



UVA Health:

- U.S. News and World Report's #1 Hospital in Virginia in 2016, 2017, 2018, 2019, & 2020
- Magnet recognized by the American Nurses Credentialing Center
- Satellite campus for VCU School of Pharmacy

UVA PGY1 Pharmacy Residency Program:

- Recipient of the 2015 ASHP Foundation Residency Expansion Grant (\$40,000)
- Recipient of the 2017 ASHP Foundation Residency Excellence Award
- Program Director is one of three recognized by the American Association of Colleges of Pharmacy (AACCP) as a 2019 Master Preceptor

Charlottesville:

- [Best Places to Visit in Virginia \(#2\)](#)- US News and World Report 2019
- [Top 10 Bleisure Travel Destinations \(#6\)](#) -Expedia 2018
- [10 Best Small City Road Trip Destinations](#) -Travelocity 2018
- [Best Places to Visit In October \(#5\)](#)-U.S. News & World Report
- [Top 100 places to Live \(#5\)](#) -Livability 2018
- [Best Small Cities in the U.S.](#)-National Geographic 2018
- [Happiest cities in the U.S. \(#3\)](#)-National Geographic 2017

PHARMACY RESIDENCY
EXCELLENCE
AWARDS

**University of Virginia Health Department of Pharmacy Services
PGY1-Pharmacy Residency Program Overview
2021-2022**

Program Structure

The 2021-2022 UVA Health System PGY1-Pharmacy Residency will begin in mid-June 2020. Residents must attend graduate medical education orientation held in the middle of June. The residency ends on June 30, 2022.

During the first month of the residency, 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 pharmacy emergency response (Code) program, aseptic technique, and the Pharmacy computer applications program.

Rotations begin on in the middle of July and are 5 weeks in duration. Required rotations include: acute care specialty, adult general medicine, ambulatory care, critical care, and practice management and policy.

I. PGY1-Pharmacy Residency Rotations

Required Rotations

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

Adult General Medicine- Rotation one General Medicine practice area (see choices below)

Ambulatory Care- Rotation in one of the adult Ambulatory Care clinics

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

Practice Management and Policy- Rotation with the leaders in the Department of Pharmacy and Medication Use Policy area

Acute Care Specialty

- Emergency Department
- General Pediatrics
- Hematology/Oncology
- Infectious Diseases
- Pediatric Oncology
- Solid Organ Transplantation
- Stem Cell Transplant
- Women's Health

Adult General Medicine

- Internal Medicine
- General Medicine- Cardiology
- General Medicine- Neurology

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)

Ambulatory Care

- Cardiology Clinic
- Family Medicine Clinic
- Infectious Diseases Clinic
- Internal Medicine Clinic
- Transplant Clinic

Residents will have up to 19 weeks (three 5 week and one 4 week rotations) 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 fourth and fifth rotation blocks (December), residents will have a mixture of research days and mini-rotations.

Mini-rotations are abbreviated experiences (2-5 days in duration) held in December for a total of 5 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).

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, residents will work in pairs to complete a Quality Improvement project. Completed projects will be submitted for poster presentation at the Vizient Pharmacy Council 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 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. Residency stipends were increased in 2018 to account for travel funding.

Longitudinal Service

- a. Weekend distributive functions provide necessary training for the resident. The total staffing commitment is 416 hours.
- b. Residents provide service in the distributive/ clinical areas 16 hours roughly every third weekend and one 4 hour evening shift every 10 days. 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) plus the associated weekend and one minor holiday (Memorial Day or Labor Day).
- 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, residents should not miss more than 20% of a learning experience. 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. In the case of extended illness or disability, please refer to the Leave or Request for Absence Policy.
- d. Residents have 15 days for vacation/ holidays; these days may not be used for the major/ minor holidays that the resident is scheduled to work.
- e. Any days needed beyond those those allotted above will need to be made up.

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 calls during the residency year.

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 quality improvement and residency projects. Residents and the program director identify appropriate preceptors for these requirements based upon the topic.