediatric Pharmacy provides necessary training for the resident and is a requirement of the ASHP residency accreditation standard.
  - residents will provide service in distributive/clinical areas for a total of 416 hours over the duration of the year. Service requirements will be: two 8 hour shifts every fourth weekend, one 4-day block associated with one major holiday (Thanksgiving and the day after, Christmas Eve and Christmas Day, or New Year’s Eve and New Year’s Day and the associated weekend), one 4-day block on the night shift, and 4 hour evening shifts no more than once weekly.
• Research and Quality Improvement Projects
  o Completion of a research project is a requirement of the residency. In addition to submitting an abstract for presentation as described above, a written manuscript suitable for publication must be submitted to the program director prior to completion of the residency.
  o Each resident will also complete a quality improvement project. Completed projects will be presented in at least one of the following venues: an applicable committee within the University of Virginia Children’s Hospital Operations and Outcomes Committee, faculty from the Department of Pediatrics involved in the project, and/or the pediatric clinical pharmacist team and leadership.
• Teaching and Learning Certificate
  o Residents who have not completed a structured teaching certificate program have the opportunity to complete the department’s program.

Professional Leave for Meeting Attendance

• Residents will attend the annual PPA meeting. Attendance at the ASHP Annual Midyear Clinical Meeting is optional. Base stipends were increased in 2018 to support travel to professional meetings. As a result, residents are responsible for paying travel-related expenses through the funds added to the stipend.

Benefits (Vacation/Interview days/Holidays)

• Trainees must be provided a minimum of 15 business days of vacation time per academic year. Vacation time does not carry forward and may not be used for terminal leave. Trainees may use vacation leave for holidays with the exception of the major holiday they are assigned to work. Trainees shall work one major holiday (Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year’s Eve and New Year’s Day) and the accompanying weekend in a distributive role during the residency year. Trainees will also work one minor holiday (Labor Day or Memorial Day).

• Trainees are provided up to 14 calendar days per academic year of paid sick leave, inclusive of time needed for mental health. Beyond this, exceptional cases will be considered on an individual basis. In this regard, up to twenty-eight calendar days of additional paid leave time may be granted in cases of unusual illness or disability. Such additional leave would be granted through the GMEO only when the Program Director, DIO, or GMEO deem it acceptable. Paid sick leave does not carry forward. Any sick leave used beyond 14 days must be made up.

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

**Certification**

- Residents are required to complete Basic Life Support (BLS) and Pediatric Advanced Life Support (PALS) training and certification. This training is offered through the Medical Center at no charge to the resident. The resident will complete this training during the orientation period. Residents respond to Pediatric code calls during the residency year.

- PGY2 Residents have the opportunity to participate in the Certificate in Public Health Sciences for Resident and Fellow Physicians. Those interested in this opportunity must indicate this interest to the Program Director and apply through the GME office in the late spring.

**Advisors**

- In addition to the Program Director, residents will have a primary preceptor for each of their required presentations and projects. Residents and the Program Director identify appropriate preceptors for these requirements based on the topic.