

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

**PGY1-Pharmacy Residency Program Overview
2016-2017**

Program Structure

The 2016-17 UVA Health System PGY1-Pharmacy Residency will begin on July 1, 2016 and end on June 30, 2017. Mandatory resident orientation will take place for 2 days during the week of June 13, 2016.

During the month of July, residents rotate through various Pharmacy Department areas and develop skills required for the provision of services provided by the department. Residents will additionally undergo competency evaluations in select areas such as the Cardiac Arrest (Code 12) program, aseptic technique, and the Pharmacy computer applications program.

Rotations begin on the last Monday in July. Rotations are 5 weeks in duration. Required rotations include: general medicine, drug information/medication use policy, critical care, acute care specialty, and practice management.

I. PGY1-Pharmacy Residency Rotations

Required Rotations

Acute Care Specialty- Rotation in one Acute Care Specialty area (see choices below)

Critical Care- Rotation in one of the Critical Care areas (see choices below)

Medication Use Policy- Rotation in the Medication Use Policy Center

General Medicine- Rotation in Ambulatory Care or Internal Medicine

Practice Management- Rotation with the Administrator/ Directors of Pharmacy Services

Acute Care Specialty

- Benign Hematology
- Emergency Department
- Hematology/Oncology
- Infectious Diseases
- Pain and Palliative Care
- Pediatrics
- Solid Organ Transplantation
- Stem Cell Transplantation

Critical Care Rotations

- Coronary Care Unit (CCU)
- Medical Intensive Care Unit (MICU)
- Neonatal Intensive Care Unit (NICU)
- Nerancy Neuro Intensive Care Unit (NNICU)
- Pediatric Intensive Care Unit (PICU)
- Surgical Trauma/Burn Unit (STICU)
- Thoracic/Cardiovascular Surgery Post-Op (TCVPO)

Other Electives

- Acute Care Operations
- Informatics
- Medication Safety

Residents will have up to three rotations (15 weeks) available for elective rotations. To maintain compliance with the accreditation standard, no more than 3 rotations can occur in a similar practice area (eg, critical care) and at least 2/3 of the year will be spent in direct patient care learning experiences. Additional rotations may be developed based on resident interest and preceptor availability. Between the third and fourth rotation blocks (November and December), residents will have a mixture of research days and mini-rotations.

Mini-rotations are abbreviated experiences (3-10 days in duration) held in November and December for a total of 13-16 days. These abbreviated experiences provide residents with exposure to areas in which 1) they do not have a scheduled rotation; 2) they would like repeat experiences beyond their scheduled rotations; or 3) they would like a varied experience beyond their scheduled rotations (ambulatory hematology/ oncology vs. inpatient hematology/ oncology). Additionally, there are select mini-rotations held with services/ departments outside of the pharmacy (ie, nutrition services, toxicology, pharmacogenomics research lab).

Research Activities

- a. Completion of a major project is a requirement of the residency. Final reports must be submitted in manuscript style and approved by the Project Advisor and Program Director.
- b. During the first half of the year, each resident will also complete a Medication Use Evaluation or Quality Improvement project. Completed projects will be submitted for poster presentation at the University HealthSystem Consortium meeting held in conjunction with the ASHP Midyear Clinical Meeting.

Presentation Requirements

- a. Residents are required to provide a platform presentation on the results of their residency research project at the regional residency conference.
- b. Each resident is responsible for presenting one seminar, one case conference, and one technician talk during the course of the residency year. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists and the tech talk is ACPE-accredited for technician CE. .

Professional Leave for Meeting Attendance

- a. Residents will attend the ASHP Annual Midyear Clinical Meeting and the regional residency conference. A flat travel stipend is provided; expenses incurred beyond the stipend are the responsibility of the resident.

Longitudinal Service

- a. Weekend distributive functions provide necessary training for the resident and are a requirement of the ASHP residency accreditation standard.
- b. Residents provide service in the distributive/ clinical areas 16 hours every other weekend. Additionally, residents will work 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.
- c. Over the course of the year, residents work in various areas in the department including IV admixtures, unit dose, and decentralized clinical coverage.

Benefits (Vacation/ Interview days/ Holidays)

- a. Each resident receives 12 days to be used for personal leave or vacation. In order to avoid conflicts with rotation training experiences, the maximum amount of time off permitted in a rotation is 5 days. Vacation may not be used for terminal leave. All residents are expected to be at work during the last week of the residency.
- b. Each resident also receives up to 5 days to be used for interviews.
- c. Residents are provided up to 14 calendar days for sick leave. If there are additional sick days, vacation days must be used. Those sick for 2 or more consecutive days must present a physician's note to the Program Director/ Coordinator. In the case of extended illness or disability, please refer to the Leave or Request for Absence Policy.
- d. Residents have 8 holidays that may be used for any of the following holidays in which the resident is not scheduled to work: Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day and the day after, New Year's Eve and New Year's Day, and Memorial Day. Trainees shall work one major holiday (Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day) and the accompanying weekend in a distributive role during the residency year.

Certification

- a. Residents are required to complete ACLS training and certification. This training is offered through the Medical Center at no charge to the resident. Pharmacy residents participate in ACLS training during the orientation period. Residents respond to Code 12 calls during the residency year.
- b. 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

- a. Each resident is matched with an advisor for the duration of the residency year. Matches are organized by the program director and are based on the career goals, specialty practice area interests, or other interests of the resident. Advisors serve as resources and mentors to the residents.
- b. Residents will also have a primary preceptor for each of their required presentations as well as their MUE and residency project. Residents and the program director identify appropriate preceptors for these requirements based on the topic.