

PGY1 Pharmacy Residency Program Overview

Program Structure

The 2024-2025 University of Virginia (UVA) Health System PGY1 Pharmacy Residency program will begin in mid-June 2024 and end on June 30, 2025. All Residents must start mid-June in order to attend orientation with the entering medical residents through the graduate medical education (GME) department.

Orientation starts on June 24th, 2024 and is a 4 week experience. 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 on Monday, July 22, 2024, and are 5 weeks in duration (except for orientation and the 9th elective rotation block which is 4 weeks). Longitudinal rotations including Project and Longitudinal Service will begin July 29, 2024 through June 30, 2025. 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 in one general medicine practice area (see choices below)

Ambulatory Care- Rotation in one ambulatory care clinic (see choices below)

Critical Care- Rotation in one critical care area (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 Medicine
- General Pediatrics
- Hematology Oncology
- Infectious Diseases
- Pediatric Oncology
- Solid Organ Transplantation
- Stem Cell Transplant

Adult General Medicine

- Internal Medicine
- Cardiology, Adult General Medicine
- Neurology, Adult General Medicine

Electives

- Advanced Medication Use Policy (MUP UP)
- Benign Hematology (Ambulatory Care)
- Benign Hematology (inpatient)
- Investigational Drug Services (IDS)
- Medication Safety
- Outpatient Antimicrobial Therapy (OPAT)
- Pharmacy Informatics

*All rotations available in required rotations are eligible as elective rotations

Critical Care

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

Ambulatory Care

- Cardiology Clinic
- Family Medicine Clinic
- Geriatrics Ambulatory Care
- Internal Medicine Clinic
- Pulmonary Clinics
- Transplant Clinic



Department of Pharmacy Services

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 mini rotations as a part of the longitudinal service experience.

Research and Quality Improvement Requirements

- 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 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 year, residents will present finalized and completed project presentations at a regional residency symposium or conference (see presentation requirements below).

Project and 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.
 - e. Completion of a medication-use evaluation
 - f. Preparation of a drug class review, monograph, treatment guideline, or protocol

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 resident. 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.
- d. Mini-rotations are abbreviated experiences (2-5 days in duration) held in December. 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).

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 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.