

University of Virginia Health
Department of Pharmacy Services
PGY-2 Pediatric Pharmacy Residency Program

Program Overview

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, emergency medicine, endocrinology, hematology/oncology, gastroenterology, nephrology, neurology, and solid organ transplant. 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. They will develop skills to deliver effective training to health care professionals, conduct research, and lead quality improvement initiatives.

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Type/Duration 12 month/full-time residency
Number of Positions: 1
Starting Date: July 1, 2024

Orientation

The 2024-2025 University of Virginia (UVA) Health System PGY2 Pediatric Pharmacy Residency program will begin on July 1, 2024 and end on June 30, 2025. The **orientation rotation is a required 2 or 3 week experience** (2 weeks for a resident who has early committed from the UVA PGY-1 residency program and 3 weeks for a resident who is new to UVA Health). Mandatory house-staff orientation through graduate medical education (GME) will take place in the beginning of July 2024. During this rotation, residents rotate through various pharmacy department areas and develop skills required for the provision of services provided by the department. These services include decentralized pharmacy service, inpatient pharmacy, pediatric satellite, and centralized intravenous admixture. Additionally, residents will undergo competency evaluations in select areas such as the pharmacy emergency response (code) program, pharmacokinetic consults, and pharmacy computer applications. Residents who have early committed as PGY-1 residents will have a modified orientation experience as they will not require orientation to the inpatient pharmacy or the mandatory GME house-staff orientation (these would have been completed as a UVA PGY-1 resident).

Clinical Rotations

Clinical rotations will begin immediately following orientation and are each four-five weeks, typically lasting 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. To maintain compliance with the accreditation standard, no more than 3 rotations can occur in a similar practice area (e.g. NICU, PICU, Hematology/Oncology, and General Pediatrics) and at least 2/3 of the year will be spent in direct patient care learning experiences. All required clinical and longitudinal rotations must be completed by the end of the residency year.

Residents will have up to 19 weeks (three 5 week rotations and one 4 week rotation) available for elective rotations. 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, holiday staffing, overnight staffing, and an additional week of experience to build upon their fourth or fifth block. These experiences may be the pediatric emergency department, adolescent health, pediatric infectious disease/antimicrobial stewardship, toxicology, or pharmacy informatics.

By the end of the residency year, the resident must "Achieve for Residency" at least 80% of the ASHP Competency Areas, Goals, and Objectives requirements and show completion of all ASHP PGY-2 Pediatric Residency

Accreditation standard topics as defined in the Standards Appendix and documented in PharmAcademic.

Required Clinical Rotations (5 Weeks Each)

- General Pediatrics
- Neonatal Intensive Care Unit (NICU)
- Pediatric Intensive Care Unit (PICU)
- Ambulatory Care – Pediatrics
- Pediatric Hematology/Oncology

Elective Clinical Rotation (4-5 Weeks Each)

- Pediatric Cardiology
- Pediatric Emergency Medicine
- Pediatric Gastroenterology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pulmonology
- Advanced NICU
- Advanced NICU II
- Advanced PICU
- Advanced Pediatric Hematology/Oncology
- Advanced General Pediatrics
- Advanced Ambulatory Care - Pediatrics

Longitudinal Rotations Experiences

- a. Pediatric Pharmacy Practice Management: This longitudinal experience that is 52 weeks in duration, incorporates aspects of professional development and preparation for a career in pediatric clinical pharmacy practice. Residents will serve on at least one committee within the Children's Hospital and prepare (or significantly update) a medication guideline. The resident will conduct a medication use evaluation and lead a new clinical pharmacy initiative (or expansion of a prior initiative) in the Children's Hospital.
- b. Pediatric Solid Organ Transplant: Given the unpredictable nature of when organ transplantation occurs, residents will provide care throughout the year for patients admitted for pediatric heart, kidney, and liver transplants in conjunction with the clinical staff and PGY2 Solid Organ Transplant resident. Residents will gain experience in completing pre-transplant pharmacy assessments and medication education for patients and families during admission and clinic visits. This longitudinal experience will run September 1st – May 30th of the residency year. The resident will rotate 2 weeks on and 2 weeks off with the PGY2 in Solid Organ Transplant. No more than 3 hours per week will be spent on activities during coverage weeks.

Research and/or 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. Residents are required to provide a platform presentation on the results of their residency project at a national meeting of a professional organization, such as the annual meeting of the Pediatric Pharmacy Association (PPA) and/or the UVA Health Children's Research Symposium.
- d. This longitudinal activity will be introduced during orientation and completed by the end of June; therefore the activity runs July – June.

Presentation Requirements

Each resident is required and responsible to provide:

- a. Platform presentation on the results of their residency research or quality project at a national meeting of a professional organization and/or the UVA Health Children's Research Symposium
- b. One hour seminar during the course of the residency year. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists.
- c. Completion of a Pediatric Resident Noon Conference or presentation to non-pharmacy healthcare professionals
- d. Completion of at least one journal club

Professional Leave for Meeting Attendance

Residents will attend the Pediatric Pharmacy Association (PPA) Annual Meeting in the spring. 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 fourth weekend (on average) and 4 hours every 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.
- c. Residents will work one 4-day operational overnight stretch covering all pediatric orders and operational responsibilities associated with the assigned shift.

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). If more than 5 days are needed for interviews, vacation days must be used.
- 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

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 throughout the entire 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. This optional/voluntary experience is longitudinal and spans the entire 52 weeks of the residency program.
- b. Residents have the opportunity to interact with pharmacy students completing their fourth professional years at the UVA APPE rotation sites. They will serve as co-preceptors on various clinical rotations throughout the year.

Advisors

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

For more information around the program, please refer to the Pharmacy Residency Programs Policies and Procedures Manual.