

University of Virginia Health Department of Pharmacy Services PGY1/PGY2 Health-System Pharmacy Administration and Leadership (HSPAL) with MSHA Pharmacy Residency Program

Program Overview

The University of Virginia Health offers an American Society of Health-System Pharmacists (ASHP) accredited PGY1/PGY2 Combined Health-System Pharmacy Administration and Leadership (HSPAL) Pharmacy Residency program with a Master's in Science in Health Administration (MSHA).

Purpose

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

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

HSPAL Program Director:

Tyler Goins, PharmD, MSHA, BCPS
Director, Pharmacy Clinical Operations

HSPAL Program Coordinator:

Clarissa Kwak, PharmD, MSHA, BCPS
Manager, Continuum Home Infusion Pharmacy

Type/Duration:	24 month/full-time residency with MSHA*
Number of Positions:	2
Application Deadline:	January 2 nd , 2024
Interview Requirement:	Yes

**PGY-1 residency year will begin mid-June in order to attend orientation with the entering medical residents through the graduate medical education (GME) department. The PGY-2 residency year begins July 1st and ends June 30th. The VCU MSHA program course requirements are distributed across 5 semesters beginning in the fall of the PGY-1 year.*

Requirements for Acceptance:

The applicant must be a highly motivated individual who desires to obtain advanced education and training leading to an enhanced level of professional practice.

- All rules and regulations of the ASHP residency matching program will be strictly followed
- Further details on the application, interviewing, and evaluation of candidates is provided in the UVA Health Department of Pharmacy Services, Pharmacy Residency Programs, Policies and Procedures and is available on the program website.

PGY-1/PGY-2 HSPAL Applicants must:

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

Applicants must upload to PhORCAS the following by the specified deadline:

- Curriculum vitae that includes:
 - Completed and anticipated advanced pharmacy practice experience 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 HSPAL residency at UVA and your goals
 - Do not exceed one (1) page
- Official college of pharmacy transcript (minimum GPA to be considered is 3.0)
 - A GPA is required for entry into the Master's program; therefore, individuals from Pass/Fail schools will not be considered
- A total of three references
 - **TWO** references should be from preceptors of two different rotations able to speak to clinical problem-solving in direct patient care experiences (not classroom)
 - **ONE** reference is required from an individual practicing in administration
 - **ALL THREE** references **MUST** comment on the following characteristics:
 - Ability to organize and manage time
 - Ability to work with peers and communicate
 - Clinical problem-solving skills
 - Independence and resourcefulness
 - Willingness to accept constructive criticism

Program Structure

PGY-1 Residency Year

The PGY-1 HSPAL residency year follows the same structure as the UVA PGY-1 Pharmacy residency program. Full details of the PGY-1 rotation options and electives are available on the PGY-1 Program webpage and the PGY1 Pharmacy Residency Program Overview document

PGY-1 Rotations

- 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, pharmacokinetic consults, and pharmacy computer applications
- Rotations begin following orientation and are 5 weeks in duration. **Required rotations include acute care specialty, adult general medicine, ambulatory care, critical care, and practice management and policy.**
- Residents will have up to 19 weeks (three 5-week rotations and one 4-week rotation) 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, pediatrics) 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 MSHA class days.

Research and Quality Improvement 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 Preceptor and Program Director.
- b. Selection of one (1) research or quality project is required.
- c. During the first half of the PGY-1 year, residents will work to submit projects for poster presentation at the Vizient Pharmacy Council meeting held in conjunction with the ASHP Midyear Clinical Meeting.
- d. During the second half of the PGY-1 year, residents will present finalized and completed project presentations at a regional residency symposium or conference (see presentation requirements below).

Presentation Requirements

- a. Each resident is required and responsible to provide:
 - a. Poster presentation at the Vizient Pharmacy Council meeting held in conjunction with the ASHP Midyear Clinical Meeting.
 - b. Platform presentation on the results of their residency research project at the regional residency conference.
 - c. One seminar during the course of the residency year. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists.

- d. Completion of two (2) journal club presentations for pharmacists, two (2) presentations/in-services to medical staff, and two (2) presentations/in-services to nursing or allied health professionals.

Professional Leave for Meeting Attendance

- a. Residents will attend the ASHP Annual Midyear Clinical Meeting and the regional residency conference. Base resident stipends were increased to support travel to professional meetings. Residents are responsible for all meeting-related travel expenses using the funds added to the annual stipends.

Longitudinal Service

- a. Weekend distributive functions provide necessary training for the residents. The total staffing commitment is 416 hours.
- b. Residents provide service in the distributive/clinical areas 16 hours every third weekend (on average) and 4 hours every other week of weekday evening coverage (on average). Residents will work one major holiday and the associated weekend (Thanksgiving and the day after, Christmas Eve and Christmas Day, or New Year's Eve and New Year's Day) and one minor holiday (Labor Day or Memorial 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 15 days to be used for personal leave, vacation, or holidays. 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 (professional leave).
- 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.

Certification

- a. Residents are required to complete BLS and 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 in-house emergency response calls during the residency year.

Teaching

- a. Residents have the option of earning a Teaching and Learning Certificate through UVA and Virginia Commonwealth University (VCU) School of Pharmacy.
- b. Residents have the opportunity to interact with pharmacy students completing their third and fourth professional years at the UVA IPPE and APPE rotation sites.
- c. All residents serve as laboratory teaching assistants and co-precept students on clinical rotations.
- d. This optional/voluntary experience is longitudinal and spans the entire 52 weeks of the residency program.

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, staffing, and major residency project (research or quality improvement). Residents and the program director identify appropriate preceptors for these requirements based upon the topic.

PGY-2 Residency Year

The PGY-2 HSPAL residency year will begin July 1st, residents will orient to the leadership team and supervisory duties prior to the start of rotations. PGY-2 HSPAL rotations begin in late-July and are 4 or 5 weeks in duration. Additional details regarding UVA Pharmacy residency policies can be found on the UVA Health pharmacy residency programs website.

PGY-2 Required Rotations

Rotation	Duration
Orientation	2 weeks
Clinical Operations I	5 weeks
Supply Chain Management	5 weeks
Pharmacy Informatics	5 weeks
Ambulatory Operations	5 weeks
Clinical Operations II	5 weeks
Clinical Operations III	4 weeks
Financial Management	5 weeks
Medication Use Policy	4 weeks
Specialty Pharmacy	4 weeks
Health System Management	4 weeks
Elective* (Appendix A)	4 weeks

*Can be a concentrated learning experience or a scheduled off-site rotation that is the responsibility of the resident organize

PGY-2 Required Longitudinal Experiences

- Supervisory/Management Area (**Appendix B**)
- Human Resource Management
- Financial Management
- Safety/Quality Oversight

Research and Quality Improvement Activities

- a. Completion of a major project is a requirement of the PGY-2 residency year. Final reports must be submitted in manuscript style and approved by the Project Preceptor and Program Director. (**Appendix C**)
- b. Selection of one (1) research or quality project is required.

- c. During the first half of the PGY-2 year, residents will work to submit projects for poster presentation at the Vizient Pharmacy Council meeting held in conjunction with the ASHP Midyear Clinical Meeting.

Presentation Requirements

- a. Each resident is required and responsible to provide:
 - a. Poster presentation at the ASHP Leaders Conference in the Fall of the PGY-2 year, presentation topic is identified with the program director and should reflect resident and departmental work.
 - b. Poster presentation at the Vizient Pharmacy Council meeting held in conjunction with the ASHP Midyear Clinical Meeting.
 - c. One seminar during the course of the residency year. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists. **(Appendix C)**

Professional Leave for Meeting Attendance

- a. Residents may attend the following conferences in the PGY-2 residency year.
 - a. ASHP Leadership Conference (October) *Required*
 - b. Vizient Pharmacy Network Meeting (December) *Required*
 - c. ASHP Midyear Clinical Meeting (December) *Required*
 - d. ASHP Summer Meeting (June) *Optional*
 - e. Local or State conferences (ex. VSHP, UNC Reps) *Optional*
- b. Base resident stipends were increased to support travel to professional meetings. Residents are responsible for all meeting-related travel expenses using the funds added to the annual stipends.

Longitudinal Service

- a. Weekend distributive functions provide necessary training for the residents. The total staffing commitment is 416 hours.
- b. PGY-2 HSPAL residents provide service as inpatient pharmacy supervisor 16 hours every third weekend (on average)
- c. Residents will work as inpatient pharmacy supervisor one major holiday and the associated weekend (Thanksgiving and the day after, Christmas Eve and Christmas Day, or New Year's Eve and New Year's Day) and one minor holiday (Fourth of July, Labor Day, or Memorial Day).
- d. PGY-2 HSPAL Residents provide additional service to meet their required 416 hours through overnight operations coverage (maximum 4 nights), inpatient supervisor backfill, evening operations coverage, and other service needs as assigned.
- e. PGY-2 HSPAL Residents participate in at-home administrator on-call every 5th week, in rotation with the pharmacy department directors.

Benefits (Vacation/Interview days/Holidays)

- a. Each resident receives 15 days to be used for personal leave, vacation, or holidays. 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 (professional leave).
- 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

Advisors

- c. Each resident is matched with an advisor in leadership for the duration of the PGY-2 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.
- d. Residents will also have a primary preceptor for each of their required presentations, staffing, and major residency project (research or quality improvement). Residents and the program director identify appropriate preceptors for these requirements based upon the topic.

Appendix A. Previous PGY-2 HSPAL Elective Rotations:

Resident	Year	Elective
John Parker	2023-2024	TBD
Carrie Kovacik	2022-2023	Advanced Supply Chain and 340b Management
Meg Klingler	2022-2023	Regulatory and Compliance
Ginae Bluitt	2021-2022	Regulatory and Compliance
Kevin Fekete	2021-2022	Advanced Supply Chain and 340b Management
Clarissa Cho	2020-2021	Regulatory and Compliance
Cameron Crowe	2020-2021	Apexus 340b operations
Tyler Goins	2019-2020	Apexus 340b operations

Appendix B. Previous PGY-2 HSPAL Supervisory Areas:

Resident	Year	Supervisory
John Parker	2023-2024	Inpatient and Ambulatory Oncology Clinical Pharmacists
Carrie Kovacik	2022-2023	Emergency Medicine, Cardiology, Internal Medicine, and Critical Care

Meg Klingler	2022-2023	Inpatient Sterile Compounding (IV Room)
Ginae Bluitt	2021-2022	Controlled Substances, Neurology, Surgery, and Perioperative Services
Kevin Fekete	2021-2022	Emergency Medicine, Cardiology, Internal Medicine, and Pharmacy Interns
Clarissa Cho	2020-2021	Ambulatory Oncology Clinic Pharmacists and Community Oncology Infusion Pharmacies
Cameron Crowe	2020-2021	Inpatient Oncology and Emily Couric Infusion Pharmacy
Tyler Goins	2019-2020	Inpatient Sterile Compounding and Children's Hospital Clinical Operations

Appendix C. Previous PGY-2 HSPAL Resident Projects/Presentations:

Resident	Year	Project	Seminar Presentation
John Parker	2023-2024	Review and Application of State permitted Pharmacist Credentials and Privileging within the Electronic Health Record	Pharmacy, Advocacy, and Policy Why Does it matter?
Carrie Kovacik	2022-2023	Establishment of a Pharmacist Career Ladder	Action required: Healthcare and climate change
Meg Klingler	2022-2023	Pharmacist Weekend Model Optimization	Where did it come from? Unpacking the Drug Supply Chain Security Act
Ginae Bluitt	2021-2022	Optimization of white bagging and alternate delivery site	Make it Make Cents: a 340B Drug Discount Program overview
Kevin Fekete	2021-2022	Evaluation of ambulatory clinical metrics	State of our Profession: How Does Pharmacy Move Forward
Clarissa Cho	2020-2021	Adoption of biosimilars in GI patients	Development of ambulatory care metrics
Cameron Crowe	2020-2021	Implementation and Assessment of Infusion Oncology Standardization Across Infusion Sites At large Academic Medical Center	Assessing and Improving Joint Commission Compliance with Titratable Medications in a Large Academic Medical Center

Tyler Goins	2019-2020	Implementation and Optimization of a Sterile Compounding Workflow Management System at an Academic Medical Center	USP 800 Best Practices and Implementation at Academic Medical Center
Robert D'Eramo	2018-2019	Technology Checking Technician: An Employee Engagement and Quality Improvement Opportunity	Assessing Safety, Compliance, and Financial Outcomes Post-implementation of Dispense Preparation and Dispense Checking Management System
Chelsea Zavilla	2017-2018	Implementation of Formulary-Restricted Medication Compliance Monitoring in an Academic Medical Center	Intravenous Medication Concentration Standardization for Patient Safety
Matthew Allsbrook	2015-2016	Proposal for an Expansion of Specialty Pharmacy Services at an Academic Medical Center	Hospital to Home to Better Health: A Roadmap for Expansion and Deployment of Specialty Pharmacy Services