



**UVA Health
University Medical Center
Department Of Pharmacy Services**

**PHARMACY RESIDENCY PROGRAMS
POLICIES AND PROCEDURES
2025-2026**

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University of Virginia Health

University of Virginia Health integrates patient care, health education, research, and public service. UVA Health is a world-class academic medical center and health system with a level 1 trauma center, a nationally recognized cancer center, and UVA Children's Hospital. Our footprint also encompasses 3 community hospitals and an integrated network of primary and specialty care clinics throughout Charlottesville, Culpeper, Northern Virginia, and beyond. Through teaching and research, we continue to advance medicine and innovate excellence while providing high-quality care.

The Charlottesville Community

Charlottesville is a modern, progressive city, filled with old-world elegance and charm, nestled in the foothills of the Blue Ridge Mountains. Charlottesville is famous for its distinctive architecture, hospitality, and small city sophistication, with an estimated population of 235,096 residing in the greater Charlottesville metro area.

The Department of Pharmacy

The UVA department of pharmacy has over 300 team members who practice in various areas ranging from administration and business services, clinical inpatient care, and ambulatory settings. The inpatient hospital pharmacy provides decentralized dispensing and clinical services to 671 beds and an average daily census of 528 patients. Sterile compounding for patients occurs in a newly renovated state-of-the-art IV clean room. The department operates numerous pharmacist-run outpatient clinics, several outpatient dispensing pharmacies, a specialty pharmacy, mail order, and home infusion services. The entire department has extensive technology and automation to provide innovative and safe care. Recent outpatient pharmacy, outpatient surgical services with associated pre and post-op clinical pharmacy care, and community hospital expansion has allowed UVA to provide pharmacy services to an increased number of patients throughout the state.

In addition, the department has greater than 90 pharmacy student and resident preceptors serving our 12 ASHP-accredited residency programs as well as introductory and advanced experiential education of pharmacy students from Virginia Schools of Pharmacy.

Mission

UVA Health's Department of Pharmacy Services will provide superlative patient-centered care focused on safe medication practices and innovative education and training.

Vision

UVA Health Pharmacy Department is a vital member of the patient care team dedicated to expanding patient care services and leading initiatives to maximize patient safety and improve outcomes. We are a collaborative group focused on providing superlative patient care in the setting of ongoing professional development by all employees, a productive, innovative work environment in which staff are engaged and motivated, and nationally-recognized clinical services and educational/ training programs.

Pharmacy Residency Programs Purpose Statements

PGY1 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 Purpose:

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.

Pharmacy Residency Programs and Directors

The following policies and procedures apply to all pharmacy residency programs at UVA Health Medical Center. The programs and program directors are as follows:

Program	Program Director
PGY1 Community-Based Pharmacy	Justin Vesser, PharmD, MS
PGY1 Pharmacy	Katelyn Hipwell, PharmD, MPH Assistant RPD: Allison Chidester, PharmD, BCCP
PGY1 Pharmacy / PGY2 Health System Pharmacy Administration and Leadership + MSHA	PGY1: Katelyn Hipwell, PharmD, MPH PGY2: Tyler Goins, PharmD, MSHA, BCPS Assistant RPD: Zach Krauss, PharmD, MBA, MS
PGY2 Ambulatory Care Pharmacy	Donna White, RPh, CDCES, BCACP Assistant RPD: Kevin Lonabaugh, PharmD, BCACP, BCPPS, AE-C
PGY2 Cardiology Pharmacy	Steven P. Dunn, PharmD, FAHA, FCCP, BCCP Assistant RPD: Mary Roth, PharmD, BCPS, BCCP
PGY2 Critical Care Pharmacy	Rebecca Hockman, PharmD, BCPS, BCCCP Assistant RPD: David Volles, PharmD, BCCCP
PGY2 Emergency Medicine Pharmacy	Derek Burden, PharmD, BCEMP Assistant RPD: John Witucki, PharmD, BCCCP
PGY2 Infectious Diseases Pharmacy	Heather Cox, PharmD, BCIDP Assistant RPD: Lindsay Donohue, PharmD, BCIDP
PGY2 Internal Medicine Pharmacy	Jennifer Walters, PharmD, BCPS
PGY2 Oncology Pharmacy	Andrew Whitman, PharmD, BCOP Assistant RPD: Alia Lynch, PharmD, BCOP
PGY2 Pediatric Pharmacy	Christine Bryant, PharmD, BCPPS Assistant RPD: Nicole Palazzolo, PharmD, BCPPS
PGY2 Pharmacy Informatics	James Fiebert, PharmD, CPHIMS Assistant RPD: Michelle Ha, PharmD
PGY2 Solid Organ Transplant Pharmacy	Jennifer Geyston, PharmD, BCPS, BCTXP Assistant RPD: Jillian Dann, PharmD, BCTXP

Pharmacy Residency Program Director Responsibilities/Expectations

1. Meets ASHP qualifications for residency program director
2. Ensures preceptors meet ASHP preceptor qualifications and are appointed/reappointed based upon criteria
3. Ensures adherence to National Matching Services rules
4. Ensures ongoing compliance with residency accreditation regulations and standards
5. Corresponds as necessary with GME and ASHP Accreditation Services Division (ASD)
6. Actively manages all residency program accreditation survey needs (submission of applications, pre-survey materials, survey reports, etc) as requested by ASHP ASD
7. Oversees recruiting for program including regularly updating the ASHP on-line directory listing and UVA pharmacy residency website
8. Represents program at Residency Oversight Committee
9. Actively participates in preceptor development activities including providing at least one session per fiscal year
10. Oversees creation of all learning experience descriptions for the program
11. Identifies and assigns preceptors/advisors for all programmatic experiences (service, project, presentation, etc)
12. Creates initial and quarterly development plans for resident(s)
13. Ensures resident schedule, evaluations, learning experience descriptions, and development plans are entered into PharmAcademic (as required by the accreditation regulations)
14. On an ongoing basis, tracks resident progress in meeting graduation requirements
15. Tracks employment, certifications, etc for program graduates as required by the accreditation standard
16. Ensures resident(s) have adequate opportunities for quality project(s) and research project(s)
17. Performs an annual program evaluation and implements changes as necessary

A. SUBJECT: Preceptor Appointment, Reappointment, Development, and Expectations Policy

B: EFFECTIVE DATE: April 1, 2025

C: POLICY

The following describes the processes for preceptor appointment, reappointment, development, and performance expectations to ensure sufficient number of preceptors available to facilitate achievement of the competencies, goals, and objectives and to guide residents for each learning experience.

D: PROCEDURE

1. Initial preceptor appointment

To be considered as a new residency preceptor, interested pharmacists shall submit a completed [Academic and Professional Record](#) (APR) and statement of interest to their direct supervisor and pharmacy education, training, and development services manager. New preceptor requests will be reviewed by the Residency Oversight Committee (ROC). Guidance on how to complete each of the sections of this form can be found [here](#).

Preceptors must possess current licenses to practice pharmacy in the state of their practice site and must practice within that site during the time of their resident's rotation. Preceptors must be in their current roles for at least 6 months and have successfully completed their human resources probationary period. New preceptors must not be in an active performance warning at the time of application submission.

PGY1 residency preceptors must have completed: an ASHP-accredited PGY1 pharmacy residency program plus a minimum of one (1) year of practice experience in the area precepted; PGY1 and PGY2 pharmacy residencies plus a minimum of six (6) months of experience in the area precepted; or without completion of a pharmacy residency have at least three (3) years of pharmacy practice experience.

PGY2 residency preceptors must have completed: an ASHP-accredited PGY2 residency program plus one (1) year of pharmacy practice in the advanced area; or without completion of an ASHP-accredited PGY2 residency program have three (3) or more years of experience in the advance practice area.

Preceptors must meet the criteria established by ASHP and documented within the [ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs](#). Preceptors who do not meet the minimum criteria may have a documented individualized preceptor development plan to achieve qualifications within two (2) years. These preceptors shall have a preceptor advisor and an individualized preceptor development plan that are approved through ROC. The transition to full qualifications for precepting is determined by ROC and requires submission of an updated APR and documented completion of the preceptor development.

Non-pharmacist preceptors:

Non-pharmacy preceptors will not be considered for PGY1 pharmacy residency programs. PGY2 residents may be precepted by non-pharmacy preceptors in select instances when appropriate. Approval of non-pharmacy personnel as preceptors is subject to the endorsement of ROC and residency program director. Non-pharmacy preceptors will be evaluated for appropriateness based on a review of

professional accomplishment, accolades, and commitment to serving as a preceptor for pharmacy residents. A pharmacist preceptor must coordinate with non-pharmacist preceptors to develop goals and objectives for the rotation and to ensure regular feedback and evaluations are provided.

2. Preceptor Reappointment

Preceptor reappointment is performed on biennial basis by the ROC approval date. The review and reappointment process is overseen by ROC and involves preceptor submission of an updated APR by August 1st for review in the designated review year. In addition to review of the preceptor qualifications, ROC will review adherence to preceptor development criteria, timeliness of evaluation submission (electronic evaluation system dashboard), and preceptor evaluations submitted by residents (electronic evaluation system), and validate with leadership regarding active performance warning status.

3. Preceptor Development:

All preceptors

All Preceptors are expected to participate in at least 4 preceptor development sessions per academic year (July- June). Individuals in their first year of precepting will have their preceptor development requirements prorated for the duration of the year that they are an approved preceptor. For example, a preceptor approved by ROC in January is responsible for completing 2 preceptor development sessions between January and June.

Preceptor development sessions may include but are not limited to documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education provided by schools of higher education (School of Medicine, Schools of Pharmacy), preceptor development webinars provided by the external sources such as the Pharmacist's Letter, attendance at the National Pharmacy Preceptors Conference, or Accreditation/Preceptor Development Resources provided on the [ASHP website](#).

Live preceptor development sessions may be provided by any member of the department. All residency program directors shall provide a minimum of one preceptor development offering per calendar year.

Completion of preceptor development activities is tracked by an administrative support staff member and shared with preceptors on an ongoing basis. Preceptors who do not complete their required preceptor development activities will receive a one year extension to complete the missing preceptor development activities. Preceptors who do not complete the required preceptor development activities after one year will be required to be put on a preceptor development plan.

New preceptors

In addition to the above preceptor development requirements, new preceptors will complete the following preceptor development training modules on the following approval by ROC and prior to having the first resident trainee:

- [Resident's Learning Activities: Understanding Learning Taxonomies and Levels - new \(2014\) Standards](#)
- [Starring Roles: The Four Preceptor Roles and When to Use Them](#)

- [Pharmacy Residency Programs Evaluation Strategy \(Recording and Worksheet\)](#)

4. Preceptor Expectations

Each residency learning experience preceptor is responsible for the following activities:

- Preparing/updating learning experience descriptions as instructed by the residency program director
- Orienting residents to their particular learning experience prior to or on the first day of the learning experience
- Reviewing resident development plans in order to modify learning experiences based upon resident strengths and areas for improvement
- Providing timely, qualitative formative feedback to the resident
- Completing all summative evaluations within the electronic evaluation system within one week of the completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations by the end of the learning experience
- Submitting documentation of preceptor development activities to the administrative supportive staff member
- Participation in residency recruitment, which includes application review and interview process

Revised: June 2012, August 2014, November 2014, June 2015, August 2016, October 2017, March 2019, April 2020, May 2023, October 2023, April 2025

Residency Candidate Selection Process

Application Requirements:

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

PGY1 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

PGY2 applicants must:

- Be a graduate of an ACPE-accredited advanced pharmacy program
- Be eligible for licensure in the Commonwealth of Virginia and licensed by September 1st
- Be enrolled in or a graduate of an ASHP-accredited or ASHP candidate status PGY1 residency program

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

- Curriculum vitae that includes:
 - Completed and anticipated advanced pharmacy practice experience rotations and PGY1 rotations (if applicable)
 - 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 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)
 - Pass/Fail will still be considered, except as stated below for PGY1/2 HSPAL Residency + Master's Program

PGY1 References:

- Total of three (3) references
- **TWO** should be from preceptors of two different rotations able to speak to clinical problem-solving in direct patient care experiences (not classroom)
- **ALL THREE** references MUST be from practicing professionals, excluding pharmacists actively in training programs (residents, fellows)

PGY2 References:

- Total of three (3) references, **ALL MUST** be from practicing professionals, excluding pharmacists actively in training programs (residents, fellows), from the following:
 - PGY1 Residency Program Director (RPD)
 - Preceptor from specialty area of PGY2 application (if available, i.e. critical care residency, etc)
 - If RPD and preceptor from specialty area of practice are the same person, please select another appropriate rotation preceptor for your submission

- Pharmacy provider of your choice
- **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
 - Professionalism

Alternate requirements for the PGY1/2 Health-System Pharmacy Administration and Leadership (HSPAL) + Master's Program

- The **THIRD** reference is required from an individual practicing in administration
- A GPA is required for entry into the Master's program; therefore, individuals from Pass/Fail schools will not be considered

Alternate requirements for the PGY 2 Critical Care Pharmacy Residency Program

- Total of four (4) references from the following:
 - Three of these four must be from a clinical practice area

For all programs, please note the following:

- UVA Health System Pharmacy Residency Programs do not sponsor work visas
- Those who attend/attended schools that are not ACPE-accredited will not be considered
- The minimum pharmacy school GPA is 3.0
 - Pass/Fail will still be consider, except as stated above for PGY1/2 HSPAL Residency + Master's Program
- References should be from different rotation experiences
- All materials must be submitted by the deadline posted in PhoRCAS
- All rules and regulations of the ASHP and National Matching Service (NMS) will be strictly followed

Match Phase 1 and Phase 2

Selection of Candidates for Interviews:

- Residency program directors, members of the residency advisory committees, and residents will review applicants using program specific applicant selection rubrics. Candidates will be invited to interview based on the results from the applicant selection rubrics. Rubrics are designed to evaluate the candidate's readiness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Determinations based on characteristics collected from the rubrics will be used to remove candidates with feedback that does not align with the organization's values such as not a team player, lack of accountability, or lack of professionalism. The final selection of candidates for interviews is the responsibility of the residency program director.
- Candidates with incomplete residency application files following the application deadline are not considered for interviews.

- Approximately 6 candidates per available position are invited for interviews in phase 1. In match phase 2, no more than 8 interviews per open position will be conducted.

Interview and Evaluation of Candidates:

- Interviews with the residency program director and residency preceptors is required.
- All persons participating in the interview process will utilize program specific interview score to assess each candidate. At the completion of the interview, all participants will submit their completed scores to the residency program director.
- The residency program director will create a preliminary rank list based on the score from each candidate interview session. Programs may choose to include the initial scoring rubric into their overall candidate score.
- At the conclusion of all interviews, a candidate review session is held to discuss the preliminary rank list and the strengths and weaknesses of residency candidates. Determinations based on weaknesses collected from the rubrics will be used to remove candidates with feedback that does not align with the organization's values such as not a team player, lack of accountability, or lack of professionalism. All persons involved in the interviewing process are invited to attend this meeting.
- The residency program director is responsible for submitting the residency advisory committee-approved rank order list to the National Matching Service (NMS).
- All candidate selection, interview, and evaluation materials are reviewed annually for improvements, optimizations, and follow UVA Health Non-Discrimination and Equal Opportunity practices. Additional information: <https://eocr.virginia.edu/notice-non-discrimination-and-equal-opportunity>

Early Commitment Process for Internal Applicants to the PGY2 Residency Programs

Application Process and Eligibility

Application requirements for internal candidates are different from those of external candidates due to the availability of evaluations, individualized development plans and quarterly updates to PGY2 program directors and preceptors. PGY1 residents must not actively be in a performance improvement, action, or remediation plan to apply for early commit. The application requirements are as follows:

- Letter of intent
- Curriculum vitae

Interviews for internal applicants will be conducted and include the following interview groups or items:

- PGY2 residency program director
- Panel of PGY2 residency program preceptors or other team members of service line
- Residency coordinator and assistant program director
- Presentation and/or patient case (RPD specific criteria and option to not conduct)
- Lunch and interview with current resident (if applicable)

The residency program director will convene a meeting of all individuals involved in the interview process within 4 working days of the interview in order to determine candidate acceptability. The final acceptance of the residency candidate is the responsibility of the residency program director, residency program coordinator, and the Director of Pharmacy Services.

Timeline

The deadline for receipt of completed application materials is the last Monday of rotation block three (3) for residents who have completed rotations in all areas of interest in blocks one (1) through three (3). For residents who are scheduled for rotation block four (4) in an area of interest, the deadline is the second Monday of rotation block four (4). Any changes to the above deadline must be approved by the Residency Oversight Committee.

Interviews will be planned and communicated within 10 days of the application deadline. If the internal candidate is selected for the position, candidates will be given at least 5 working days to make their decision. The residency program acceptance letter must be signed and returned to the residency program director prior to the beginning of ASHP Midyear Clinical Meeting. Upon completion of this process, the National Matching Service will be notified of the early commitment. In the event that the interview committee elects to pursue additional candidates, both internal and external candidates will be considered.

Internal candidates are not required to participate in early commitment and may apply for PGY2 positions during the traditional interview process (early January). All PGY2 applicants outside of the early commitment process must participate in the National Matching Program.

A. SUBJECT: Licensure and Documentation Policy

B: EFFECTIVE DATE: August 1, 2022

C: POLICY

The following “Licensure Policy” applies to all pharmacy trainees (residents) at UVA Health.

Definition:

License: In-date, pharmacist license in the Commonwealth of Virginia.

PGY1 completion certificate: official documentation of successful graduation from the resident’s PGY1 program

D: PROCEDURE

1. Expectations for Licensure and Documentation

Every pharmacy resident is expected to have an in-date license as a pharmacist issued by the Commonwealth of Virginia’s Board of Pharmacy. Residents are expected to be licensed by the first day of the first clinical rotation of the residency program (mid-July). Residents will provide a printed copy of their license for display within the appropriate pharmacy department (inpatient or outpatient).

Orientation and training periods may be extended for residents who are not licensed during the orientation period. If extension of the residency program is required, the program may be extended by a maximum of 4 (four) weeks. Residents who are not licensed pharmacists in the Commonwealth of Virginia by September 1st will have a formal deficiency and remediation plan in place. If a resident inadequately meets the requirements of the remediation plan, during the remediation period or by October 1st, they will be dismissed from the program.

Each PGY2 resident must produce the official PGY1 completion certificate by the first day of the first rotation block (mid-July). Failure to produce a certificate will result in remediation and immediate dismissal from the program. PGY1 completion certificates will be provided to the residency program coordinator; residents shall also upload a scanned copy to PharmAcademic™ and their individual electronic residency notebook.

Pharmacy Residency Programs Resident Expectations

Overview

The resident reports to and is supervised by the rotation preceptor and the residency director/coordinator. The resident is expected to abide by all policies and the values of the organization at all times.

Responsibilities of the resident include:

1. Development of personal goals for the residency following an initial evaluation of career interests, prior experience, and areas of strength and weakness
2. Compliance with rotation expectations:
 - a. meeting with the rotation preceptor to define individual goals and objectives for the rotation
 - b. completing assignments by the end of the rotation
 - c. scheduling routine meetings with rotation preceptor
 - d. informing the residency director of difficulties encountered in meeting goals and objectives or problems with preceptors
 - e. assuming responsibility of the rotation preceptor in his/her absence
 - f. preparing reflective self-evaluation, preceptor and learning experience evaluation at the conclusion of each rotation and quarterly for longitudinal requirements
3. Timely communication regarding absences and requested leave; failure to inform the program director of an absence/illness will result in disciplinary action
4. Completion and submission of self-assessment quarterly reports to residency program director
5. Documentation of GME requirements including duty hours in New Innovations
6. Provision of pharmacy staffing coverage (416 hours) as indicated on the Pharmacy Staffing Schedule and program specific structure
7. Provision of required presentations throughout the residency
 - a. See graduation requirements and rotation specific learning experience descriptions
8. Completion of assigned residency administrative duties
9. Submission of an electronic notebook to the program director upon completion of the program
 - a. See “Notebook Requirements” for specific details
10. Attendance at the ASHP Midyear Clinical Meeting and regional residency conference (PGY1 Only)
 - a. Residents may attend other professional meetings if the staffing schedule permits

Pharmacy Residency Programs Requirements for Graduation

All residents are expected to meet specific requirements for successful graduation from the residency program. Each residency program has program specific requirements for graduation. Residents are expected to review the graduation requirements for their program. Graduation requirements will be reviewed and tracked quarterly with the Residency Program Director. Program Specific Graduation Requirements can be found in the appendix section of the Residency Manual.

Pharmacy Residency Programs Evaluation Strategy

The following definitions are used for all programs to document resident performance as it relates to the required and elective ASHP residency program goals and objectives.

Evaluation Definitions:

- *Needs improvement*- the resident is not practicing at the expected level and specific practice modifications are needed
- *Satisfactory Progress*- the resident is practicing in a manner consistent with their level of experience; improvement was noted during the rotation, but the individual has not yet mastered specific practice and/or able to function as an independent practitioner.
- *Achieved*- the resident practices independently and has mastered the skill set. No further instruction or evaluation is required.
- *Achieved for Residency (ACHR)* - may only be designated by program directors based upon review and assessment of each individual resident's performance from summative evaluations and programmatic criteria.
 - Goals and objectives only evaluated in one experience may be ACHR with scheduled evaluations for specific milestones.
 - In instances where goals and objectives are taught and evaluated in multiple learning experiences, to be ACHR, an objective shall:
 - be rated as "achieved" in at least 2 experiences before being marked as ACHR;
OR
 - be rated as "achieved" if shown significant examples in a learning experience as determined by the RPD;
OR
 - be rated as "achieved" in the final scheduled evaluation.

Pharmacy Residency Programs

Expectations for Summative Evaluations by Residents and Preceptors

SUMMATIVE EVALUATIONS:

Critical piece of feedback and communication to assist in the growth and development of resident, preceptors, and the residency program. In order for an evaluation to have the greatest value, the content needs to provide fundamental information regarding what was done well, constructive feedback for areas of improvement, and should be provided as close to the completion of the activity as possible. The following outlines the expectations for the content and timeliness of summative evaluations for all UVA Pharmacy Residency Programs.

TIMELINESS:

All evaluations are expected to be completed in PharmAcademic within **one week** of the conclusion of an experience.

On a weekly basis, a member of our administrative support team will obtain an “overdue evaluations” report for all programs from PharmAcademic for submission to all program directors and copying the direct leadership of preceptors who are overdue on their submissions. Individuals who fail to meet timeliness expectations are subject to performance management processes.

Clinical pharmacists serving as preceptors will be granted 1 hour of administrative time per rotation to complete summative evaluations. It is the pharmacist’s responsibility to arrange coverage for this time and should seek assistance from leadership (lead, manager, director, executive director) if necessary.

SUMMATIVE EVALUATIONS OF THE RESIDENT BY THE PRECEPTOR:

Evaluations should be written so the resident knows what they did well and what they can improve upon. The evaluation should not list what the resident did, but how well they did it. The following elements should be included for objectives evaluated:

1. Specific examples of how the resident is working to meet the objective. Describe what is it about the activity that indicated the resident is on track to achieving the objective.
2. If the resident has not yet achieved the objective, list what specifically the resident should do to achieve the objective.

Evaluations that do not include the above comments will be returned to the preceptor through the “send back for edits” feature in PharmAcademic.

SUMMATIVE SELF-EVALUATIONS BY THE RESIDENT:

Self-reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives. At a minimum, residents should discuss the following as part of self-evaluation:

1. What did I do?
2. How well did I do it?
3. What did I learn?
4. What will I do differently next time?

Self-evaluations that do not include the above comments will be returned to the resident through the “send back for edits” feature in PharmAcademic.

Per ASHP Standards, all pharmacy residency programs include a required objective focused on self-evaluation, “Apply a process of ongoing self-evaluation and personal performance improvement”.

- All residents, are assigned to complete self-evaluations for required seminar presentation, the first 3 rotations, and for the first quarter of longitudinal residency requirements.
- On a quarterly basis, each RPD will assess resident self-evaluation responses and make a determination if the resident has achieved for residency the objective that focuses on self-evaluation.
- PGY1 pharmacy residents may achieve for residency the self-evaluation objective no earlier than at the midpoint of the year (end of quarter 2).
- PGY2 residents may achieve for residency the self-evaluation objective no earlier than after the first quarter.
- Once the RPD has determined that the resident has achieved for residency this objective, subsequent self-evaluations are removed from PharmAcademic.
- Verbal conversations between residents, preceptors, advisors, and RPDs on self-evaluations continue throughout the residency year.

SUMMATIVE EVALUATIONS OF THE PRECEPTOR BY THE RESIDENT:

As our part of our commitment to lifelong learning and growth, preceptors welcome feedback from the residents as to how they can continue to challenge and guide residents through the residency. At a minimum, residents should address the following as part of the preceptor evaluations:

1. What were the preceptor roles that the preceptor most frequently utilized (from the 4 ASHP preceptor roles)?
2. What are the preceptor’s strengths?
3. What did I learn from this preceptor?
4. What could the preceptor do to make future experiences more valuable?

Preceptor-evaluations that do not include the above comments will be returned to the resident through the “send back for edits” feature in PharmAcademic.

SUMMATIVE EVALUATIONS OF THE LEARNING EXPERIENCE BY THE RESIDENT:

In order to provide challenging and valuable learning experiences, the preceptors welcome feedback regarding the experience. At a minimum, the resident should address the following as part of the learning experience evaluations:

1. What was the most valuable aspect of this experience?
2. What did I learn from this experience?
3. What could be done in the future to make the learning experience better?

Learning experience evaluations that do not include the above comments will be returned to the resident through the “send back for edits” feature in PharmAcademic.

Developed: June 2016

Updated: January 2022, May 2023

Approved: Residency Oversight Committee

A. SUBJECT: Performance Assessment Policy

B. EFFECTIVE DATE: December 1, 2025

C. POLICY

The following “*Performance Assessment*” (hereinafter “Performance Policy”) applies to all pharmacy residency trainees (GME Trainees) at University of Virginia Health. The Performance Policy governs the qualification of GME Trainees to remain in training, to have renewal of appointment and promotion within their training program, as well as to meet the certification requirements for completion of their training program, and its provisions shall apply in all instances in which such qualification, promotion and/or certification is in question.

This policy also addresses deficiencies in performance and options for performance improvement and remediation, and dismissal of a Trainee from the educational program.

Definition:

Promotion: successful advancement to the next PGY level after completion of training requirements at the current level.

Deficiency: Inadequate acquisition of or performance in any of the core competency areas, as expected for the Trainee’s level of experience and education.

Remediation: A period of time provided to a Trainee to improve the area(s) of deficiency. Remediation is at the discretion of the program director with advisement by the Pharmacy Residency Oversight Committee. Remediation can include repeating one or more rotations or participation in a special remedial program (e.g., participation in a program outlined through Help [COACH] referral) and will be no shorter than one month. Remediation per se is not appealable, but may be reportable. Adverse actions resulting from unsuccessful completion of remediation are appealable.

Misconduct: A lapse in ethical or moral behavior, irrespective of the Trainee’s level of experience, ability, or education. Acts of misconduct are addressed with adverse actions.

Adverse Action: Adverse actions include suspension, summary suspension, or dismissal of a Trainee from their training program. Adverse actions are generally reportable events and appealable.

Reportable Events: Those actions the program or institution must disclose to others upon request, including, but not limited to, future employers, privileging hospitals, licensing and specialty certification boards, and if applicable, the Educational Commission for Foreign Medical Graduates (ECFMG). The following adverse actions are examples of reportable events: Suspension, Summary suspension, and Dismissal of a Trainee.

D. PROCEDURE

1. PERFORMANCE ASSESSMENT AND REVIEW OF TRAINEES

Trainees shall be evaluated in a timely manner during each rotation or similar educational assignment in alignment with the ASHP Residency Accreditation Standards and Regulations.

Trainees' evaluations are submitted electronically into PharmAcademic™ within one week of the completion of each learning experience. Evaluations are accessible to the Trainee, program director, and all necessary preceptors.

The program director has primary responsibility for monitoring the competence of the program's Trainees, for determining attainment of graduation requirements, and, when necessary, imposing remediation or adverse action.

All pharmacy residency program directors should evaluate all Trainees regularly but no less than every three (3) months for alignment with ASHP Standards of development plan review.

The program director must complete a graduation checklist for each Trainee to document achievement of graduation requirements. Additionally, an end of program summative evaluation upon completion of training year is completed within New Innovations by the program director/coordinator.

2. COACH (Committee on Achieving Competence through Help)

The COACH program is available to support Trainees identified by their program leaders as requiring assistance and Trainees who request help with any aspect of their performance. Upon referral from the program or request from the Trainee, the COACH program: a) completes a comprehensive biopsychosocial assessment of the Trainee; b) provides voluntary, confidential referral for additional evaluation and/or support as indicated; and, for the Program Director (PD)-mandated referrals, and c) provides coaching recommendations to the PD and to the learner. COACH faculty may directly coach the Trainee and/or oversee the departmental coaches who coach the Trainee. The COACH program is not directly involved in the Trainee's reassessment.

1) Trainee Self-Referral to COACH

Trainees may self-identify as needing help through the course of their training and seek assistance from the COACH team. PDs may also suggest that Trainees self-refer to COACH. Such a self-referral is independent of a formal remediation plan, and there is no required communication between COACH and the Trainee's training program leadership, the Trainee's evaluators, or the Office of GME. This pathway of referral is not appropriate for Trainees with significant performance concerns. The Trainee may choose to stop working with COACH at any time.

2) Program Director Referral to COACH

Trainees may be referred to COACH as part of a formal remediation process or as a pre-remediation step. In both cases, Trainee participation is required.

- a. Mandated referral as part of a formal remediation plan
 - i. Program notification to the Office of Graduate Medical Education is required.
 - ii. The COACH assessment is not shared with the program or the Trainee and is only accessible to COACH faculty.
 - iii. The Director of COACH provides a written summary of recommendations for the program, which may include:
 - a. General guidance on direct observation and feedback
 - b. Summary of planned COACH interventions (mandatory)
 - c. Suggestions regarding alterations in educational and clinical rotation structure or scheduling (suggested, not mandatory)
 - iv. The program is expected to protect time for the Trainee to attend meetings with COACH and/or departmental coaches, which are mandatory.
 - v. The Director of COACH will provide regular reports to the PD addressing Trainee engagement with COACH.
 - vi. COACH does not provide any feedback to the program on the Trainee's performance in coaching.
 - vii. The Director of COACH will reach out to the PD/designee to request regular updates on the Trainee's performance in the clinical environment.
 - viii. Ending COACH involvement
 - The Trainee must remain engaged with COACH throughout the duration of the remedial period.
 - The program may suggest or mandate ongoing COACH involvement following the successful conclusion of remediation and in the event that remediation needs to be extended.
- b. Mandated referral without formal remediation
 - i. Program notification to the Office of Graduate Medical Education is not required.
 - ii. The COACH assessment is not shared with the program or the Trainee and is only accessible to COACH faculty.
 - iii. The Director of COACH provides a written summary of recommendations for the program which may include:
 - General guidance on direct observation and feedback
 - Summary of planned COACH interventions (mandatory)
 - Suggestions regarding alterations in educational and clinical rotation structure or scheduling (suggested, not mandatory)
 - iv. The program is expected to protect time for the Trainee to attend meetings with COACH and/or departmental coaches, which are mandatory.
 - v. The Director of COACH will provide regular reports to the PD addressing Trainee engagement with COACH.
 - vi. COACH does not provide any feedback to the program on the Trainee's performance in coaching.
 - vii. The Director of COACH will reach out to the PD/designee to request regular updates on the Trainee's performance in the clinical environment.
 - viii. Ending COACH involvement
 - COACH and the program will work together to determine an appropriate end date for coaching.

3. REMEDIATION

Formal remediation of a Trainee with performance deficits should be considered if any of the following occur: 1) there is a lack of Trainee insight or motivation; 2) efforts by the program to help the Trainee in the areas of deficiency(ies) have been unsuccessful; and/or 3) deficits are significant enough to impact patient care or educational trajectory. If there is a concern for impairment, refer to GMEC Policy 26. If there is a concern for Trainee misconduct, refer to GMEC Policy 31.

The program director must receive input from the residency oversight committee prior to finalizing the formal remediation plan.

- 1) Letter of Remediation: The PD will issue the Trainee a Letter of Remediation. The letter must follow the GME template, which is available by contacting the GME Office. A draft of the Letter of Remediation must be approved in advance by the GME Office and Legal Counsel. The Trainee must be informed in person of this decision and must be provided with a hard copy that includes the following:
 - A statement identifying the area(s) of deficiency;
 - Duration of remediation, which must be at least three months;
 - A plan for remediation, which must include formal referral to COACH and participation in COACH throughout the duration of the remediation;
 - Criteria by which successful remediation will be assessed; and
 - Written notice that failure to meet the conditions of remediation or to successfully complete remediation could result in additional remediation requiring extended training and/or dismissal from the training program at any point during the remediation period, or at the conclusion of the remediation period.
- 2) The program director or designee must document that the meeting with the Trainee occurred and that the Trainee was provided with the Letter of Remediation and updated development plan. The Designated Institutional Official (“DIO”) and Chair of the Residency Oversight Committee (ROC) must receive a copy of the Letter of Remediation and updated development plan.
- 3) The PD must submit a monthly progress note regarding compliance with the remediation plan to the GME Office (with cc to the Director of COACH) during the remediation period. Progress note templates are available in the GME Office. The monthly progress notes should be reviewed with the Trainee and signed by both the PD and Trainee.
- 4) ROC shall convene within 5 business days prior to the remediation end date to determine if the remediation of the Trainee was successful. If ROC is unable to convene prior to conclusion of remediation, the DIO may consider a reasonable exception to allow the ROC more time to meet on a case-by-case basis. If the Trainee successfully completed the remediation, the program director shall notify the Trainee of successful completion. Written documentation must be included in the Trainees electronic residency files including PharmAcademic describing the satisfactory completion of remediation. The DIO and Chair of ROC must receive a copy of the documentation.
- 5) In the case of unsuccessful completion of the initial remediation, ROC must determine appropriate next steps which may include extension of remediation, suspension, or

dismissal of the Trainee from the program. Program extension may be permitted for a maximum of duration of 4 (four) weeks. If an adverse action is taken, the Trainee must be given a copy of GMEC Policy 32, Adverse Actions and Appeals Process. The DIO and GME Office must be notified of such decisions.

- 6) A Letter of Remediation issued to a Trainee constitutes notification that dismissal from the program can occur at any time or at the conclusion of the remediation. Dismissal prior to the conclusion of a remediation period may occur if the deficiency that gave rise to the Letter of Remediation is repeated and jeopardizes patient safety and quality of patient care.

Adapted from GME Policies No. 05

ROC Revised/Approved: August 2022, November 2023, December 2025

A. SUBJECT: Adverse Actions and Appeal Process Policy

B. EFFECTIVE DATE: December 1, 2025

C. POLICY

The following “*Adverse Actions and Appeal Process Policy*” (hereinafter “Appeal Policy”) outlines the procedures for the appeal process and shall apply to all pharmacy residency trainees (GME Trainees) at the University of Virginia Health.

Definition:

Adverse Action: Adverse actions may include suspension, summary suspension, or dismissal of a GME Trainee from their training program. Adverse actions are generally reportable events and appealable.

Reportable Events: Those actions the program or institution must disclose to others upon request, including, but not limited to, future employers, privileging hospitals, and licensing, specialty certification boards, and, if applicable, the Educational Commission for Foreign Medical Graduates (ECFMG). The following adverse actions are examples of reportable events: Suspension, Summary suspension, Non-promotion, Non-renewal, and Dismissal of a Trainee.

D. PROCEDURE

1. ADVERSE ACTIONS

A. Suspension

1. **Suspension of Clinical Activities:** A Trainee may be suspended from clinical activities by their Program Director, Department Chair, the Medical Director of the clinical area to which the Trainee is assigned, the Designated Institutional Official (DIO), or the Chief Medical Officer. This action may be taken in any situation in which continuation of clinical activities by the Trainee is deemed potentially detrimental to University of Virginia Health operations, including, but not limited to, jeopardizing patient safety or quality of patient care, suspension or loss of licensure, or debarment from participation as a provider of services to Medicare and other federal programs’ patients. Unless otherwise directed, a Trainee suspended from clinical activities may participate in non-clinical program activities (e.g., educational conferences).
2. **Summary Suspension:** A Trainee may be immediately suspended from clinical duties and all program activities by their Program Director, Department Chair, or DIO when 1) a Trainee demonstrates serious acts of unprofessional conduct, incompetence, impairment, or falsified information; 2) a Trainee is in violation of Medical Center Policy HR-104; 3) a Trainee is found noncompliant with University, UVA Medical Center GME policies and/or federal health care program requirements ; 4) a Trainee becomes a threat to the safety and well-being of patients, other Trainees, faculty, other health care team members, or any other learners in clinical learning environments; or 5) Trainee is discovered to have been convicted of a crime related to the provision of health care

items or services for which one may be excluded under 42 USC 1320a-7(a) (an "excludable crime" such as criminal offenses related to governmentally financed health care programs, including health care fraud, criminal abuse or neglect of patients, and/or felony controlled substance convictions related to the provision of health care).

A decision involving suspension of a Trainee's clinical duties and/or nonclinical activities must be reviewed within three (3) business days by the Program Director or their designee (e.g., Division Chief) to determine whether the Trainee may return to clinical and/or nonclinical activities and/or whether further action is warranted (including, but not limited to referral to the Clinician Wellness Program, Remediation, Fitness for duty evaluation, or Dismissal). If the Department Chair initiates the Suspension, the decision must be reviewed by the DIO. Summary suspension may be with or without pay at the discretion of the DIO.

B. Dismissal

A Trainee may be dismissed by the Program Director, Department Chair, or the DIO 1) at any time during or at the conclusion of remediation (See GME Policy 05: Assessment of Performance) or 2) during and/or at the end of the suspension period. The Trainee must be notified in writing of the reason for dismissal and receive a copy of the GME Appeal Process described in this policy. The Trainee will have three (3) business days following notification before the dismissal is effective, during which time they may choose to resign in lieu of termination. If the Trainee elects to resign during this period, they lose the ability to appeal the decision. Further, verifications of training will reflect that they resigned in lieu of termination. The DIO and Department Chair (or designee) must also be notified of such action.

2. GME APPEAL PROCESS

A Trainee may appeal Suspension or Dismissal as follows. Any questions about appealability shall be directed to the DIO.

A. GMEC Appeal

A Trainee may initiate an appeal by submitting a written notice of appeal to the DIO, within thirty (30) calendar days of the date of notification of the appealable action (hereinafter "Adverse action") which may be extended for good cause. The DIO will convene an appeal panel consisting of 3 members of the standing GMEC Appeal Panel Subcommittee (all members must be outside of the Trainee's department). The GMEC appeal hearing will be held within thirty (30) calendar days following receipt of the notice of appeal. A member of the GME Office must be present during this hearing. The Trainee may have a faculty advocate and personal legal counsel present at the hearing. Neither the faculty advocate nor legal counsel is permitted to actively participate in the presentation of testimony (including serving as a witness), examination/cross-examination of witnesses, or oral arguments. Legal counsel for the University may be present to provide advice and counsel to the Program Director and the Chair of the appeal panel, but counsel will not be permitted to actively participate in the presentation of testimony, examination/cross-examination of witnesses, or oral arguments. At least seven (7) business days prior to the hearing, the Trainee and the Program Director must electronically submit copies of their hearing

documentation, as well as a list of witnesses they plan to call at the hearing, to the Panel Chair with a copy to the GME Office. This communication must also specify whether the Trainee will be accompanied by a faculty advocate and/or legal counsel at the appeal hearing, and identify each of those participants (if any) by name. At the appeal hearing, the Program Director (or designee) will present a statement in support of the adverse action and may present any relevant records, witnesses, and other evidence. The Trainee will have the right to present evidence (including the final summative evaluation), call and question witnesses, and make statements in defense of their position. The GME office will hire a court reporter to record and transcribe the hearing. After the presentation of evidence and arguments by both sides, the appeal panel will meet in a closed session to consider the adverse action. In its deliberations, the panel must show deference to the recommendations of the Clinical Competency Committee. The panel's review shall be limited to (a) compliance with applicable GME policies and procedures and (b) whether there is sufficient evidence to support the recommendation of the Program Director or the Clinical Competency Committee. . The panel may uphold or reject the adverse action or may impose alternative actions, which are not more severe than the initial action. However, before rejecting the adverse action or imposing any alternative action, the panel must conclude that: (a) there was a failure to follow GMEC policies and that failure negatively affected the program's recommendation; and/or (b) that there is not substantial evidence to support the recommendation. The panel's decision must be submitted to the Trainee, the Program Director, Chair of the department, and Chair of the Clinical Competency Committee within ten (10) calendar days of the close of the hearing and copied to the DIO and the GME Office. The decision of the review panel as to the appeal is final; there is no opportunity to appeal the review panel's decision.

3. OTHER CONSIDERATIONS

Documentation of the entire appeal will be maintained by the GME Office and becomes a part of the Trainee's permanent record.

External rules, regulations, or law governs mandatory reporting of problematic behavior or performance to licensing agencies or professional boards. The fact that such a report is made is not a matter which may give rise to the appeal process; only the adverse action as specified by this section is appealable. The reporting of an Adverse Action shall not be made the subject of an appeal. Trainees shall be aware that participation in the GME appeal process does not preclude investigation or action on the part of external entities.

Adapted from GME Policies No. 32

ROC Revised/Approved: August 2022, December 2025

A. SUBJECT: Learning and Working Environments for GME Trainees

B. EFFECTIVE DATE: August 1, 2025

C. POLICY

UVA Health (UVA) strives to provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge. To promote these goals, UVA is committed to a safe and supportive learning and working environment for all members of its community. This policy outlines the responsibilities for Graduate Medical Education (GME) programs and the steps to be taken to ensure well-being and quality of clinical experiences and education of GME Trainees.

This policy shall apply to all GME Trainees at UVA. This policy is based upon ASHP's [Duty-Hour Requirements for Pharmacy Residencies](#).

Definition of Terms:

One Day Off: One continuous 24-hour period free from all administrative, clinical and educational activities.

Fitness for Duty: The Trainee is physically and mentally capable of safely performing the functions of his/her job. Fitness for Duty includes being free of alcohol and drugs that have not been legitimately prescribed and being free from impairment that affects job functioning due to a) use of prescription or nonprescription drugs, b) medical or emotional problems while enrolled in a UVA graduate medical training program, and/or c) fatigue.

Internal Moonlighting: Any voluntary, compensated work (not related with training requirements) performed within the institution in which the Trainee is in training or at any of its related participating sites.

External Moonlighting: Any voluntary, compensated work performed outside the institution where the Trainee is in training or at any of its related participating sites. Pharmacy residents are prohibited from external moonlighting.

D. POLICY STATEMENT

1. Trainee Well-being

In the current health care environment, Trainees are at increased risk for burnout and depression. GME programs, in partnership with the Sponsoring Institution, are responsible to address Trainees' well-being as they do to evaluate other aspects of Trainee competence. UVA GME programs must:

- a) Make efforts to enhance the meaning that each Trainee finds in the experience of being a healthcare provider, including protecting time with patients, minimizing service obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;

- b) Give attention to scheduling, work intensity, and work compression that impacts Trainee well-being;
- c) Evaluate workplace safety data and addressing the safety of Trainees;
- d) Establish programs and practices that encourage optimal Trainee well-being;
- e) Give attention to Trainee burnout, depression, and substance abuse;
- f) Educate faculty members and Trainees in identification of the symptoms of burnout, depression, and substance abuse among Trainees, including means to assist those who experience these conditions. Trainees and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care;
- g) Assist a Trainee to receive appropriate evaluation and care when a Trainee's Fitness for Duty is in question by following the Fitness for Duty protocols in Appendix A, which is incorporated into this Policy;
- h) Establish policies and procedures that ensure coverage of patient care in the event that a Trainee may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the Trainee who is unable to provide the clinical work; and
- i) Promote and ensure confidentiality in the Trainee assessment process.

2. Fatigue Mitigation

It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies. UVA GME programs, in partnership with the sponsoring institution, must:

- a) Educate all faculty members and Trainees to recognize the signs of fatigue and sleep deprivation;
- b) Educate all faculty members and Trainees in alertness management and fatigue mitigation processes;
- c) Encourage Trainees to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning;
- d) Ensure continuity of patient care, consistent with the program's policies and procedures in the event that a Trainee may be unable to perform their patient care responsibilities due to excessive fatigue; and
- e) Ensure adequate sleep facilities and safe transportation options for Trainees who may be too fatigued to safely return home.

3. Clinical and Educational Work Hours

Programs must design an effective program structure that is configured to provide Trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

a) Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

b) Mandatory time free of clinical work and education

The program must design an effective program structure that is configured to provide Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- Trainees should have eight hours off between scheduled work hours. There may be circumstances when Trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements
- Trainees must have at least 14 hours free of clinical work and/or required educational activities after 24 hours of in-house call.
- Trainees must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

c) Maximum clinical work and education period length

Clinical and educational work periods for Trainees should not exceed 16 hours and must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to two hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or Trainee education.
- Additional patient care responsibilities must not be assigned to a Trainee during this time.

d) Clinical and educational work hour exceptions

- In rare circumstances, after handing off all other responsibilities, a Trainee may elect to remain or return to the clinical site, on their own initiative, in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.
- UVA GMEC does not grant any exceptions beyond 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

e) Moonlighting

- Moonlighting must not interfere with the ability of the Trainee or other Trainees in the program to achieve the goals and objectives of the educational program, and must not interfere with the Trainee's fitness for duty nor compromise patient safety.
 - Time spent by Trainees in internal moonlighting must be counted toward the 80-hour maximum weekly limit.
 - PGY1 residents are not permitted to moonlight.
 - A Trainee who wishes to moonlight must follow the Moonlighting protocols outlined in Appendix B which is incorporated into this Policy.
- f) At-Home On-Call Programs
- At-home on-call is a required component for only the PGY2 HSPAL residents and the PGY2 Informatics resident.
 - Each program that elects to have an at-home on-call program will create a longitudinal learning experience that includes that includes the following:
 - Frequency of at-home on-call
 - Responsibilities of the resident during at-home on-call
 - Level of supervision a resident will be provided base on the activities the resident is expected to perform, the level of resident training, and timing during the residency year
 - Backup systems when the resident requires assistance to complete the responsibilities required of the on-call program
 - A plan for how to proceed if residents' participation in the call program affects their performance during duty hours
 - Residents will track all at-home on-call hours in New Innovations. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
 - If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit
 - Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit
 - The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
 - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - Impact to the resident of at-home on-call will be documented in the learning experience evaluations and quarterly development plans (if applicable).
 - If there is documentation of negative impact on the resident due to on-call, the RPD will work with the resident to determine the most appropriate way to proceed (in accordance with all ASHP, GME, and residency policies).
 - Documentation of this plan will be uploaded into PharmAcademic, placed in the resident notebook, and included in the quarterly development plan.

g) Oversight of Trainee Work Hours

- Programs must have a method in place to track compliance with the [Duty Hour Requirements for Pharmacy Residencies Policy](#).
- Review of tracking must be completed on a monthly basis by Trainee and program director
- Any instance of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.
- The program director will engage in real-time problem solving to address how/why a violation occurred and make the necessary changes to prevent future occurrences.
- Report actions taken to address violations monthly

Appendix A: FITNESS FOR DUTY PROTOCOLS

1. Physical Impairment

<https://www.healthsystem.virginia.edu/documentation/manuals/mc/0091InfectionPreventionandControl.pdf>

- a) If a Trainee is suspected to have an infectious/communicable disease, he/she will be evaluated for infectious processes and/or referred to his/her medical provider for further evaluation. If indicated, the trainee must be placed off duty until cleared to return to work by Employee Health (See also Medical Center Policy No. 0091 "Infection Prevention and Control").
- b) If a Trainee suffers a physical impairment including, but not limited to, injury, illness, or fatigue that precludes effective patient care or the ability to perform his/her job, the trainee will be placed on medical ("sick") leave until able to return to work. For details on sick leave, see Graduate Medical Education Policy No. 3, Absence from Graduate Medical Training, "Sick Leave."

2. Mental Impairment and/or Impairment related to use of alcohol or drugs (See also Medical Center Policy No. 702 "Fitness for Duty")

- a) No Trainee may unlawfully manufacture, distribute, dispense, use, possess, sell, or be under the influence of alcohol, illegal drugs or any medications that impair performance while on Medical Center premises and while conducting business-related activities off Medical Center premises.
- b) The following applies when addressing concerns with Trainees whose performance and/or behavior brings into question their fitness for duty, necessary follow up, and return to duty.
 - i. Trainees must comply with all aspects of the Fitness for Duty evaluation (which may include drug and alcohol testing) or be subject to disciplinary action, up to and including termination. Trainees must also comply with all treatment recommendations resulting from a Fitness for Duty evaluation in order to be cleared to return to work.
 - ii. The Trainee's work performance is the basis for continued employment. When a program suspects impairment, whether due to emotional difficulty and/or drug/alcohol impairment, as the underlying cause for a trainee's poor performance, referral must be made immediately to the Faculty and Employee Assistance Program (FEAP). Participation in a treatment or rehabilitation program does not guarantee continued employment and will not necessarily prevent disciplinary action for violation of the GME and Medical Center policies.
 - iii. Trainees taking prescription medications or over-the-counter medications that impair their ability to work safely are subject to the conditions of this policy.
 - iv. Trainees who have the responsibility for on-call shifts must meet the Fitness for Duty standard during the entire on-call period.
- c) When there is concern that the Trainee is not Fit for Duty, the trainee's supervisor, Program Director, Chairman, or the administrative representative on duty must follow the recommended steps outlined below:

- i. Meet with the trainee and perform the following actions:
 - Remove the trainee from direct job duties and inform the trainee that he/she is relieved from duty at this time.
 - In private, state your concerns for the safety and well-being of the trainee. Obtain a witness for a confidential interaction with the trainee.
 - ii. Consult with a representative of FEAP at 924-0000. Discuss any concerns about safety and ensure a plan is in place to provide support for the trainee.
 - iii. Trainees who are required to go to FEAP or Employee Health as directed by FEAP must be escorted by the trainee's supervisor, Program Director, or representative to the destination, and must remain for disposition. The trainee must be informed that failure to comply with this directive shall result in suspension and disciplinary action.
 - iv. Identify means for transporting the trainee safely home in collaboration with FEAP. Should the trainee become uncooperative contact Security or University Police, as appropriate.
 - v. The trainee's program director or his/her representative must document the incident with the trainee.
- d) The results of Fitness for Duty evaluations performed by qualified, licensed health care professionals shall be presumed to be valid. Results of the evaluation will be received by FEAP. The trainee shall be notified of the results of the evaluation by the evaluator and/or FEAP. Only necessary information shall be shared with the Coordinating Party.

After an evaluation, information given to the Program Director, Chairman, GME Office, shall be limited to whether the trainee may:

- i. Return to full duty;
 - ii. Not return to full duty, pending required follow-up action; or
 - iii. Return to modified duty that meets the evaluator's recommendations.
- e) Continued employment will be contingent upon compliance with conditions established by FEAP such as periodic testing, participation in professional counseling and treatment programs, re-assignment of duties for a specific period of time and/or continued performance of specified functions under more immediate supervision. Failure to comply may result in disciplinary action up to and including termination from employment. FEAP will coordinate with the Program Director and GME Office regarding return to work status.
- f) Acts or Threats of Violence and the Threat Assessment Team:
The University has established a Threat Assessment Team ("TAT") with responsibility for implementing the University's assessment, intervention and action protocol in cases suggesting a potential risk of violence. All acts of violence, threats of violence or other seriously disruptive behaviors must be reported immediately to University Police and/or to the TAT.
- g) Confidentiality/Privacy of Fitness for Duty Evaluations:

Under the Health Insurance Portability and Accountability Act (HIPAA), any document containing medical information about a trainee is considered a medical record and is regarded as confidential. Records of fitness for duty evaluations shall be treated as confidential medical records and maintained by FEAP or Employee Health, as appropriate. This information may be shared only when necessary to support treatment, business operations, and upon the execution of appropriate release by the individual trainee or as otherwise permitted or required by law. Trainees may obtain a copy of the medical report upon written request to FEAP or Employee Health.

h) Suspension of Clinical Duties:

The trainee's assignment of clinical duties may be suspended for suspicion of any impairment as outlined in this policy or for the following: refusal to undergo an evaluation, failure or refusal to stop practice after a recommendation has been made for treatment, refusal to comply with treatment recommendations, or non-compliance with required monitoring.

3. Responsibilities:

a) A Trainee is responsible for:

- i. Coming to work Fit for Duty and performing job responsibilities in a safe, secure, productive, and effective manner during the entire time at work;
- ii. Notifying the Program Director or attending physician when not Fit for Duty;
- iii. Notifying the Program Director or attending physician when a co-worker is observed acting in a manner that indicates the co-worker may not be Fit for Duty;
- iv. Informing the Chairman or Designated Institutional Officer for further guidance, if the supervisor's behavior is the focus of concern. Threats or acts of violence should be reported immediately to the University Police Department by calling 911;

b) A supervisor, Program Director, or attending physician is responsible for:

- i. Monitoring the attendance, performance, and behavior of the trainees under his/her supervision;
- ii. Notifying FEAP and the Graduate Medical Education Office (or DIO) when a trainee is exhibiting behavior that suggests he/she may not be Fit for Duty;
- iii. Following this policy's procedures for documentation when presented with circumstances or knowledge that indicate that a trainee may be unfit for duty;
- iv. Maintaining the confidentiality of a trainee's medical record. (See Section 2.g above)

Appendix B: MOONLIGHTING PROTOCOLS

1. Programs and departments may have policies which are more restrictive than the institutional policy. Programs must not require Trainees to engage in moonlighting activities.
 - a) PGY1 residents are not permitted to moonlight.
 - b) Moonlighting by pharmacy residents is limited to 16 hours/ month.
 - c) In order to minimize disruption to learning experiences, weekday shifts may not commence before 5 PM unless approved by RPD.
 - d) Moonlighting is prohibited during regularly scheduled work hours/responsibilities.
2. Should a Trainee be approved by his/her program director for moonlighting, then an application to moonlight must be submitted to the Graduate Medical Education Office (GMEO) no less than 60 days prior to the intended start date of the moonlighting activity. Applications will be referred to the DIO for review and approval. Trainees shall not begin moonlighting prior to receiving DIO approval.
3. Approval of moonlighting by DIO is subject to the program director's attestation that the proposed moonlighting does not interfere with the ability of the Trainee to achieve the goals and objectives of the required educational program, and that the Trainee is in good standing in his/her training program.
4. Approval for moonlighting may be valid for an academic year. Any granted moonlighting shall expire on the proposed ending date or June 30th each year, whichever comes first. A new application must be submitted at the beginning of each academic year.
5. The program director has primary responsibility to monitor fatigue levels of all Trainees participating in all moonlighting activities. Additionally, faculty members and Trainees must be educated to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes. Each GME programs must adopt policies to prevent and counteract potential negative effects of fatigue on patient care and learning.
6. Approval for moonlighting can be revoked at any point by the program director or DIO in any of the following cases. Reinstating the revoked approval for moonlighting is at the program director's discretion.
 - a) When it is determined that a Trainee's moonlighting activities negatively impact his/her ability to fulfill their clinical duties and patient care; or
 - b) When it is determined that a Trainee's moonlighting activities negatively impact the learning and working environment for other trainees in the program; or
 - c) When the Trainee is deemed unfit for clinical and/or non-clinical duties due to mental or physical impairment including injury, illness, and fatigue; or
 - d) When the program director or the program's Clinical Competency Committee issued a Letter of Deficiency to a Trainee: or
 - e) When the Trainee is suspended from his/her training program activities or clinical activities; or

- f) When the Trainee is found to be non-compliant with the Medical Center and GME policies and regulations including, but not limited to, non-compliance with the mandatory Workday courses, flu-shot, TB-testing, and respiratory mask-fit deadlines; or
 - g) When the Trainee is found to be in Clinical and Educational Work Hours violation.
- 7. Time spent by trainees in any moonlighting activity must be counted towards the 80 hour Maximum Weekly Clinical and Educational Work Hours Limit. All moonlighting hours must be recorded in New Innovations as moonlighting hours in addition to the Clinical and Educational Work Hours for the regular educational activities.
- 8. In consideration of Clinical and Educational Work Hours restrictions, no Trainees assigned to inpatient service requiring in-house call shall engage in any moonlighting activity during that rotation.
- 9. Audits of moonlighting hours logged will be performed by the GMEO and the Trainee's program director.
- 10. In view of the serious legal implications of Trainees engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain disciplinary or adverse actions, including dismissal from the residency or fellowship training program. Specific disciplinary or adverse actions will be determined by the program director, department chair, or DIO.

Adapted from GME Policies No. 10

Approved by Residency Advisory Committee, November 2007

Updated: January 2011, September 2016, December 2016, March 2019, August 2022

Reviewed: April 2016, June 2017, July 2021

A. SUBJECT: Vacation and Leaves of Absence Request

B. EFFECTIVE DATE: May 1, 2025

C. POLICY STATEMENT:

The University of Virginia Health shall seek to provide its residents and fellows (hereinafter “Trainees”) with appropriate time off to ensure the Trainee’s well-being and to comply with the sponsoring institution’s policies and applicable requirements for accreditation and/or specific specialty/subspecialty board certification. Furthermore, any time away from training must adhere to pharmacy department and program policies in compliance with American Society of Health System Pharmacists (ASHP) regulations.

This GMEC Policy, following all ACGME leave requirements, outlines various types of leave available to Trainees and the rules and policies governing those leaves of absence. **Trainees are provided with a minimum of six paid weeks of approved medical, parental or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during an ACGME-accredited program, starting the day the Trainee is required to report. In the academic year in which a Trainee takes those six weeks, they are also able to use one additional paid week of leave outside of the approved six weeks.**

Additionally, the Commonwealth of Virginia affords eligible employees, including Trainees, Paid Parental Leave (PPL). Trainees who have been employed for at least 12 months prior to the start of PPL are eligible for up to 8 weeks of consecutive paid leave. Trainees with less than 12 months of employment prior to the start of PPL are eligible for up to 6 weeks of consecutive paid leave. Trainees’ health and disability insurance benefits (for themselves and covered dependents) will be extended for a minimum of six weeks for any approved leave and for eight weeks during parental leave.

The policy contains a worksheet application required for any medical, caregiver or parental leave requests. The purpose of the worksheet is for the Trainee and Program to mutually review and discuss the proposed leave in advance and to understand any impact an extended leave might have on meeting program and board eligibility criteria. This step is required by the ACGME. Trainees must otherwise follow all individual program requirements surrounding leave requests and notifications.

D. PROCEDURES

1. Requests for Leave

- a) Trainees must submit requests in accordance with Program and Medical Center procedures and policies. Trainees should submit leave requests in a timely fashion, especially if rotating on another service and coverage must be arranged.
 - a. All pharmacy trainee leave requests must be submitted and approved by the applicable preceptor and program director, communicated to the program coordinator, and documented within the pharmacy residency vacation database.
 - b. All leave must be documented on pharmacy residency vacation database. In the event of unexpected absences, the residency program director and coordinator, preceptor, and weekend supervisor (if

applicable) MUST be notified immediately. Failure to notify all of the applicable individuals is considered unexcused leave and will result in disciplinary action.

- b) All leaves of absence must be reported in New Innovations within 30 days of the planned absence.
- c) Leaves of absence resulting from a Disciplinary Action must be coordinated with and reported to the GME Office (GMEO) per GMEC Policy 31.

2. LEAVES AVAILABLE FOR TRAINEES

- a) **Bereavement Leave:** Trainees may take up to 7 days of paid Bereavement Leave in the event of an Immediate Family Member's death. Bereavement Leave may also be taken for pregnancy loss:
 - A Parent who experiences a pregnancy loss prior to twenty (20) weeks gestation is eligible for 7 days of Paid Parental Leave.
 - A Parent who experiences pregnancy loss at twenty (20) weeks gestation or beyond and prior to delivery is eligible for 4 weeks of Bereavement Leave.

Trainees may take additional time for bereavement with the approval of their Program Director by applying sick or vacation time towards that leave.

For the purpose of Bereavement Leave, Immediate Family Member includes a) parents, including step-parents, in-laws and *in loco parentis* (a person who stood in place of parent); b) spouse; c) children, including step-children, foster children, sons-in-law, daughters-in-law; d) siblings, including step-siblings, siblings-in-law; e) grandparents and grandchildren; f) any person living in the trainee's household.

- b) **Caregiver Leave:** Trainees may utilize this category of leave to care for a child, spouse or parent with a Serious Health Condition as outlined in Medical Center Policy HR-600.
- c) **Family and Medical Leave:** Family and Medical Leave, including Military Caregiver Leave and Qualified Exigency Leave, is federally mandated, job-protected leave which is available for Trainees who have been employed by the sponsoring institution for at least 12 months. Please see Medical Center Policy HR-600 for details.
- d) **Medical Leave:** Trainees may utilize this category of leave to take time off due to extended personal illness, medical procedure, disability or other Serious Health Condition as outlined in MC Policy HR-600.
- e) **Paid Parental Leave:** Trainees may utilize this category of leave within 6 months of the event (birth, adoption, or placement).
 - Trainees who have been employed for at least 12 months prior to the start of PPL are eligible for up to 8 weeks of paid leave. Trainees with less than 12 months of employment prior to the start of PPL are eligible for up to 6 weeks of consecutive paid leave.

- PPL may be taken consecutively or may be taken in two 4 week blocks for those eligible for a total of 8 weeks of PPL, or two 3 week blocks for those eligible for a total of 6 weeks of PPL.
 - PPL must be taken within 6 months of the event
 - PPL can be taken once in a 12-month period and only once per child.
 - PPL is separate from vacation and sick leave (i.e., trainees may take vacation time in addition to approved PPL time).
 - PPL must be requested via the attached form, submitted to Program Director for approval and signature and then to the GMEO and should be requested at least 3 months prior to the birth, adoption, or placement of a child, if possible.
 - If both parents are eligible trainees, both parents are eligible to take PPL. However, the GMEO requests that both parents not take simultaneous PPL if both parents are being trained in the same program.
 - Trainees who have been employed for 12 months or longer are required by MC policy to also apply for FML which runs concurrently with their PPL (see below).
 - PPL may be used when a Parent loses an infant during birth or whose infant survives for only a short period of time following birth. Both or either parent may take either eight (8) or six (6) weeks of PPL depending on length of employment to date.
- f) **Professional Leave:** Each training program should have its own written professional leave policy to cover attendance at off-site conferences, research time, and other scholarly activities away from the Hospital and in accordance with any Medical Center, GMEC, or ACGME policies.
- Trainees are granted up to 8 days to participate in employment interviews, examination, or other professional activities. If more than 8 days are needed, vacation days must be used.
 - Each pharmacy trainee is granted leave for attendance at professional meetings (e.g., ASHP Midyear Clinical Meeting, regional residency conference, or other comparable scientific meeting as determined by their program director) that do not count against professional leave or overall time away from the program.
- g) **Routine Medical Appointment:** Trainees are encouraged to prioritize their own well-being by seeking necessary and proactive care. The ACGME requires that no resident or fellow should have to arrange their own coverage to seek or attend an appointment for medical or mental health. It is an expectation that programs will provide coverage for trainees' routine medical appointments when they are provided reasonable notification. In some instances, medical appointments qualify for FML. Please refer to Medical Center Policy HR-600.
- h) **Sick Leave:** Trainees are provided up to 14 calendar days per academic year of paid sick leave, inclusive of time needed for mental health and resident bonding days (may opt to use vacation day as desired for resident bonding day). This leave type is for unexpected illnesses of short duration. See Medical/Caregiver Leave for additional options.

- i) **Vacation Leave:** Trainees must be provided a minimum of 15 business days of vacation time per academic year. Vacation time does not carry forward, although exceptions can be made on an individual basis when specifically allowed by Trainee's certification board and approved in advance by the Program Director.
- Pharmacy trainees may not use vacation leave for terminal leave unless approved by program director and reviewed for good standing and on track for successful completion of graduation requirements.
 - Pharmacy trainees must use vacation leave for holidays with the exception of the major holiday they are assigned to work. Trainees shall work one major holiday stretch in alignment with the pharmacist holiday schedule (Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day) and usually the accompanying weekend during the residency year. Depending on department need Trainees will also work one minor holiday (Options based on hospital minor holiday designation and department need).
- j) **Religious Holidays:** When requested, a Trainee should be granted time off to observe a religious holiday consistent with these policies:
<https://eocr.virginia.edu/staff-religious-accommodations>.¹ The days taken off will be counted against the trainee's vacation days.

3. OTHER CONSIDERATIONS

- a) **Additional Time for Completing Board Requirements:** In the event that additional training time is required to meet Board eligibility requirements (due to leave or other circumstances), the Trainee must be reappointed, with stipend and benefits covered by the GME Office to continue for the extension.
- b) **Pharmacy Trainee Additional Time for Completing Residency Requirements:**
- a. The program director and coordinator maintain responsibility for ensuring that absences incurred do not jeopardize the trainee's ability to attain the program's competency areas, goals, and objectives.
 - b. Absences from any learning experience should not exceed 20% of the total time allotted to the experience. Time away from the residency program shall not exceed a combined total of 37 days per 52 week training period. Absences that extend beyond those allotted (described in this policy) must be made up.
 - c. Prior to the end of the training program, the program director/coordinator shall develop a plan describing how missed days

¹ A reasonable workplace accommodation is a modification to an employee's work or environment to enable the Employee to participate in their religious practice or belief which does not cause an Undue Hardship to UVA operations or activities. UVA is committed to providing accommodations, upon request, to ensure access to employment opportunities, benefits, programs, and services to all employees who have sincerely held religious beliefs. However, reasonable religious accommodations are not required or permitted when such accommodation would cause Undue Hardship, violate other laws, or interfere with the safety and security of UVA or its operations. Undue Hardship is a burden that would result in substantial increased costs in relation to UVA's business. Undue Hardship must be based on an individualized assessment of current circumstances that show that a specific reasonable accommodation would cause such burden or expense.

will be made up. In the event that the time missed extends beyond the anticipated 12 month training program completion date, the institution may be requested to continue to pay all salary and fringe benefits during the extended appointment for a period of time not to exceed four (4) weeks. Beyond 4 weeks, the institution will fund neither the salary nor the fringe benefits of the trainee. The maximum extension period will be set at 8 weeks unless extenuating circumstances exist to justify longer extensions approved by program director, DIO, and GMEO.

- c) **Unexcused Leave of Absence:** Disciplinary or remedial action resulting from any unexcused leave of absence shall be at the discretion of the Program Director based on individual Department and/or accreditation requirements and regulations, and in consultation with the Designated Institutional Official.
- d) **Timely Notice of Leave Impact:** The program is required to notify the Trainee if any given leave impacts the Trainees' ability to satisfy requirements for program completion or Board eligibility at the initial discussion of leave with the Trainee.
- e) **Training program Leave Policy:** Every training program in the Medical Center must have its own Leave Policy which must acknowledge compliance with that program's Board requirements.

Adapted from GME Policies No. 03

Pharmacy ROC Revised/Reviewed/Approved: April 17, 2024, May 5, 2025

Pharmacy Residency Programs Leave and Staffing Expectations

Leave Request

- Residents submit requests for leave through the “Vacation” database. Failure to submit vacation requests prior to leaves will result in disciplinary action.
- Discuss leave requests with your preceptor prior to submitting requests.
- Requests for annual leave **MUST** be submitted at least 1 week prior to a planned absence. Exceptions must be approved by the residency director.
- In the event of illness, residents shall reach out to the program director and preceptor immediately. Sick leave must be documented in the database upon the first day of returning to work.
- The last available leave day is June 12, 2026 unless authorized by your program director.

Staffing Hours

- The total resident contractual service commitment will be 416 hours distributed throughout the residency year and will include weekends, evenings, overnights, holidays, and on-call based on department requirements and program specific structure.
- All residents must complete 416 hours
 - A variance of 5% will be allowed for extenuating circumstances approved by the residency program director and coordinator, such as an extended approved leave or inability of department to provide sufficient shifts.
 - Greater than 5% variance will result in an evaluation for program extension.
- Participation in the service component throughout the entire contract provides necessary training and allows the residents to meet the intent of the ASHP residency standard and longitudinal service evaluations.
 - PGY2 residents must fill all contractual shifts throughout the entire residency year and receive moonlight pay for additional shifts voluntarily picked up.
 - If hours are met prior to completing contractual shifts due to voluntarily picking up shifts without receiving moonlighting pay, moonlighting pay will be applied to the remaining shifts as these are required for the longitudinal service experience.
 - See Learning and Working Environments for Trainees Policy, Moonlighting Appendix for specifics regarding moonlighting

Weekend and Evening Switch Request

- Weekend switches may only be made by residents in the same postgraduate year. Weekend switches may only be performed with approval from the residency program director and coordinator, affected weekend supervisors, and the scheduling coordinator.
- Evening switches may be made between any residents within the program regardless of year.
- Weekend and evening switches are requested through the Schedule OneSource software (StaffReady).

Calling Out

- Rotations
 - Immediately communicate with rotation preceptor as soon as possible via phone and email if phone call or text is not an option
 - Notify RPD as soon as possible via call, text, or email
 - Complete “Time Off” request in database upon your return
 - Number of days will be tracked and unusual patterns will be addressed (sick days before or after holidays, required presentations, major deadlines)
- Staffing Shifts
 - MUST call inpatient pharmacy (outpatient pharmacy for PGY1 Community and PGY2 Ambulatory Care residents) to notify as soon as possible
 - Email your RPD letting them know that you had to call off
 - You will be required to make up the shift(s) missed

A. SUBJECT: Supervision Policy for All Postgraduate Pharmacy Programs

B: EFFECTIVE DATE: April 1, 2024

C: POLICY:

This policy outlines the University of Virginia Graduate Medical Education (GME) requirements regarding progressive responsibility of Trainees (hereinafter “Trainees”) and Trainee supervision in all pharmacy residency training programs. The Policy incorporates all applicable University of Virginia Medical Center institutional policies, and ACGME Common Program, and Specialty Specific Requirements.

D. Procedure

1. Levels of Supervision

To promote oversight of Trainee supervision while providing for graded authority and responsibility, the following classification of supervision must be employed:

- a. Direct Supervision
 - The supervising preceptor is physically present with the trainee during the key patient care encounter;
 - Or, the supervising preceptor and/or patient is not physically present with the trainee and the supervising preceptor is concurrently monitoring the patient care through appropriate telecommunication technology.
 - PGY-1 trainees must initially be supervised directly
- b. Indirect Supervision:
 - the supervising preceptor is not providing physical or concurrent visual or audio supervision but is immediately available to the trainee for guidance and is available to provide appropriate direct supervision.
- c. Oversight – the supervising preceptor is available to provide review of procedures and encounters with feedback provided after care is delivered.

These patient care encounters require the physical presence of the supervising pharmacist:

- First patient education/counseling session
- First immunization/vaccination
- Orientation checklist items until signed off (if applicable)
- Code response – PGY1 Only

2. Trainee responsibilities and escalation of care

- a. Trainees must be aware and adhere to the institutional and program-level policies on Trainee supervision.
- b. Trainees must request supervision from the preceptor or supervisor if asked to perform a procedure when he/she has insufficient experience with the procedure and/or universal protocol, or when the procedure is beyond the Trainee’s competence.

- c. A Trainee must verbally notify the responsible preceptor within 90 minutes of any of the following events in line with the Medical Center [Policy 0324: Clinical Communication and Escalation of Care/Inpatient Services](#). The preceptor must review this list and discuss their expectations for Escalation of Care at the start of each rotation.
- Medication errors requiring clinical intervention
 - Whenever a Trainee believes that his/her ability to provide care to the patient is impeded
- d. Trainees must contact the **supervising pharmacist** and pharmacy leader on duty as the next level in the Clinical Help Chain if the responsible pharmacist does not respond within 60 minutes.

Pharmacy ROC Reviewed/Revised/Approved: April 17, 2024

Residency Administrative Duties

Administrative Assignment
Student Success Coordinator
CE Presentation Coordinator
Core Curriculum Coordinator
Residency Meeting and Resident Council Minutes Stenographer
Longitudinal Projects Coordinator (Research and Quality)
Midyear & UNC Reps Coordinators
PGY1 Community Recruitment Coordinator
PGY1 Pharmacy Recruitment Coordinator
PGY1/2 HSPAL Recruitment Coordinator
Pharmacy Week Coordinators/Graduation Coordinators
ROC Liaison/GME Housestaff Council Representative
Social Chair/Resident Bonding Day Coordinator
Social Media Coordinators/Historians
Webmaster
Wellness Chair/Block Buddy Coordinator

Pharmacy Residency Programs

Important Policies:

- Licensure and Documentation
- Leave or Request for Absence
- Performance Assessment
- Dismissal and Appeals
- Learning and Working Environment (includes Duty Hours and Moonlighting)
- Requirements for Residency Graduation
- Resident Expectations

I attest that the above policies were reviewed with me during my orientation period.

Resident Signature: _____

Date: _____

**Pharmacy Residency Programs
Moonlighting Approval Form**

Name: _____ Date: _____

Employer: _____ Potential Employment Hours: _____

I understand that my primary responsibility is to the UVA Health Pharmacy Residency Program and that additional employment should not interfere with this responsibility. I understand that I need to check with my rotation preceptor before agreeing to work. I also understand that ACGME standard that prohibits working more than 80 hours per week (averaged over a four week period) applies to internal moonlighting. Should the residency program director deem that “moonlighting” interferes with my responsibilities, he/she may prohibit me from additional employment.

Resident Signature: _____ **Date:** _____

Residency Director Approval: _____ **Date:** _____

Residency Coordinator Approval: _____ **Date:** _____

GME Requires completion of a “Moonlighting Application” which can be found [here](#).

**University of Virginia Health System
Department of Pharmacy Services
PGY1- Community Pharmacy Residency Program Overview
2025-2026**

Program Structure

The 2025-2026 University of Virginia (UVA) Health System PGY1 Pharmacy Residency program will begin in mid-June 2025 and end on June 30, 2026. 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 23th, 2025 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, immunization hot needle protocol, patient counseling and pharmacy computer applications.

Rotations begin on Monday, July 21, 2024, and are 5 weeks in duration (except for orientation and the 9th elective rotation block which is 4 weeks). Required Longitudinal rotations including Extended Patient Care, Presentation, Research or Practice Innovation Project, Quality Improvement Project and Longitudinal Service will begin July 29, 2024 through June 30, 2025.

Required rotations include: Community Pharmacy I-III, Internal Medicine (Inpatient), Internal Medicine (Ambulatory), and Administration.

I. PGY1-Community Pharmacy Residency Rotations

Required Learning Experiences

- Orientation
- Community Pharmacy I: Pharmacy Operations
- Community Pharmacy II: Transitions of Care
- Community Pharmacy III: Population Health
- Internal Medicine (Inpatient)
- Internal Medicine (Ambulatory)
- Administration
- Extended Patient Care (longitudinal)
- Presentation
- Service
- Research or Practice Innovation Project or Quality Improvement Project

Elective Learning Experiences

- Specialty Pharmacy
- Pediatric and Adult Pulmonary Clinics
- Transplant
- Cardiology Clinic
- Family Medicine Clinic
- Geriatrics Clinic
- Stem Cell Transplant Clinic
- Teaching and Learning Certificate (TLC)

Longitudinal Service

- Residents will staff in the UVA Outpatient Pharmacy 16 hours approximately every third weekend and 4 hours approximately one night every other week for a total of 416 hours over 12 months. Residents will work one major holiday (4 day)

Residents will have up to 14 weeks (two 5 week and one 4 week rotations) available for elective rotations. To maintain compliance with the accreditation standard, no more than one-third of rotations can occur in a specific patient disease state or population 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.

Practice Advancement Project Requirements

- a. Completion of one Major project and one Minor project are requirements of the residency. Final reports must be submitted and approved by the Project Preceptor and Program Director.
- b. One business plan for a new or enhanced pharmacy service is required, and may be a part of either the Major or Minor project.
- c. During the first half of the year, residents will work to submit a project 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 a finalized and completed Major project presentation 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 Major 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 business plan or SBAR (Completed during Administration learning experience)

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 retail pharmacies, ambulatory care clinics, transitions of care areas and inpatient units focused on discharge.
- 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-preceptor 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.

PGY1 Pharmacy Residency Program Overview

Program Structure

The 2025-2026 University of Virginia (UVA) Health System PGY1 Pharmacy Residency program will begin in mid-June 2025 and end on June 30, 2026. All Residents must start mid-June in order to attend orientation with the entering medical residents through the graduate medical education (GME) department.

Residents will participate in a 4-week orientation. During orientation, 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 are 5 weeks in duration (except for orientation and the 9th elective rotation block which is 4 weeks). Longitudinal rotations including Project, Longitudinal Service, and Formulary Management will begin July 28, 2025 through June 30, 2026. Required rotations include: acute care specialty, adult general medicine, ambulatory care, critical care, and pharmacy administration.

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)

Pharmacy Administration- Rotation with the leaders in the department of pharmacy

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

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

Formulary Management

- a. Residents will be involved in the creation of a formulary management deliverable (FMD) (monograph, Class Review, SBAR, Medication Use Evaluation, etc).
- b. The resident will support their project through the Pharmacy and Therapeutics (P&T) Committee and its subcommittees to standardize practices and improve overall safety and optimization of the medication use process.
- c. Residents will be assigned a Medication Use Strategy preceptor who will coordinate FMD.

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 (options vary annually based on department need).
- 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).



Department of Pharmacy Services

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.

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 8 days to be used for interviews, exams, or other attendance at non-required conferences (professional leave).
- c. Residents are provided up to 14 calendar days for sick leave/mental health. 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-preceptor 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.

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
Enterprise Director, Acute Care and Infusion

HSPAL Program Coordinator:

Type/Duration:	24 month/full-time residency with MSHA*
Number of Positions:	2
Application Deadline:	January 2 nd , 2025
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
 - 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

- a. 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
- b. 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.**
- c. Residents will have up to 19 weeks (three 5-week rotations and one 4-week rotation) available for elective rotations.
- d. 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.
- e. Additional rotations may be developed based on resident interest and preceptor availability.
- f. 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:
 - Poster presentation at the Vizient Pharmacy Council or held in conjunction with the ASHP Midyear Clinical Meeting or ASHP Futures.
 - Platform presentation on the results of their residency research project at the regional residency conference.
 - One seminar during the course of the residency year. The seminar is ACPE-accredited to provide continuing education (CE) to pharmacists.
 - 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 (4th of July, 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 Management	5 weeks
Supply Chain and 340B Management	5 weeks
Pharmacy Informatics	5 weeks
Ambulatory Pharmacy Management	5 weeks
Infusion Management and Sterile Compounding	5 weeks
Enterprise Pharmacy Strategy	4 weeks
Financial Management	5 weeks
Medication Use Strategy	4 weeks
Specialty Pharmacy Management	4 weeks
Health System Leadership	4 weeks
Elective*	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
- 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.
- 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.

Professional Leave for Meeting Attendance

- a. Residents may attend the following conferences in the PGY-2 residency year.
 - a. ASHP Leadership Conference (October) *Required*
 - a. Vizient Pharmacy Network Meeting (December) *Required*
 - a. ASHP Midyear Clinical Meeting (December) *Required*
 - a. ASHP Summer Meeting (June) *Optional*
 - a. 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 manager on-call every 6th week, in rotation with the pharmacy department managers and 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.

Master of Science in Health Administration

The Master of Science in Health Administration (MSHA) program through Virginia Commonwealth University (VCU) will begin in July after the resident achieves acceptance into the program. The MSHA program is longitudinal over 2 years and course requirements are distributed across both residency years. The MSHA program is completed in May of the PGY2 year once all graduation requirements are met.

- a. Master of Science in Health Administration (2 years)
 - Residents are required to complete and graduate from the MSHA from VCU.
 - Residents must adhere to the MSHA Student Handbook and complete all program requirements for graduation.
 - Failure to complete requirements for graduation of the MSHA program or dismissal from the MSHA program will be grounds for dismissal from the PGY2 HSPAL residency program.



PGY2 Ambulatory Care Pharmacy Residency

University of Virginia Health

Department of Pharmacy Services

P.O. Box 800674

Charlottesville, VA 22908-0674

Program Director:

Donna M. White RPh, BCACP, CDCES (she/her)

Office: 434-982-4013

Cell: 434-760-4834

dm4m@virginia.edu

Assistant Program Director:

Kevin Patrick Lonabaugh, BCACP, BCPPS, AE-C (he/him)

Phone: 434-465-8548

Kpl8f@uvahealth.org

Program Coordinator:

Kaitlyn Hipwell, PharmD, MPH

Phone: (434) 460-4842

Email: kmp4s@uvahealth.org

Residency Program

Type/Duration: 12 month/full-time residency

Number of Positions: 1

Application Deadline: Received by January 2, 2025

Starting Date: July 3, 2025

Estimated Stipend: \$62,189 (includes travel budget)

Interview Required: Yes

Fringe Benefits:

Health, dental, and liability insurance, 15 vacation or personal days, 14 sick/mental health days; 8 educational and travel allowances. Residents have access to professional leave to attend Clinical Meetings for required research. 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.

UVA Health Department of Pharmacy

The UVA Health department of pharmacy has over 300 team members who practice in various areas ranging from administration and business services, clinical inpatient care, and ambulatory settings. The inpatient hospital pharmacy provides decentralized dispensing and clinical services to an average daily census of 528 patients. Sterile compounding for patients occurs in a newly renovated state-of-the-art IV clean room. The department operates numerous pharmacist-run outpatient clinics, several outpatient dispensing pharmacies, a specialty pharmacy, mail order, and home infusion services. The entire department has extensive technology and automation to provide innovative and safe care. Recent outpatient pharmacy, outpatient surgical services with associated pre and post-op clinical pharmacy care, and community hospital expansion has allowed UVA to provide pharmacy services to an increased number of patients throughout the state of Virginia and beyond.

In addition, the department has more than 90 pharmacy student and resident preceptors serving our 12 ASHP-accredited residency programs as well as introductory and advanced experiential education of pharmacy students from Virginia Schools of Pharmacy.

Program Structure

The 2025-2026 UVA Health Pharmacy Residency will begin on July 1, 2025 and end on June 30, 2026. In July, residents will complete institutional/departamental onboarding activities followed by orientation.

Pharmacy residency policies can be referenced on the UVa pharmacy website at:

<https://www.medicalcenter.virginia.edu/pharmacy/residency-info/>

I. PGY2-Ambulatory Care Pharmacy Residency Rotations

Required Core Learning Experiences:

- Orientation (~3 weeks depending on early commit or external match)
- Internal Medicine – 10 weeks
 - Diabetes/Cardiology ½ day per week experience evaluated within the Internal Medicine Clinic
- Cardiology – 5 weeks
- Family Medicine Clinic -10 weeks

Required Longitudinal Learning Experiences:

- Service/staffing: 416 hours [The staffing component includes every 4th weekend in outpatient pharmacy (located at the Education Resource Center) and **one evening per week (4 hours) in a family medicine telephone follow up clinic**]
- Research Project: Up to 150 hours
- Practice Management/Committees: Up to 2-3 hours per month
 - Anticoagulation
 - Diabetes Education Collaborative
 - Other committees as needed

Elective Learning Experiences: 5 weeks; last rotation is 22 day (must choose 4)

- Geriatric Clinic
- Solid Organ Transplant Clinic
- Pediatric and Adult Pulmonary Clinic
- Heme/Onc Clinic
- Nephrology/Hemodialysis
- Neurology Clinic

Additional Requirements

- Co-precepting students and residents on rotation
- Preparing and presenting drug and/or disease-focused lectures to ambulatory, hospital, pharmacy, and multidisciplinary staff

Optional mini-rotations (up to 1 week in duration) are abbreviated experiences (2-5 days in duration) held in December for no more than a total of 5 days. These abbreviated experiences provide residents with exposure to areas in which:

- They do not have a scheduled rotation;
- They would like repeat experiences beyond their scheduled rotations; or
- They would like a varied experience beyond their scheduled rotations.
- Additionally, there are select mini-rotations held with services/ departments outside of the pharmacy (i.e., insulin pump training, psychiatry, toxicology). Mini Rotations are incorporated into the resident's longitudinal experience.

II. Research Activities

- The PGY2 Ambulatory Care pharmacy resident is required to complete a major research project suitable for publication. Graduation requirements include submission of a manuscript suitable for publication.
- In addition, the resident will present their research as an oral abstract or poster at a national organization meeting, general meeting, or pharmacy meeting of comparable scientific rigor.
- Research results will be presented to the appropriate institutional committee/ group as well.
- The resident may present a poster at the Department of Medicine Scholars/Research Day. Research days occur in December and in February for one week and are included in the longitudinal experience.

III. Presentation Requirements

- The resident is responsible for presenting one ACPE-accredited seminar for pharmacists as well as case presentations (minimum of 3) and journal clubs (minimum of 3).
- In services to clinical pharmacy staff and faculty/fellows may occur throughout the year
- Lecture at Virginia Commonwealth University School of Pharmacy or another professional group
- Residents will have a primary preceptor for each of their required presentations and residency projects. Residents and the program director identify appropriate preceptors for these requirements based on the topic.

IV. Service Requirement (416 hours)

- Outpatient retail pharmacy staffing every 4th weekend (two 8-hour day shifts)
- Clinic-based family medicine evening clinic outside of regular clinic rotation hours; 4-hour shift one day per week. This is outside of regular clinic hours and contributes to the total 416 service hours.
- Participation in the service component provides necessary training and allows the residents to meet the intent of the ASHP residency standard.
- Coverage for one major holiday weekend (Thanksgiving, Christmas, or New Year's)

V. Teaching

- Through a partnership with the Virginia Commonwealth University (VCU) School of Pharmacy, UVA Health pharmacy residents can earn a Teaching and Learning Certificate if this has not been obtained during a PGY1 residency year.
- The Department of Pharmacy serves as a rotation site for introductory and advanced pharmacy practice experiences for VCU and Shenandoah University School of Pharmacy students.
- Residents will have a variety of teaching opportunities that include didactic experiences and precepting students and PGY1 residents on clinical rotations.

PGY2 CARDIOLOGY PHARMACY RESIDENCY

University of Virginia Health System

University of Virginia Health System

P.O. Box 800674
Charlottesville, VA 22908-0674

Director of Pharmacy:

Danielle Griggs, PharmD, MBA, MS
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Program Director:

Steven P. Dunn, PharmD, FAHA, FCCP, BCCP
(434) 882-5642
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Contact Person:

Steven P. Dunn, PharmD, FAHA, FCCP, BCCP
(434) 882-5642
E-Mail: spdunn@virginia.edu

Residency Program Overview

Type/Duration: 12 month/full-time residency

Number of Positions: 1

Application Deadline: See PhorCAS

Starting Date: July 1

Estimated Stipend: \$62,189

Interview Required: Yes

Purpose:

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.

Fringe Benefits:

Medical, dental, and liability insurance; 15 vacation days; 14 sick days; professional leave days. Residents have access to professional leave to 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.

Training Site

Type: Hospital

Owner/Affiliate: State

Model Type: Teaching

Professional Staff: 150

Non-Professional Staff: 130

Total Beds: 671

Average Daily Census: 511

Special Features:

Comprehensive pharmacy services are supported by decentralized clinical pharmacy teams, state of the art automation/ technology and IV clean room, an electronic medical record, bar code medication administration, and computerized prescriber order entry. The University of Virginia Health System is a regional teaching and referral center offering a broad range of specialty services and supporting nationally recognized schools of medicine and nursing. UVa is also branch campus for the Virginia Commonwealth University School of Pharmacy. The UVA Heart & Vascular Center is a leading provider of cardiac medical and surgical subspecialties and offers state-of-the-art, nationally recognized care. Learn more about the UVA Heart & Vascular Center here: <https://uvahealth.com/locations/profile/heart-and-vascular-center>

Application Requirements

Applicants must:

- Complete an ASHP-accredited PGY-1 pharmacy residency
- Be a graduate of an ACPE-accredited advanced pharmacy program
- Be a licensed pharmacist in the Commonwealth of Virginia by September 1, 2026

Applicants must upload the following application materials into **PhORCAS by January 2nd, 2026**:

- Curriculum vitae
- Letter of intent
- Three references †
- Official college of pharmacy transcript

† Recommendation letters are a major consideration in evaluating program applicants, see detailed instructions in application requirements document

Program Structure

The 2026-2027 UVaHS Pharmacy Residency will begin on July 1, 2026 and end on June 30, 2027. Mandatory housestaff orientation will take place in mid-June, 2026. In July, residents will complete institutional/departmental onboarding activities followed by orientation to the UVA Heart & Vascular Center.

Pharmacy residency policies can be referenced on the UVa pharmacy website at:

<https://www.medicalcenter.virginia.edu/pharmacy/residency-info/>

I. PGY2-Cardiology Pharmacy Residency Rotations

Core Required Rotations - ~10 hours per day for 5 weeks (~250 hours direct patient care per rotation)

Acute Care Cardiology

Critical Care Cardiology

Cardiac Surgery

Heart Failure/Mechanical Circulatory Support

Practice Management and Professional Development (longitudinal – variable time)

Cardiology Clinic (longitudinal – 4 hours per week)

Selective Required Rotations (5 weeks of direct patient care)

2 of the following 3 rotations must be completed

- Advanced Critical Care Cardiology
- Advanced Heart Failure / Mechanical Circulatory Support
- Advanced Cardiac Surgery

Didactic learning opportunities

- Cardiology Grand Rounds
- Pharmacy Seminar
- Cardiology Fellows Core Conference

Elective direct patient care rotations (up to 5 weeks)

- Cardiology/Electrophysiology Consults
- Hematology
- Medical Intensive Care Unit
- Heart/Lung Transplant
- Pediatric Cardiology

Residents will have several 5 week rotations available for electives. Additional elective rotations may be developed based on resident interest and preceptor availability (e.g., emergency medicine, internal medicine, advanced acute care cardiology, etc.).

II. Research Activities

The PGY2 Cardiology pharmacy resident is required to complete a quality project and a major research project suitable for publication. Graduation requirements include submission of a manuscript suitable for publication. In addition, it is anticipated that the resident will present an oral abstract or poster at the American College of Cardiology general meeting or pharmacy forum. The resident will also present a poster at the Department of Medicine Scholars/Research Day

III. Presentation Requirements

Research project results will be presented at either a national/international meeting or local meeting of comparable scientific rigor. Additionally, each resident is responsible for presenting one ACPE-accredited seminar, as well as one case conference to clinical pharmacy staff and cardiology faculty/fellows. Additional presentation opportunities may also be available over the course of the year.

IV. Service Component

Pharmacy practice experience is required for the program with a total of 416 hours per resident that includes every fourth weekend in decentralized clinical roles plus a 3-4-hour evening shift no more frequently than once-weekly. Additionally the resident is required to work one four-day block associated with a major holiday (Thanksgiving, Christmas, or New Year's) and one four-day overnight block.

V. Certification

Residents complete American Heart Association Advanced Cardiac Life Support training and certification and may respond to cardiopulmonary emergencies if desired. Additionally, PGY2 residents have the opportunity to participate in the Certificate in Public Health Sciences for Resident and Fellow Physicians

<https://med.virginia.edu/phs/education-programs-in-public-health-sciences/certificate-program/>

VI. Teaching

Through a partnership with the Virginia Commonwealth University (VCU) School of Pharmacy, UVaHS pharmacy residents have the opportunity to earn a Teaching and Learning Certificate. As part of the VCU School of Pharmacy-UVa Division Satellite Campus, residents interact with pharmacy students completing their third and fourth professional years at the UVa Campus. Furthermore, the Department of Pharmacy serves as a rotation site for introductory and advanced pharmacy practice experiences for VCU and Shenandoah University School of Pharmacy students. Residents will have a variety of teaching opportunities that include didactic experiences and precepting students and PGY1 residents on clinical rotations.

The University of Virginia is an Equal Opportunity/Affirmative Action Employer. UVA is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal employment opportunities for qualified persons with disabilities

**University of Virginia Health
Department of Pharmacy Services
PGY-2 Critical Care Pharmacy Residency Program**

UNIVERSITY OF VIRGINIA HEALTH

PO Box 800674
Charlottesville, VA 22908-0674

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RESIDENCY PROGRAM

Type/Duration:	12 month/full-time residency
Number of Positions:	1
Application Deadline:	Received by January 1, 2026
Starting Date:	July 1, 2024
Estimated Stipend:	\$62,189 (stipends may vary each year and are inclusive of funds to support residency-related travel)
Interview Required:	Yes

PGY2 Purpose: 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.

Special Features: This residency provides opportunities for clinical pharmacy practice in a variety of Adult intensive care units, the emergency department, and pediatric intensive care unit in a large Academic medical center. Additionally, we are a training site for schools of pharmacy and offer opportunities to assist in the precepting of both students and PGY1 residents.

Fringe Benefits: Health, dental, vision, and liability insurance; up to 15 days of vacation/holiday leave, 14 sick days, and 5 interview days.

Application Requirements:

- Doctor of Pharmacy degree from an ACPE-accredited school of pharmacy
- ASHP accredited PGY1-Pharmacy Residency
- Virginia licensure by September 1st, 2026
- Letter of intent
- School of Pharmacy transcript
- Curriculum vitae
- Four letters of recommendation (at least 3 references related to clinical experience)

Training site: The UVA department of pharmacy has over 300 team members who practice in various areas ranging from administration and business services, clinical inpatient care, and ambulatory settings. The inpatient hospital pharmacy provides decentralized dispensing and clinical services to an average daily census of 528 patients. Sterile compounding for patients occurs in a newly renovated state-of-the-art IV clean room. The department operates numerous pharmacist-run outpatient clinics, several outpatient dispensing pharmacies, a specialty pharmacy, mail order, and home infusion services. The entire department has extensive technology and automation to provide innovative and safe care. Recent outpatient pharmacy, outpatient surgical services with associated pre and post-op clinical pharmacy care, and community hospital expansion has allowed UVA to provide pharmacy services to an increased number of patients throughout the state.

In addition, the department has greater than 90 pharmacy student and resident preceptors serving our 12 ASHP-accredited residency programs as well as introductory and advanced experiential education of pharmacy students from Virginia Schools of Pharmacy

PROGRAM STRUCTURE

The 2026-2027 PGY2-Critical Care Pharmacy Residency will begin on July 1, 2026 and end on June 30, 2027. **The orientation rotation is a Required 3 or 4 week experience** (3 weeks for a resident who has early committed from the UVA PGY-1 residency program and 4 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 2026. During the month of July residents complete onboarding activities and rotate through various Pharmacy Department areas to develop skills required for the provision of pharmacy services provided by the department. These services include decentralized pharmacy service, inpatient pharmacy, and centralized intravenous admixture. Additionally, residents will undergo competency evaluations in select areas such as the cardiac arrest program, various clinical topics, aseptic technique, and the electronic medical record. 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 centralized intravenous admixture areas or the Mandatory GME house-staff orientation (these would have been completed as a UVA PGY-1 resident).

The Pharmacy Residency policies can be referenced on the UVA Pharmacy website at:

<https://www.medicalcenter.virginia.edu/pharmacy/residency-info/>

PGY2 Critical Care Residency Rotations

Clinical Rotations will begin in late July. There are seven required clinical rotations, each five weeks in duration, and two required elective rotations [one for 5 week duration and one for 4 week duration (Rotation 9 is 4 weeks)]. Required Longitudinal Rotation Experiences are 12 month experiences and are as follows: Practice Management & Professional Development; Service/Staffing; Primary Research or Quality Improvement Project; and A second internal project addressing a medication- related quality topic. 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 Critical Care Residency Accreditation Standard Topics as defined in the Standards Appendix and documented in PharmAcademic.

Required Clinical Rotations (5 weeks Each)

- Surgical Intensive Care (SICU)
- Medical Intensive Care (MICU)
- Neurosciences Intensive Care (NNICU)
- Pediatric Intensive Care (PICU)
- Coronary Care Unit (CCU) –Or- Thoracic/Cardiovascular Post-Op Intensive Care (TCVPO)
- Emergency Medicine
- Infectious Diseases (General)

Required Elective Clinical Rotations

- Residents will have two elective rotations (one 5 week and one 4 week) to gain additional experience in the adult ICUs. They may choose from the following elective experiences:
 - Trauma Critical Care
 - CCU –Or- TCVPO (whichever was not selected as a required clinical rotation)
 - Medical Toxicology
 - MICU II (Advanced MICU)

Mini-Rotations and Research Days (December Block)

- Between the fourth and fifth rotation blocks (December), residents will have a mixture of research days and mini-rotations (Mini-rotations are evaluated as part of the Practice Management component of the residency). A research week is also provided during February.

Practice Management & Professional Development

- This longitudinal experience (occurring for the entire 12 month residency year to provide a global perspective of critical care pharmacy practice through participation in departmental and institutional committees; working with the Manager for Clinical Pharmacy Services in Critical Care in department leadership issues; contributing to the profession through teaching, scholarly activity, and service; and exposure to critical care professional organizations such as the Society of Critical Care Medicine (SCCM).
- The PGY2 Critical Care resident will serve as a co-chair (full voting member) on the Pharmacy Emergency Response Committee
- The PGY2 Critical Care resident will serve as a committee member in a Multidisciplinary departmental or institutional committee
- Mini-rotations opportunities are evaluated as part of the Practice Management component of the residency. Mini-rotation experiences (usually a 1-3 day exposure to each experience and total 5-8 days) with options including the following: Medical Emergency Response Team (MET); Nutrition; Benign Heme; Toxicology, CCU or TCVPO (whichever not selected as a required rotation).

Research Activities

- Completion of **a primary research or quality improvement project (QIP)** is a requirement of the residency (Longitudinal -12 month experience). The resident is expected to present the research and results in the

format of a platform or poster presentation at the University Of Virginia Department Of Medicine Scholars Day or other comparable scientific meeting. The final reports must be submitted in manuscript style and approved by the Project Advisor and Program Director.

- Completion of an **internal second project addressing a medication-related quality topic** is required (Longitudinal -12 month experience). The topic is selected based on the needs of the department and must be approved by the program director. The final report will be written in SBAR (Situation, Background, Assessment, and Recommendation) format and submitted to the appropriate committee.

Publications

- Submitting a manuscript, ready for publication, to the program director, is a residency requirement. Manuscripts must be formatted according to the stated author's requirements for the journal or other publication.

Additional Educational Requirements

- The resident must provide one, one-hour ACPE accredited seminar. The seminar is presented twice (on two separate days) to allow maximal staff participation.
- The resident must also provide six (6) educational activities [selected from the following options: journal club presentations (max of 2 count toward the 6 needed activities), presentations/in-services to LIPs, presentations/in-services to nursing staff, presentation at trauma conference, or peer review at least one article].
- As per ASHP Requirements: Prepare or revise a drug class review, monograph, treatment guideline or protocol related to care of critically ill patients, including proposals for medication-safety technology.
- As per ASHP Requirement: Participate in a medication-use evaluation related to care for critically ill patients. (This may be achieved within the Practice Management & Professional Development component, or within (as a portion of) the Primary Research or QIP project, or the second project addressing a medication related quality topic).

Service component (staffing component):

- In the service component, the resident will attain experience serving as a critical care clinical pharmacist role in a collapsed staffing model of clinical pharmacy services. Residents serve as follows: Every fourth weekend (rotating every other month as day shift then evening shift); A 4-hour evening clinical verification shift every week; 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 adjacent weekend; and one 4-day stretch of overnights (4 shifts of 10 hours each). Residents will be scheduled to work a minor holiday as well (July 4th, Memorial Day, or Labor Day). Your total service obligation (weekends, evenings, overnights, and holidays) will be 416 hours.

Professional Leave for Meeting Attendance

- Residents have access to professional leave to attend professional meetings including the Society of Critical Care Medicine Annual Congress.

- Your professional growth through participation in professional meetings is highly encouraged. As a result, 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.

Benefits (Vacation/ Interview Days/ Holidays)

- Regarding days 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 days cannot be used for weekend shifts; the resident must trade shifts with another pharmacist if necessary.
- Vacation also may not be used for terminal leave. All residents are expected to be at work during the last week of the residency.
- Each resident additionally receives up to 8 professional days to be used for interviews.
- 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 ACLS training and certification in the beginning of the residency year. 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 will respond to codes during the residency year.

Preceptors

- Residents will have a primary preceptor for each rotation, required presentations, the internal quality project, residency research or quality improvement project, and the service component. Residents and the program director identify appropriate preceptors for these requirements based on the topic.

**University of Virginia Health
Department of Pharmacy Services
PGY-2 Emergency Medicine Pharmacy Residency Program**

UNIVERSITY OF VIRGINIA HEALTH

PO Box 800674
Charlottesville, VA 22908-0674

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Program Coordinator: Katelyn Hipwell, PharmD, MPH
Phone: (434) 460-4842
E-mail: kmp4s@uvahealth.org

RESIDENCY PROGRAM

Type/Duration: 12 month/full-time residency
Number of Positions: 1
Application Deadline: Received by January 2, 2026
Starting Date: July 1, 2025
Interview Required: Yes

PGY2 Purpose: 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.

Special Features: UVA Health is a 671-bed, large academic medical center located in Charlottesville, VA. The Emergency Department (ED) expansion opened Fall 2019 and boasts a 70-bed, 45,000 ft² state of the art facility caring for over 60,000 patients per year.

The UVA Emergency Department is covered by a clinical pharmacist 24/7/365 in a state of the art Emergency Department (opened in October 2019). UVA Health is a regional teaching and referral center offering a broad range of specialty services and supporting national recognized schools of medicine and nursing.

This residency provides opportunities for clinical pharmacy practice in a variety of Adult intensive care units, the emergency department, and pediatric intensive care unit in a large Academic medical center. Additionally, we are a training site for schools of pharmacy and offer opportunities to assist in the precepting of both students and PGY1 residents.

Fringe Benefits: Health, dental, vision, and liability insurance; up to 15 days of vacation/holiday leave, 14 sick days, and 5 interview days.

Application Requirements:

- Doctor of Pharmacy degree from an ACPE-accredited school of pharmacy
- ASHP accredited PGY1-Pharmacy Residency
- Virginia licensure by October 1st, 2024
- Letter of intent
- School of Pharmacy transcript
- Curriculum vitae
- Three letters of recommendation
 - PGY1 RPD
 - Preceptor from Emergency Medicine
 - Other pharmacy preceptor of choice

Training site: The UVA department of pharmacy has over 300 team members who practice in various areas ranging from administration and business services, clinical inpatient care, and ambulatory settings. The inpatient hospital pharmacy provides decentralized dispensing and clinical services to an average daily census of 528 patients. Sterile compounding for patients occurs in a newly renovated state-of-the-art IV clean room. The department operates numerous pharmacist-run outpatient clinics, several outpatient dispensing pharmacies, a specialty pharmacy, mail order, and home infusion services. The entire department has extensive technology and automation to provide innovative and safe care. Recent outpatient pharmacy, outpatient surgical services with associated pre and post-op clinical pharmacy care, and community hospital expansion has allowed UVA to provide pharmacy services to an increased number of patients throughout the state.

In addition, the department has greater than 90 pharmacy student and resident preceptors serving our 12 ASHP-accredited residency programs as well as introductory and advanced experiential education of pharmacy students from Virginia Schools of Pharmacy

PROGRAM STRUCTURE

The 2025-2026 PGY2-Emergency Medicine Pharmacy Residency will begin on July 1, 2025 and end on June 30, 2026. **The orientation rotation is a Required 3 week experience.** Mandatory house-staff orientation through graduate medical education (GME) will take place in the beginning of July 2024. During the month of July residents complete onboarding activities and rotate through various Pharmacy Department areas to develop skills required for the provision of pharmacy services provided by the department. These services include decentralized pharmacy service, inpatient pharmacy, and centralized intravenous admixture. Additionally, residents will undergo competency evaluations in select areas such as the cardiac arrest program, various clinical topics, aseptic technique, and the electronic medical record. 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 centralized intravenous admixture areas or the Mandatory GME house-staff orientation (these would have been completed as a UVA PGY-1 resident).

The Pharmacy Residency policies can be referenced on the UVA Pharmacy website at:

<https://www.medicalcenter.virginia.edu/pharmacy/residency-info/>

PGY2 Emergency Medicine Residency Rotations

Clinical Rotations will begin in late July. There are six required clinical rotation, and one elective rotation. Required Longitudinal Rotation Experiences are 12 month experiences and are as follows: Practice Management & Professional Development; Service/Staffing; Research Project; and Quality Project. 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 Emergency Medicine Residency Accreditation Standard Topics as defined in the Standards Appendix and documented in PharmAcademic.

Required Clinical Rotations

- Emergency Medicine (EM) 1 – 8 weeks
- EM 2 – 6 weeks
- EM 3 – 9 weeks
- Pediatric EM – 5 weeks
- Medical Critical Care – 5 weeks
- Toxicology – 5 weeks

Required Elective Clinical Rotations

- Residents will have one elective rotation to gain additional experience in the adult ICUs. They may choose from the following elective experiences:
 - Trauma Critical Care – 5 weeks
 - Surgical Critical Care – 5 weeks
 - Neuro Critical Care – 5 weeks

Mini-Rotations and Research Days (December Block)

- In December, residents will have a mixture of research days and mini-rotations (Mini-rotations are evaluated as part of the Practice Management component of the residency). A research week is also provided during the second half of the residency year.

Practice Management & Professional Development

- This longitudinal experience (occurring for the entire 12 month residency year to provide a global perspective of emergency medicine pharmacy practice through participation in departmental and institutional committees; working with various Managers for Clinical Pharmacy Services in department leadership issues; contributing to the profession through teaching, scholarly activity, and service; and exposure to professional organizations.
- The PGY2 Emergency Medicine resident will serve as a co-chair (full voting member) on the Pharmacy Emergency Response Committee
- Mini-rotations opportunities are evaluated as part of the Practice Management component of the residency. Mini-rotation experiences (usually a 1-3 day exposure to each experience and total 5-8 days) with options including the following: Medical Emergency Response Team (MET), Various EMS agencies, Neuro ICU, Pediatric Sedation Team.

Research Activities

- Completion of **a primary research project** is a requirement of the residency (Longitudinal -12 month experience). The resident is expected to present the research and results in the format of a platform or poster presentation at the University Of Virginia Department Of Medicine Scholars Day or other

comparable scientific meeting. The final reports must be submitted in manuscript style and approved by the Project Advisor and Program Director.

- Completion of a **quality project** is required (Longitudinal -12 month experience). The topic is selected based on the needs of the department and must be approved by the program director. The final report will be written in SBAR (Situation, Background, Assessment, and Recommendation) format and submitted to the appropriate committee.

Publications

- Submitting a manuscript, ready for publication, to the program director, is a residency requirement. Manuscripts must be formatted according to the stated author's requirements for the journal or other publication.

Additional Educational Requirements

- The resident must provide one, one-hour ACPE accredited seminar. The seminar is presented twice (on two separate days) to allow maximal staff participation.
- The resident must also provide 2 journal club presentations for pharmacists, 2 presentations/in-services to medical staff, and 2 presentations to nursing.
- Prepare or revise a drug class review, monograph, treatment guideline or protocol related to care of emergency medicine patients, including proposals for medication-safety technology.
- Participate in a medication-use evaluation related to care for emergency medicine patients. (This may be achieved within the Practice Management & Professional Development component, or as part of the quality project.

Service component (staffing component):

- In the service component, the resident will attain experience serving as an emergency medicine pharmacist staffing model of clinical pharmacy services. Residents serve as follows: Approximately every third- fourth weekend staffing the emergency department; 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 adjacent weekend; and a total of 14 night shifts covering the ED spread throughout the year. Residents will be scheduled to work a minor holiday as well (July 4th, Memorial Day, or Labor Day). Your total service obligation (weekends, evenings, overnights, and holidays) will be 416 hours.

Professional Leave for Meeting Attendance

- Residents have access to professional leave to attend professional meetings
- Your professional growth through participation in professional meetings is highly encouraged. As a result, 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.

Benefits (Vacation/ Interview Days/ Holidays)

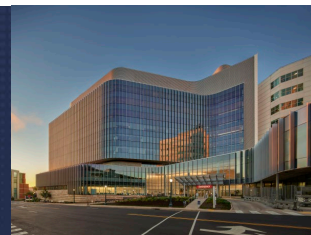
- Regarding days for personal leave or vacation, in order to avoid conflicts with rotation training experiences, the maximum amount of time off permitted in a rotation is up to 20% of days on rotation. Vacation days cannot be used for weekend shifts; the resident must trade shifts with another pharmacist if necessary.
- Vacation also may not be used for terminal leave. All residents are expected to be at work during the last week of the residency.
- Each resident additionally receives up to 5 professional days to be used for interviews.
- 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 ACLS training and certification in the beginning of the residency year. 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 will respond to codes during the residency year.

Preceptors

- Residents will have a primary preceptor for each rotation, required presentations, quality project, research project, and the service component. Residents and the program director identify appropriate preceptors for these requirements based on the topic.



PGY2 Infectious Diseases Pharmacy Residency Program

Residency Program Overview

Type/duration: 12 month/full-time residency

Number of positions: 1

Starting date: July 1

Interview required: Yes

Program Director:

Heather L. Cox, PharmD, BCIDP

Lead Pharmacist, Infectious Diseases

hlc4b@uvahealth.org

Assistant Program Director:

Lindsay Donohue, PharmD, BCIDP

Clinical Pharmacist, Infectious Diseases

ld3bm@uvahealth.org

Purpose

The UVA Health ASHP-accredited PGY2 Infectious Diseases Pharmacy Residency Program builds on Doctor of Pharmacy education and PGY1 pharmacy residency programs to develop clinical pharmacists in advanced or specialized practice in Infectious Diseases. PGY2 training provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated knowledge, skills, and abilities into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic or other specialized positions, and board certification.

Infectious Diseases Pharmacotherapy Services

A team of 7 Infectious Diseases pharmacists provides pharmacotherapy services in the following settings: General and Immune Compromised Host Infectious Diseases consult services, Antimicrobial Stewardship/Clinical Microbiology, Outpatient Parenteral Antimicrobial Therapy (OPAT), Pediatric Infectious Diseases, and Ambulatory Care/Ryan White HIV Clinic. The UVA Antimicrobial Stewardship Program has operated for more than 25 years and activities are supported by TheraDoc® and several rapid diagnostic platforms in collaboration with Clinical Microbiology. ID pharmacists also serve as institutional leaders in healthcare-associated infection prevention efforts in partnership with Medical Center Quality and Performance Improvement and Infection Prevention and Control. The Division of Infectious Diseases and International Health has a long tradition of excellence in research, patient care, and education. Learn more about the Division [here](#).

Program Structure

The UVA Health PGY2 ID Pharmacy Residency begins on July 1, 2025 and ends on June 30, 2026. Mandatory housestaff orientation through graduate medical education (GME) will take place during the first week of July. The orientation rotation is a mandatory 3-4 week experience where residents complete institutional and departmental onboarding activities followed by orientation to Infectious Diseases Pharmacy services. Residents entering the program via the early commitment process will have a modified schedule since GME and departmental orientation are completed as a PGY1 resident. Pharmacy residency policies can be referenced on the UVA pharmacy [website](#). Clinical rotations will begin in late July. Required and elective clinical experiences are shown below in Table 1. The following 12-month longitudinal experiences are also required: Practice Management and Professional Development, Service,

Research Project, Quality Improvement/Practice Advancement Project. 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 (with none deemed “Needs Improvement”) and show completion of all ASHP PGY2 Infectious Diseases Residency Accreditation Standard topics as defined in the Standards Appendix and documented in PharmAcademic.

Table 1: PGY2 Infectious Diseases Clinical Experiences

Required experiences (5 weeks unless otherwise specified)	Elective experiences (2 to 4 weeks)
Orientation (3-4 weeks)	Advanced Antimicrobial Stewardship
Adult General Infectious Diseases I and II	Malignant hematology/Stem cell transplant
Transplant and Immune-compromised Host ID Consult Service I and II	Medical intensive care
Clinical Microbiology and Antimicrobial Stewardship I	Pediatric Infectious Diseases
Antimicrobial Stewardship II (6 weeks)	Solid organ transplant
Outpatient Parenteral Antimicrobial Therapy	Surgery/trauma intensive care
HIV clinic (longitudinal, a half-day every week)	

Other elective learning experiences may be developed based on resident interest and preceptor availability e.g. Emergency Medicine, Internal Medicine

Practice Management and Professional Development

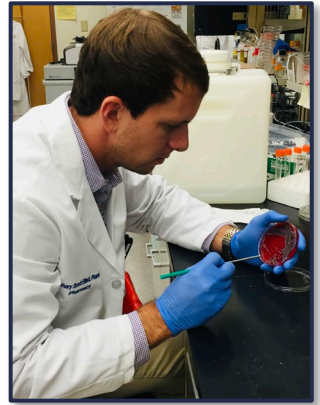
This longitudinal experience occurs during the entire 12 month duration of the residency year and provides a global perspective of Infectious Diseases pharmacy practice through participation in institutional workgroups, medication safety activities, antimicrobial stewardship program management, and by contributing to the profession through teaching, scholarly activity, and exposure to professional organizations. The PGY2 ID resident will serve on the Antimicrobial Utilization Committee (AUC) and contribute as an active participant by completing at least one anti-infective class review or monograph and preparing or revising a treatment guideline or protocol for presentation to AUC or another appropriate venue. Shorter clinical experiences (<2 weeks) in elective areas may also be incorporated here in order to expand a resident’s professional development opportunities.

Service

Pharmacy practice experience as a staffing component is required for a total of 416 hours annually. The PGY2 ID resident serves primarily in an ID-specific role during weekend activities in an every fourth weekend cadence. Responsibilities include but are not limited to: vancomycin/aminoglycoside pharmacokinetic consultation, prospective audit and feedback in response to rapid diagnostic testing and other real-time microbiology results, ID-related drug information services for pharmacists and ID consult teams, and retrospective review of anti-infectives requiring preauthorization. Clinical/distributive support in a general role is provided during a 4-hour evening shift no more than once weekly (1600-2000) and during a 3-4 day stretch of overnight shifts with appropriate compensatory time once annually. Finally, all residents are expected to work one major holiday block (Thanksgiving, Christmas, or New Year’s) and one minor holiday (varying based on organization and department need).

Projects

The PGY2 Infectious Diseases pharmacy resident is required to complete a major research project suitable for publication and a second quality improvement or practice advancement project as assigned by the program director. The research project must be submitted in manuscript style (suitable for publication) to the program director, while both projects must be presented verbally either locally or at an external conference. Project-related graduation requirements also include submission of 1) a manuscript to a biomedical journal or 2) an abstract to an Infectious Diseases conference e.g. IDWeek™, ASM Microbe, SHEA Spring Conference, MAD-ID. The resident will also present a poster at the Department of Medicine Scholars/Research Day if schedules allow. Dedicated research time is provided intermittently between November and February.



Presentation Requirements

Each UVA pharmacy resident is responsible for presenting one ACPE-accredited seminar for pharmacists. The seminar is presented twice on different days to maximize opportunity for attendance. The PGY2 ID resident must also present at least 1 journal club for the ID pharmacist team, 1 inservice for a non-ID clinical pharmacist team, and 2 presentations for medical and/or microbiology colleagues. The major seminar presentation is evaluated as a separate longitudinal (2-month) experience in PharmAcademic, while other presentations are evaluated within select clinical rotations or the Practice Management and Professional Development experience.

Professional Leave for Meeting Attendance

Professional growth through participation in professional meetings is highly encouraged. As a result, base resident stipends were increased to support travel to professional meetings and residents are responsible for all meeting-related travel expenses using the funds added to the annual stipends. At a minimum, UVA PGY2 Infectious Diseases residents traditionally attend IDWeek™, including the “Best Practices in Antibiotic Stewardship Programs” workshop.

Benefits

Medical, dental, and liability insurance; 15 days for personal leave, vacation, or holidays; up to 8 professional leave days; up to 14 sick days. If there are additional sick days, vacation must be used. Those sick for 2 or more consecutive days must present a physician’s note to the Program Director. In the case of extended illness or disability, please refer to the Leave or Request for Absence Policy. Professional leave supports interviews and permits attendance at a national Infectious Diseases meeting of the resident’s choice. Residents may attend other meetings at the discretion of the program directors. Base stipends have been increased to support travel to professional meetings. As a result, residents are responsible for paying meeting-related expenses through the funds added to annual stipends.

Certification

Residents are required to complete BLS training and certification. ACLS certification is not a program requirement.

Teaching

Through a partnership with the Virginia Commonwealth University (VCU) School of Pharmacy, UVA pharmacy residents have the opportunity to earn a Teaching and Learning Certificate. The Department of Pharmacy also serves as a rotation site for introductory and advanced pharmacy practice experiences for VCU, Shenandoah University, and the Appalachian College of Pharmacy. Residents will have a variety of teaching opportunities that include didactic experiences and precepting students and PGY1 residents on clinical rotations. The Department of Pharmacy has more than 90 preceptors who partner to serve our 12 ASHP-accredited residency programs our student rotations.

PGY2 Internal Medicine Pharmacy Residency

University of Virginia Health System

University of Virginia Health System
P.O. Box 800674 Charlottesville, VA
22908-0674

Director of Pharmacy:
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(434) 760-4843
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Program Director:
Sara Valanejad, PharmD, MSCR, BCPS
(434) 882-5641
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Residency Program Overview

Type/Duration: 12 month/full-time residency
Number of Positions: 1
Application Deadline: 1/2/25
Starting Date: July 1
Estimated Stipend: \$62,189
Interview Required: Yes

Purpose:

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.

Fringe Benefits:

Medical, dental, and liability insurance; 15 vacation days; 14 sick days; professional leave days. Residents have access to professional leave to 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.

Training Site

Type: Hospital
Owner/Affiliate: State
Model Type: Teaching
Professional Staff: 150
Non-Professional Staff: 130
Total Beds: 671
Average Daily Census: 528

Special Features:

Comprehensive pharmacy services are supported by decentralized clinical pharmacy teams, state of the art automation/technology and IV clean room, an electronic medical record, bar code medication administration, and computerized prescriber order entry. The University of Virginia Health System is a regional teaching and referral center offering a broad range of specialty services and supporting nationally recognized schools of medicine and nursing.

Application Requirements

Applicants must:

- Complete an ASHP-accredited PGY-1 pharmacy residency
- Be a graduate of an ACPE-accredited advanced pharmacy program
- Be a licensed pharmacist in the Commonwealth of Virginia by September 1, 2024

Applicants must upload the following application materials into **PhORCAS by January 2, 2026**:

- Curriculum vitae
- Letter of intent
- Three references †
- Official college of pharmacy transcript

† Recommendation letters are a major consideration in evaluating program applicants, see detailed instructions in application requirements document

Program Structure

The 2025-2026 UVA Health Pharmacy Residency will begin on July 1, 2025 and end on June 30, 2026.

Pharmacy residency policies can be referenced on the UVA pharmacy website at: <https://www.medicalcenter.virginia.edu/pharmacy/residency-info/>

I. PGY2-Internal Medicine Pharmacy Residency Rotations

Core Required Rotations - ~10 hours per day for 5 weeks (~250 hours direct patient care per rotation)

- Teaching service/co-precepting (2)
- Hospitalist service focused (1)
- Teaching service/primary preceptor focus (1)
- Medical intensive care (1)
- Practice Management and Professional Development (longitudinal – variable time)
- Ambulatory clinic experience (longitudinal – 4 hours every 1- 2 weeks)

Elective Learning Experiences (4)

- Transplant
- Infectious diseases
- Cardiology
- Emergency medicine
- Oncology
- Neurology
- Nephrology
- Benign hematology
- Mini rotations: Palliative care, Genetic counseling, Smoking Cessation

Didactic learning opportunities

- Medicine Grand Rounds
- Hospitalist Meetings
- Pharmacy Seminar

Residents will have 4 to 5 week rotations available for electives depending on selected rotation. Additional elective rotations may be developed based on resident interest and preceptor availability.

II. Research Activities

The PGY2 Internal Medicine pharmacy resident is required to complete a quality project and a major research project suitable for publication. Graduation requirements include submission of a manuscript suitable for publication. In addition, it is anticipated that the resident will present an oral abstract or poster at the American College of Clinical Pharmacy (ACCP) or pharmacy forum. The resident will also present a poster at the Department of Medicine Scholars/Research Day.

III. Presentation Requirements

Research project results will be presented at either a national/international meeting or local meeting of comparable scientific rigor. Additionally, each resident is responsible for presenting one ACPE-accredited seminar, as well as one case conference to clinical pharmacy staff and medicine faculty. Additional presentation opportunities may also be available over the course of the year.

IV. Service Component

Pharmacy practice experience is required for the program with a total of 416 hours per resident that includes approximately every fourth weekend in decentralized clinical roles plus a 3-4-hour evening shift no more frequently than once-weekly. Additionally, the resident is required to work one block associated with a major holiday (Thanksgiving, Christmas, or New Year's) and one four-day overnight block.

V. Certification

Residents complete American Heart Association Advanced Cardiac Life Support training and certification and may respond to cardiopulmonary emergencies if desired.

VI. Teaching

Through a partnership with the Virginia Commonwealth University (VCU) School of Pharmacy, UVA HS pharmacy residents have the opportunity to earn a Teaching and Learning Certificate. Residents will interact with pharmacy students completing their third and fourth professional years at VCU. Furthermore, the Department of Pharmacy serves as a rotation site for introductory and advanced pharmacy practice experiences for VCU and Shenandoah University School of Pharmacy students. Residents will have a variety of teaching opportunities that include didactic experiences and precepting students and PGY1 residents on clinical rotations.

The University of Virginia is an Equal Opportunity/Affirmative Action Employer. UVA is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal employment opportunities for qualified persons with disabilities

PGY2 Oncology Pharmacy Residency Overview

Residency Program Overview

Type/Duration: 12 month/full-time residency

Number of Positions: 2

Starting Date: July 1, 2025

Program Director

Andrew Whitman, PharmD, BCOP

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Assistant Program Director

Lia Lynch, PharmD, BCOP

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Training Site

The University of Virginia (UVA) Health is a state-owned teaching hospital, with approximately 671 beds and an average daily census of 528. The pharmacy staff consists of about 320 professional and non-professional staff members. The Emily Couric Cancer Center is a comprehensive cancer center that contains a recently renovated infusion center that now contains 54 infusion bays and a state-of-the-art compounding pharmacy. UVA also has five off-site oncology clinics and infusion centers. The site includes inpatient oncology, malignant hematology, stem cell transplant, and cellular therapy services.

Purpose

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.

Program Structure

The 2025-2026 UVA Health Pharmacy Residency will begin on July 1, 2025 and end on June 30, 2026. Residents will complete house staff orientation and departmental onboarding activities followed by orientation to the oncology pharmacy services during the month of July. Residents will additionally undergo competency evaluations in select areas, including but not limited to, pharmacy emergency response program, aseptic technique, pharmacokinetic consults, and pharmacy computer applications. Policies can be referenced on the UVA pharmacy website. Learning experiences range from 4-6 weeks (rotations) or longitudinally, throughout the duration of the residency year.

PGY-2 Oncology Pharmacy Learning Experiences

<u>Orientation 2-3 weeks</u>	<u>Other required learning experiences –varying duration</u>
<ul style="list-style-type: none"> • Infusion staffing • Weekend staffing • Inpatient pharmacy 	<ul style="list-style-type: none"> • Professional development and practice management • Quality Improvement Project • Research Project • Medication Use Evaluation (MUE) • Medication guideline, protocol, or monograph • Seminar/Presentation • Service (weekend/evenings)
<u>Core Required Rotations – 4-6 weeks each</u>	
<ul style="list-style-type: none"> • Inpatient malignant Hematology • Outpatient clinic 1* 	

- Outpatient clinic 2*
- Outpatient clinic 3*
- Stem Cell transplantation
- Infectious Diseases – Adult Immunocompromised
- Oncology investigational drug services
- Medical Oncology/Supportive care
- **Longitudinal learning experience**
 - **Half day once weekly**
 - **48-50 weeks/residency year**

*Outpatient clinic rotations incorporate a variety of oncology disease states (both malignant hematology, BMT, and solid tumor)

± Description of program structure may include unassigned elective rotations (based on resident interest)

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

Elective Rotations 4-6 weeks each[±]

- Advanced Inpatient Malignant Heme and SCT
- Benign Hematology
- Infusion center clinical supportive care rotation
- Other opportunities based on resident interest may be developed (i.e., “Hem/Onc elective”)

Mini-rotation(s)# – 2-7 days in duration during

December. Learning opportunities include, but are not limited to:

- Pediatric oncology
- Genetic counseling
- Palliative care
- Pain clinic
- Radiation oncology

Scholarship Activities

- The PGY2 oncology pharmacy resident is required to complete both a quality improvement project and research project.
- Graduation requirements include submission of a research or quality improvement project manuscript suitable for publication.
- It is anticipated that the resident will present an oral abstract or poster at a local, state, or national oncology meeting (i.e., HOPA).
- Each resident is required to complete an MUE and medication guideline, protocol, or monograph.

Presentations and Teaching

- Each resident is responsible for presenting one ACPE-accredited one-hour seminar for pharmacists.
- Other presentation opportunities are available through the VCU School of Pharmacy Oncology Therapeutics Module and UVA oncology fellows lectures.
- Through partnership with the VCU School of Pharmacy, UVA Health pharmacy residents have the opportunity to earn a Teaching and Learning certificate.

Service Component

- Weekend distributive functions provide necessary training for the resident. The total staffing commitment is 416 hours.

- For PGY2 residents, this includes staffing every fourth weekend (divided among inpatient oncology service and infusion center pharmacy staffing) plus a 4-hour evening shift (inpatient/centralized pharmacy) no more frequently than once weekly.
- PGY2 residents are also required to complete one overnight stretch (3-4 nights).
- The resident is required to work one minor holiday (Labor Day or Memorial Day) and one block associated with a major holiday (Thanksgiving, Christmas, or New Year's).

Certification

- 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.
- PGY2 oncology pharmacy residents are not included on the list of residents responding to in house emergency response calls during the residency year (i.e., they do not cover the code bag).

Professional Leave for Meeting Attendance

- Residents will attend the Hematology Oncology Pharmacy Association (HOPA) Annual Meeting. 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.

Benefits (Vacation/Interview days/Holidays)

- 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.
- Each resident also receives up to 8 days to be used for interviews (professional leave).
- Residents are provided up to 14 calendar days for sick leave/mental health. 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.

List of PGY2 Oncology specific residency requirements for program completion (Standard 2.5) *

1. All longitudinal learning experiences and required rotations completed.

☐ Validated by RPD

2. The resident has earned an assessment of “Achieved for Residency” for $\geq 80\%$ the required objectives of the residency program (Standard 2.5.a.1). No objectives can have a final assessment of “Needs Improvement”.

☐ % of objectives achieved:

3. Quality improvement or other practice advancement project completed with presentation of results at an oncology-specific conference (e.g., HOPA) or at the UVA Hematology/Oncology Subcommittee

Project title:

☐ Presented (date, location):

4. Research project completed with final report submitted to preceptor and RPD in manuscript style

Project title:

☐ Manuscript submitted and deemed final by all preceptors and RPD (date):

5. Poster presentation at Oncology-specific conference, UVA Department of Pharmacy Medicine Scholars/Research Day and/or UVA Pharmacy Research Day.

Project title:

☐ Venue and date:

6. ACPE accredited continuing education seminar.

Title:

☐ Presentation dates:

7. At least one medication guideline, protocol, or drug monograph

Title:

☐ Destination and stakeholder workgroup (date):

8. At least one Medication Use Evaluation (MUE)

Title:

☐ Destination and stakeholder workgroup (date):

9. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by StaffReady/Service preceptor and RPD

10. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.
 - ☐ Validated by RPD
11. Documentation of all leave time in the residency leave database
 - ☐ Validated by Coordinator
12. Documentation of all duty hours in New Innovations/PharmAcademic
 - ☐ Validated by Coordinator
13. Return all devices, charges, and name badge during close-out graduation meeting
 - ☐ Validated by Pharmacy IT
14. PharmAcademic Appendix (CAGO) completed:
 - ☐ Validated by RPD in PharmAcademic

**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, infectious diseases, 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, 2025

Orientation

The 2025-2026 University of Virginia (UVA) Health System PGY2 Pediatric Pharmacy Residency program will begin on July 1, 2025 and end on June 30, 2026. 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 and Assistant 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 14 weeks (two 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, 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)
Pediatric Hematology/Oncology
Pediatric Infectious Diseases
Pediatric Medication Safety

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
Precepting

Longitudinal Rotations Experiences

- a. Ambulatory Care – *Pediatrics*: This longitudinal experience will be 5 months in duration beginning in August until December. On Wednesday afternoon, the PGY2 resident will attend the Pediatric Hematology/Oncology clinic each week. They will gain experience with outpatient management and transitions of care all while building rapport with the clinic providers and patients they see weekly.
- b. 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.
- c. 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.

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. Selection of one (1) research or quality project is required.
- b. 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.
- c. This longitudinal activity will be introduced during orientation and completed by the end of June; therefore, the activity runs August – 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 two journal clubs

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 its 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.

PGY2 Pharmacy Informatics Residency Program Overview

Program Structure

The 2025-2026 University of Virginia (UVA) Health System PGY2 Pharmacy Residency program will begin July 1, 2025 and end on June 30, 2026.

New residents are required to attend housestaff orientation. During the month of July, residents will rotate through various pharmacy areas and develop skills required for the provision of services provided by the department. These services include inpatient pharmacy and centralized intravenous admixture. Residents will additionally undergo competency evaluations in select areas, such as aseptic technique, the electronic health record, and pharmacy automation systems.

Special Features

Comprehensive pharmacy services are supported by decentralized clinical pharmacy teams, state of the art automation/ technology and IV clean room, an electronic medical record, bar code medication administration, and computerized prescriber order entry. The University of Virginia Health System is a regional teaching and referral center offering a broad range of specialty services and supporting nationally recognized schools of medicine and nursing. This program is designed to offer a unique, hands-on, in-depth experience in both acute care and ambulatory settings. Focus is placed on pharmacy automation, data analytics, and the electronic health record.

Required Rotations

- Orientation (3 weeks/2 weeks for early commit residents)
- Acute Care Operations (4 weeks)
- Ambulatory and Specialty Pharmacy Informatics (5 weeks)
- Business Intelligence and Data Analytics (6 weeks)
- Clinical Informatics, Medication Safety, and Quality (4 weeks)
- Health System Application (5 weeks)
- Health System Informatics (4 weeks)
- Introduction to IT Systems and Technology (5 weeks)
- Advanced IT Systems and Technology (5 weeks)
- Medication Use Informatics (4 weeks)
- Supply Chain (5 weeks)

Longitudinal Experiences (required unless otherwise noted):

- Longitudinal Staffing (11 months)
 - Weekend (about every 3rd) and evening distributive functions provide necessary training for the resident and are a requirement of the ASHP residency accreditation standard (minimum of 416 hours is required).
- Epic Willow Inpatient Certification/Accreditation (6 months)
 - Residents are required to complete the Epic Willow Inpatient certification/accreditation.
 - Residents will be permitted to take the Epic course once and will be given the maximum number of test attempts allowed by Epic.
 - Epic certification/accreditation is required to be obtained prior to January.
 - Failure to receive certification/accreditation within the designated timeframe, failure of all permitted test attempts, or failure of any other component of the certification/accreditation process that necessitates retaking the course will be grounds for dismissal from the program.
- Enterprise EMR (6 months)
 - This rotation builds on the knowledge gained during Epic certification/accreditation training. During this experience, the resident will work with an EMR specialist to complete build tasks within the EMR application.
 - This experience will start in January after completion of the Epic Certification/Accreditation. Experience can start early if Epic Certification/Accreditation is achieved earlier.
- Pharmacy Informatics On-Call (9 months)

- Residents will be required to participate in the on-call rotation for the Pharmacy Informatics and Clinical Decision support team. The on-call is a weekly rotation and will be scheduled to coincide with longitudinal staffing weekends. This experience will start in October.
- Project (Quality or Research) (12 months)
 - Residents will be required to complete one project (research and/or quality improvement) with a final report submitted in manuscript style.
 - Poster presentation of project at the Vizient Pharmacy Council Meeting Poster Session, UVA Department of Medicine Scholars/ Research Day, or other comparable scientific meeting.
- Seminar (2 months)
 - Residents are required to present an ACPE-accredited continuing education seminar.
- Teaching and Learning Certificate (12 months)
 - Residents have the option of earning a Teaching and Learning Certificate through UVA and Virginia Commonwealth University (VCU) School of Pharmacy.
 - This is an optional learning experience and is not required for residency completion

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 8 days to be used for interviews, exams, or other attendance at non-required conferences (professional leave).
- c. Residents are provided up to 14 calendar days for sick leave/mental health. 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.

Advisors

- 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.

PGY2 Solid Organ Transplant Pharmacy Residency Program Overview

Residency Purpose Statement

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.

Program Structure

The PGY2 Solid Organ Transplant (SOT) Pharmacy Residency Program at the University of Virginia (UVA) Health System is a 12-month program that begins in early July and concludes at the end of June.

Residents must attend graduate medical education orientation held at the beginning of the residency year. Residents will participate in a 3 to 4-week orientation. During orientation, 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. Residents who have early committed as PGY1 residents will have a modified orientation experience.

Rotations begin in late-July and are 5 weeks in duration unless otherwise noted. To maintain compliance with the accreditation standard, 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.

PGY2 SOT Pharmacy Residency Rotations

I. Required Rotations (Direct Patient Care noted (DPC))

- Transplant- Abdominal I (kidney, liver, pancreas)- DPC
- Transplant- Kidney/pancreas II- DPC
- Transplant- Liver II- DPC
- Transplant- Heart/lung I- DPC
- Transplant- Heart II- DPC
- Transplant- Lung II- DPC
- Transplant- Clinic I- DPC
- Transplant- Clinic II- DPC
- Transplant- Immunocompromised infectious diseases- DPC

II. Required Longitudinal Experiences

- Transplant-Pediatrics (kidney, heart, liver)- DPC (9-month experience starting September 1st)
 - Due to the unpredictable nature of transplantation and the small number of patients per year, pediatric transplant will be a longitudinal experience
 - SOT PGY2 resident will rotate coverage every 2 weeks with the Pediatric pharmacy resident when on a transplant associated rotation (all off-service blocks are excluded)
 - Coverage Monday – Friday and no more than 3 hours per week will be spent covering pediatric transplant
- Research and Quality projects (12-month experience)
- Service (12-month experience)
- Practice Management and Committees (12-month experience)

III. Mini rotation experience opportunities

- Immunology lab
- Transplant quality
- United Network for Organ Sharing (UNOS) visit

IV. Mini-Rotations and Research Days

During October and November, the resident will have research days to allow completion of research project in time for the early abstract deadline for the American Transplant Congress or other appropriate transplant meeting. Mini-rotations will occur as availability arises throughout the year.

Research and Quality Improvement Project Requirements

- I. The PGY2 transplant pharmacy resident is required to complete a major research project and submit a final report in manuscript style. The final report must be approved by the Project Advisor and Program Director. The research project will be initiated early in the residency year with a goal of abstract submission in early December to the American Transplant Congress or equivalent scientific meeting. If accepted, the poster/oral presentation will be presented during the appropriate transplant conference. The resident may also present their research as a poster during the UVA Department of Medicine or Surgery Research Scholar's Day.
- II. Additionally, during the year, the resident will complete a second project assigned by the residency program director. Completed projects will be presented at the appropriate pharmacy or transplant committee meeting with associated recommendations for quality improvement at the University of Virginia Health.

Presentation Requirements

- I. Each resident is responsible for presenting one ACPE-accredited seminar to provide continuing education (CE) to pharmacists
- II. Additional required presentations for the PGY2 transplant pharmacy resident include: 2 formal presentations to the transplant department (audience of transplant MDs, NPs, RNs) and the transplant nursing core curriculum (immunology and pharmacology lectures)

Longitudinal Service

- I. Participation in the service component provides necessary training and allows the residents to meet the intent of the ASHP residency standard. The total staffing commitment is 416 hours.
- II. PGY2 transplant resident will work to provide decentralized transplant clinical pharmacy coverage on weekends and holidays.
 - Weekend staffing approximately every 4th weekend
 - One 4-day stretch over a major holiday (Thanksgiving, Christmas, or New Year's)
 - One minor holiday (Memorial Day, Juneteenth, July 4th, Labor Day)
- III. The resident will also provide centralized clinical and operations support during a 4-hour weekday evening shift and during one 4-day overnight stretch during the residency year.

Professional Leave for Meeting Attendance

- I. Residents will attend American Transplant Congress or equivalent scientific meeting. 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.

Benefits (Vacation/Interview days/Holidays)

- I. 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.
- II. Each resident also receives up to 8 days to be used for interviews (professional leave).
- III. Residents are provided up to 14 calendar days for sick leave/mental health. 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

- I. 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

- I. Residents have ample opportunity to interact with pharmacy students. The Department of Pharmacy serves as a rotation site for introductory and advanced pharmacy practice experiences for Virginia schools of pharmacy and select other programs across the nation. Residents will have a variety of teaching opportunities that include didactic experiences and precepting students on clinical rotations.
- II. Residents have the option of earning a Teaching and Learning Certificate through UVA and Virginia Commonwealth University (VCU) School of Pharmacy.
- III. Residents are required to serve as preceptor to at least one pharmacy learner during a rotation with option to have additional learners assigned.
- IV. Residents participate in didactic lectures, test question writing and/or grading cases for the Transplant elective class at VCU. This opportunity is dependent upon the Transplant elective being offered.

Advisors

- I. 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.
- II. 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.

**University of Virginia Health
Department of Pharmacy Services
Residency Programs (PGY1 Pharmacy)**

Resident Name:

Program: PGY1 Community-Based Pharmacy

Year: 2025-2026

Requirements for PGY1 residency completion:

The resident is expected to have earned an assessment of "Achieved for Residency" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

☐ % of objectives achieved: _____

Completion of quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting and to the appropriate institutional committee

☐ QIP finalized and presented at Patient and Family Education Subcommittee

Completion of a research project with final report submitted in manuscript style and platform presentation at the regional residency conference

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Identify the need and develop a business plan for a new or enhanced service.

☐ Validated by RPD or Coordinator

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD or Coordinator

Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of 5 required rotations and 4 elective rotations.

☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar

☐ Validated by RPD or Coordinator

Completion of two journal club presentations for pharmacists and three presentations/ inservices to medical staff, nursing staff, or allied health professionals

☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____

Requirements for PGY1 Pharmacy Residency Program Graduation

Resident Name:

Year:

Completion Checklist:

1. The resident is expected to have earned an assessment of “Achieved for Residency” for $\geq 80\%$ the required objectives of the residency program, no objectives can have a final assessment of “Needs Improvement”

☐ ____% of objectives achieved as of _____
2. Completion of research or quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting, to the appropriate institutional committee, platform presentation at the regional residency conference, and final report submitted in manuscript style
 - a. Project Title:
 - b. Project Mentors:
 - c. Vizient Abstract Submitted:
 - d. Vizient Poster Presentation:
 - e. UNC Abstract Submitted:
 - f. UNC Platform Presentation:
 - g. Manuscript Submitted:
☐ Project finalized and presented at _____ on _____

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)
3. Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts
 - ☐ Resident Notebook is up to date:
 - ☐ Date of last review:
 - ☐ Validated by RPD and/or aRPD
4. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic
 - ☐ Resident evaluations completed to date:
 - ☐ Validated by RPD and/or aRPD
5. Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule
 - ☐ All hours have been completed or scheduled to be completed
 - ☐ Validated by Administrative Assistant/Staff Ready/Scheduling Task Force

6. Completion of 5 required rotations and 4 elective rotations

- ☐ Elective rotations completed:
- ☐ Required rotations completed:
- ☐ Validated by RPD and/or aRPD

7. Completion of one ACPE accredited continuing education seminar

- ☐ CE title and completion date:
- ☐ Validated by RPD and/or aRPD

8. Completion of two journal club presentations for pharmacists and four presentations/in-services to medical staff, nursing staff, or allied health professionals

Journal Clubs	Title
#1	
#2	
Inservice/presentations	Title
#1	
#2	
#3	
#4	

- ☐ Validated by RPD and/or aRPD

9. Preparation and completion of a medication-use evaluation, drug class review, monograph, treatment guideline, or protocol.

- ☐ Completion date:
- ☐ MUE, drug class review, monograph, treatment guideline, or protocol Title:
- ☐ Validated by RPD and/or aRPD

10. Documentation of all leave time in the residency leave database.

- ☐ Leave appropriately submitted:
- ☐ Total number of days input:
- ☐ Validated by RPD and/or aRPD

11. Documentation of all duty hours in New Innovations.

- ☐ Documentation of duty hours completed:
- ☐ Validated by RPD and/or aRPD

Signature of Resident: _____

Date: _____

Signature of RPD and/or aRPD: _____

Date: _____

**University of Virginia Health System
Department of Pharmacy Services
Requirements for PGY-2 Ambulatory Care Residency Completion**

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 Ambulatory Care residency completion:

The resident is expected to have earned an assessment of "Achieved" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

☐ % of objectives achieved: _____

Completion of a research project and presentation of results at Society of General Internal Medicine Meeting or other appropriate meeting and to an appropriate institutional committee is required.

☐ RP finalized and presented at _____ on _____

Completion of a research project with final report submitted in manuscript style

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from
preceptor to RPD verifying manuscript submission)

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by RPD or Coordinator

Completion of all required longitudinal learning experiences including completion of PGY2 appendix in PharmAcademic.

☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar and one additional presentation to VCU School of Pharmacy or other discipline group.

☐ Validated by RPD or Coordinator

Completion of 3 journal club presentations to pharmacists and 3 additional presentations to physician or another provider group.

☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Return all devices, chargers, and name badge during close-out graduation meeting

☐ Confirmed by Pharmacy IT, RPD, or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

**University of Virginia Health System
Department of Pharmacy Services
PGY-2 Cardiology Residency Graduation Checklist**

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 Cardiology residency completion:

The resident is expected to have earned an assessment of "Achieved" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

☐ % of objectives achieved: _____

Completion and documentation of all required patient experiences and case/topic discussions in the appendix.

☐ Validated by RPD or Coordinator

Completion of quality project/ medication use evaluation (MUE) and presentation of results at the American College of Cardiology Annual Meeting and/or to the appropriate institutional committee

☐ QP/ MUE finalized and presented at _____ on _____

Completion of a research project with final report submitted in manuscript style

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from
preceptor to RPD verifying manuscript submission)

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ Validated by RPD or Coordinator

Completion and sign off all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by Administrative Assistant/ Staff Ready

Completion of all required longitudinal learning experiences

☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar

☐ Validated by RPD or Coordinator

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

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

**Requirements for successful completion of the PGY2 Critical Care Pharmacy Residency Program Progression
and Completion Document for Successful Graduation from the Program**
(Quarterly documentation of progress alongside the development plan)

Resident Name: _____

Year: _____

The resident is expected to have earned an assessment of “Achieved for Residency” for ≥ 80% of the required ASHP Competency Area Objectives for PGY-2 Critical Care Pharmacy Residency Program. No objectives can have a final assessment of “Needs Improvement”.

- ☐ % of Objectives Achieved for Residency as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ % of Objectives Achieved for Residency as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ % of Objectives Achieved for Residency as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ % of Objectives Achieved for Residency as of end Quarter 4: _____ Date Validated by RPD: _____

Completion of All ASHP PGY2 Critical Care Residency Accreditation Standards Topics as defined in the Standards Appendix and Documented in grid in PharmAcademic (completed during learning experiences and required rotations).

- ☐ % of Appendix Items Completed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ % of Appendix Items Completed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ % of Appendix Items Completed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ % of Appendix Items Completed as of end Quarter 4: _____ Date Validated by RPD: _____

Completion of Orientation Rotation, 7 Required Clinical Rotations and 2 Elective Clinical Rotations.

Orientation and Required Clinical Rotations	Elective Clinical Rotations
<input type="checkbox"/> Orientation	<input type="checkbox"/> MICU II Advanced MICU
<input type="checkbox"/> Surgical Intensive Care Unit	<input type="checkbox"/> Medical Toxicology
<input type="checkbox"/> Medical Intensive Care Unit (MICU)	<input type="checkbox"/> Trauma Critical Care Unit
<input type="checkbox"/> Neurosciences Intensive Care (NNICU)	<input type="checkbox"/> Coronary Care Unit (CCU) Or <input type="checkbox"/> Thoracic/Cardiovascular Post-Op Intensive Care (TCVPO)
<input type="checkbox"/> Coronary Care Unit (CCU) Or <input type="checkbox"/> Thoracic/Cardiovascular Post-Op Intensive Care (TCVPO)	
<input type="checkbox"/> Pediatric Intensive Care (PICU)	
<input type="checkbox"/> Emergency Medicine	
<input type="checkbox"/> Infectious Diseases (General)	

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Completion of all longitudinal learning experiences (Practice management, Service/Staffing, Research/QIP Project, and Second Project for quality initiative). (This is the end of the year validation. Refer to next bullets (bullets below) for breakdown and Quarterly validation of progress).

- ☐ **Validated by RPD or Coordinator at Completion of residency**

Progression related to Practice Management Longitudinal Experience

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Objective 2.1.1: (Cognitive - Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements (*This is a deliverable within the Practice Management Learning Experience Description*)

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Objective 2.1.2 - Participate in a medication-use evaluation related to care for critically ill patients. *This is a deliverable expected to be achieved within the Practice Management Learning Experience or within (as a portion) of the primary research or QIP project or the "second project-quality initiative"*

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Completion of the Provision of pharmacy staffing coverage (Service/Staffing) as indicated on the Pharmacy Residency Staffing Schedule. [This includes the provision of clinical pharmacy services in a collapsed staffing model on: weekends, evenings, includes one 4 day stretch (10 hours per shift) of overnights, one major holiday and adjacent weekend, and one minor holiday (416 hours for the residency year)]

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

- ☐ Overnight stretch (4 shifts of 10 hours each) completed (dates) _____ Validated by RPD
- ☐ Minor Holiday worked (date) _____ Validated by RPD
- ☐ Major Holiday worked and adjacent weekend (date) _____ Validated by RPD
- ☐ Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of a Primary Research Project or Quality Improvement Project (QIP) with presentation of the project and results in the format of platform or poster presentation at the UVA Department of Medicine or Department of Surgery Scholars and Research Day or other comparable scientific meeting. The final report must be submitted in manuscript style ready for publication, to the program director.

- ☐ Project Title:
 - ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____
- ☐ Presentation of Project and Results to:
 - ☐ Venue and Date:
- ☐ Project manuscripts submitted and deemed in final form by primary project preceptor:

(Signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission in final form)
- ☐ **. Validated by RPD or Coordinator at Completion of residency**

Completion of an internal second project addressing a medication-related quality topic. (This is noted as the "Second project" as approved by the Residency Program Director). The final report written in SBAR (Situation, Background, Assessment, and Recommendation) format with presentation of results to relevant institutional committees or workgroups to determine next steps based on findings. (The resident is encouraged to present the project in poster format for UVA Department of Medicine Scholars and Research Day, Pharmacy Research Day and/or multidisciplinary critical care organizational meetings (i.e. Society of Critical Care Medicine, etc.).

- ☐ Project Title:
- ☐ SBAR completed (and Date):
- ☐ Project presented to and Date:
- ☐ Project deemed completed by preceptors and RPD (and Date):
 - ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
 - ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Completion of one ACPE accredited continuing education Seminar

- ☐ Title:
- ☐ Dates presented:
- ☐ Validated by RPD or Coordinator:

Completion of 6 educational activities [selected from the following options: Journal club presentations (max of 2 count toward the 6 needed activities), Presentations/in-services to LIPs, Presentations/in-services to nursing staff, Presentation at trauma conference, Peer review at least one article]

Date	Title and Type of Educational Activity	Venue	Type of Evaluation in PharmAcademic (Formative Feedback or Rotation Evaluation)	Prepared Materials for Activity Uploaded into PharmAcademic Files (yes)
1.				
2.				
3.				
4.				
5.				
6.				

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Documentation of all leave time in the residency leave database

- ☐ Validated by RPD or Coordinator Quarter 1 (Date):
- ☐ Validated by RPD or Coordinator Quarter 2 (Date):
- ☐ Validated by RPD or Coordinator Quarter 3 (Date):
- ☐ Validated by RPD or Coordinator Quarter 4 (Date):

Documentation of all duty hours in New Innovations

- ☐ Validated by RPD or Coordinator Quarter 1 (Date):
- ☐ Validated by RPD or Coordinator Quarter 2 (Date):
- ☐ Validated by RPD or Coordinator Quarter 3 (Date):
- ☐ Validated by RPD or Coordinator Quarter 4 (Date):

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ **Validated by RPD or Coordinator for end of year**

- ☐ Progression assessed as of end Quarter 1: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 2: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 3: _____ Date Validated by RPD: _____
- ☐ Progression assessed as of end Quarter 4: _____ Date Validated by RPD: _____

Return of tablet/charger, phone/ charger, and name badge – END OF YEAR DOCUMENTATION ONLY

- ☐ **Confirmed by Pharmacy IT:** _____
Name/ date

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____

Note:

Residents who do not complete all graduation requirements within the 12 month residency have 6 additional months to complete and submit all requirements. Pay and benefits are not extended. After 6 months, materials will no longer be accepted and the certificate is forfeited.

**UVA Health - Department of Pharmacy Services
Residency Programs (PGY2 Emergency Medicine)**

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 residency completion:

The resident is expected to have earned an assessment of “Achieved” for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement”.

☐ % of objectives achieved: _____

Completion of PGY-2 Emergency Medicine Residency Accreditation Standard Topics as defined in the Standards Appendix and documented in PharmAcademic

☐ Topics finalized on _____

Completion of quality project/ medication use evaluation (MUE) and write-up presented in SBAR format

☐ QP/ MUE finalized on _____

Completion of a research project with final report submitted in manuscript style and platform presentation at the University of Virginia Department of Medicine/Surgery Scholars Day or comparable scientific meeting

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by Administrative Assistant/ Staff Ready/ Scheduling Task Force

Completion of 6 required learning experiences and 1 elective learning experience.

☐ Validated by RPD or Coordinator

Completion of one (1 hour) ACPE accredited continuing education seminar

☐ Validated by RPD or Coordinator

Completion of two journal club presentations for pharmacists, two presentations/ inservices to medical staff, and two presentations/ inservices to nursing or allied health professionals

☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Return of tablet/charger, phone/charger, and name badge

☐ Confirmed by Pharmacy IT: _____
Name/Date

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____

Requirements for PGY2 Pharmacy Residency Program Graduation

Resident Name:

Year:

Program: Health-System Pharmacy Administration and Leadership with Master's Degree

Completion Checklist:

1. The resident is expected to have earned an assessment of "Achieved for Residency" for $\geq 80\%$ the required objectives of the residency program, no objectives can have a final assessment of "Needs Improvement"

☐ % of objectives achieved:
2. Completion of research or quality improvement project (QIP) and presentation of results at the Vizient Pharmacy Council Meeting Poster Session held in conjunction with the ASHP Midyear Clinical Meeting, to the appropriate institutional committee, platform presentation at the regional residency conference, and final report submitted in manuscript style

☐ Project finalized and presented at _____ on _____

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)
3. Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts

☐ Validated by RPD or Coordinator
4. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic

☐ Validated by RPD or Coordinator
5. Provision of 416 hours of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule

☐ Validated by Administrative Assistant/Staff Ready/Scheduling Task Force
6. Completion of 10 required rotations and 1 elective rotation

☐ Validated by RPD or Coordinator
7. Completion of one ACPE accredited continuing education seminar

☐ Validated by RPD or Coordinator

8. Completion of two journal club presentations for pharmacists and four presentations/in-services to medical staff, nursing staff, or allied health professionals

☐ Validated by RPD or Coordinator

9. Completion of Master's Degree

☐ Validated by RPD or Coordinator

10. Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

11. Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____

Requirements for PGY2 Infectious Diseases Pharmacy Residency Program Graduation
Department of Pharmacy Services

Resident Name:

Year:

1. All longitudinal learning experiences and required rotations completed.

☐ Validated by RPD

2. The resident has earned an assessment of "Achieved for Residency" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

☐ % of objectives achieved for residency:

3. Quality improvement other practice advancement project completed with presentation of results and recommendations to the ID pharmacist/antimicrobial stewardship team, the Antimicrobial Utilization Committee and/or similar workgroup of stakeholders.

Project title:

☐ Presented: (date and stakeholder group)

4. Research project completed with final report submitted to preceptor and RPD in manuscript style

Project title:

☐ Manuscript submitted and deemed final by all preceptors and RPD: (date)

☐ Verbal presentation to local stakeholders and/or an outside venue (e.g. webinar, conference): (date and audience)

5. Submission of a manuscript to a peer-reviewed journal OR an abstract to an Infectious Diseases conference (e.g. IDWeek™, ASM Microbe, SHEA Spring Conference, MAD-ID, CROI)

Project title:

☐ Submission venue and date:

6. Poster presentation at Infectious Diseases conference, UVA Department of Medicine Scholars/Research Day, UVA Infectious Diseases and Biodefense Research Day, or UVA Pharmacy Research Day.

Project title:

☐ Venue and date:

7. ACPE accredited continuing education seminar.

Title:

☐ Presentation dates:

8. At least one medication guideline or protocol.

Title:

☐ Destination and stakeholder workgroup: (e.g. Approving committee or workgroup; EMR tool, Intranet)

9. Prepare or revise a drug class review or monograph with presentation to the Antimicrobial Utilization Committee

Title:

☐ Presentation date:

10. Journal club for the ID clinical pharmacist team

Title(s):

☐ Presentation date(s):

11. Inservice for non-ID clinical pharmacist team

Title(s):

☐ Presentation date(s):

12. Inservices for medical and/or microbiology staff (at least 2):

Title(s):

☐ Presentation date(s):

13. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by StaffReady/Service preceptor and RPD

14. Electronic notebook that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts complete.

☐ Validated by RPD

15. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD

16. Documentation of all leave time in the residency leave database

☐ Validated by Coordinator

17. Documentation of all duty hours in New Innovations

☐ Validated by Coordinator

18. Return of tablet/charger, phone/ charger, and name badge

☐ Validated by Pharmacy IT

19. Learning experiences included the following core content in the care of patients with infections (all complete as documented in development plans and PharmAcademic Appendix). Those marked with an asterisk do not require direct patient care experiences and can also be met through didactic discussion, reading assignments, case presentations, and/or written assignments.

<input type="checkbox"/> Bone and joint infections	<input type="checkbox"/> Opportunistic infections in immunocompromised hosts
<input type="checkbox"/> Cardiovascular infections	<input type="checkbox"/> Parasitic infections*
<input type="checkbox"/> Central nervous system infections	<input type="checkbox"/> Reproductive organ infections*
<input type="checkbox"/> Fever of unknown origin*	<input type="checkbox"/> Respiratory infections: upper and lower
<input type="checkbox"/> Fungal infections	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Gastrointestinal infections	<input type="checkbox"/> Sexually transmitted diseases*
<input type="checkbox"/> Hepatitis B*	<input type="checkbox"/> Skin and soft tissue infections
<input type="checkbox"/> Hepatitis C*	<input type="checkbox"/> Tuberculosis and other mycobacterial infections*
<input type="checkbox"/> HIV-infection and AIDS*	<input type="checkbox"/> Travel medicine*
<input type="checkbox"/> Intra-abdominal infections	<input type="checkbox"/> Urologic infections
<input type="checkbox"/> Neutropenic fever	<input type="checkbox"/> Viral infections
<input type="checkbox"/> Ophthalmologic infections*	

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____

**University of Virginia Health System
Department of Pharmacy Services
Requirements for PGY-2 Internal Medicine Residency Completion**

Resident Name: _____

Program: _____

Year: _____

Requirements for PGY2 Internal Medicine residency completion:

The resident is expected to have earned an assessment of "Achieved" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

☐ % of objectives achieved: _____

Completion of a research project and presentation of results at the American College of Clinical Pharmacy (ACCP) or other appropriate meeting and to an appropriate institutional committee is required.

☐ RP finalized and presented at _____ on _____

Completion of a research project with final report submitted in manuscript style

☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Submission of an electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

☐ Validated by RPD or Coordinator

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by RPD or Coordinator

Completion of all required longitudinal learning experiences including completion of PGY2 appendix in PharmAcademic.

☐ Validated by RPD or Coordinator

Completion of one ACPE accredited continuing education seminar and one additional presentation to VCU School of Pharmacy or other discipline group.

☐ Validated by RPD or Coordinator

Completion of 3 journal club presentations to pharmacists and 3 additional presentations to physician or another provider group.

☐ Validated by RPD or Coordinator

Documentation of all leave time in the residency leave database

☐ Validated by RPD or Coordinator

Documentation of all duty hours in New Innovations

☐ Validated by RPD or Coordinator

Return all devices, chargers, and name badge during close-out graduation meeting

☐ Confirmed by Pharmacy IT, RPD, or Coordinator

Pharmacademic Appendix (CAGO) Completed

☐ Confirmed by Pharmacy IT, RPD, or Coordinator

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

List of PGY2 Oncology specific residency requirements for program completion (Standard 2.5):

Resident Name:

Year:

1. All longitudinal learning experiences and required rotations completed.

☐ Validated by RPD

2. The resident has earned an assessment of “Achieved for Residency” for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement”.

☐ % of objectives achieved:

3. Quality improvement or other practice advancement project completed with presentation of results at an oncology-specific conference (e.g., HOPA) or at the UVA Hematology/Oncology Subcommittee

Project title:

☐ Presented (date, location):

4. Research project completed with final report submitted to preceptor and RPD in manuscript style

Project title:

☐ Manuscript submitted and deemed final by all preceptors and RPD (date):

5. Poster presentation at Oncology-specific conference, UVA Department of Pharmacy Medicine Scholars/Research Day and/or UVA Pharmacy Research Day.

Project title:

☐ Venue and date:

6. ACPE accredited continuing education seminar.

Title:

☐ Presentation dates:

7. At least one medication use evaluation (MUE), medication guideline, and protocol.

Title:

☐ Destination and stakeholder workgroup (date):

8. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

☐ Validated by StaffReady/Service preceptor and RPD

9. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.
☐ Validated by RPD
10. Documentation of all leave time in the residency leave database
☐ Validated by Coordinator
11. Documentation of all duty hours in New Innovations/PharmAcademic
☐ Validated by Coordinator
12. Return all devices, charges, and name badge during close-out graduation meeting
☐ Validated by Coordinator
13. PharmAcademic Appendix (CAGO) completed:
☐ Validated by RPD in Pharmacademic

**University of Virginia Health System
Department of Pharmacy Services
PGY2 Pediatric Residency Program**

Resident Name: _____

Year: _____

Requirements for PGY2 Pediatric Residency Program completion:

Completion of all longitudinal learning experiences and required rotations.

- ☐ Validated by RPD

The resident is expected to have earned an assessment of "Achieved for Residency" for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement".

- ☐ % of objectives achieved: _____

Completion of a research or quality improvement project with final report submitted in manuscript style and a platform or poster presentation at the annual Pediatric Pharmacy Association (PPA) meeting or the UVA Children's Hospital Symposium.

- ☐ Project manuscript submitted and deemed final by RPD: _____
(signature of RPD verifying manuscript submission)

Completion of one ACPE accredited continuing education seminar, a Pediatric Resident Noon Conference, and required journal club presentation(s).

- ☐ ACPE accredited continuing education seminar: _____
- ☐ Pediatric Noon Conference OR presentation to non-pharmacy healthcare professionals:

- ☐ Journal club(s): _____

Completion of at least one medication guideline or SBAR related to pediatric pharmacy practice.

- ☐ Validated by RPD

Completion of a medication use evaluation (MUE):

- ☐ Validated by RPD

Completion of all PGY2 appendix topics in PharmAcademic

- ☐ Validated by RPD

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.

- ☐ Validated by preceptor for Service learning experience

Submission of an electronic notebook, or files on PharmAcademic to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts.

- ☐ Validated by RPD

Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.

- ☐ Validated by RPD

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Requirements for PGY2 Informatics Pharmacy Residency Program Graduation
Department of Pharmacy Services

Resident Name:

Year:

1. All longitudinal learning experiences and required rotations completed.
☐ Validated by RPD
2. The resident has earned an assessment of “Achieved for Residency” for $\geq 80\%$ the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement”.
☐ % of objectives achieved:
3. Research or quality improvement project completed with final report submitted to preceptor and RPD in manuscript style
Project title:
☐ Manuscript submitted and deemed final by all preceptors and RPD: (date)
4. Poster presentation at UVA Department of Pharmacy Medicine Scholars/Research Day or other comparable scientific meeting.
Project title:
☐ Venue and date:
5. ACPE accredited continuing education seminar.
Title:
☐ Presentation dates:
6. Completion of Epic Willow Certification or Accreditation
☐ Completion date:
7. Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule.
☐ Validated by StaffReady/Service preceptor and RPD
8. Electronic notebook that includes all presentation slides, posters, data collection forms, proposals, IRB documents, & manuscripts complete.
☐ Validated by RPD
9. Completion and sign off of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic.
☐ Validated by RPD
10. Documentation of all leave time in the residency leave database
☐ Validated by Coordinator
11. Documentation of all duty hours in New Innovations
☐ Validated by Coordinator
12. Return of tablet/charger, phone/ charger, and name badge
☐ Validated by Pharmacy IT

Signature of Resident: _____ Date: _____

Signature of RPD: _____ Date: _____

Signature of Coordinator: _____ Date: _____

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

Resident Name:

Program:

Year:

Requirements for Solid Organ Transplant PGY2 residency completion:

The resident is expected to have earned an assessment of "Achieved for Residency" for $\geq 80\%$ of the required objectives of the residency program. No objectives can have a final assessment of "Needs Improvement"

☐ % of objectives achieved: _____

Completion of a project (research or quality improvement)

- ☐ Submission of project abstract for the annual American Society of Transplantation American Transplant Congress or equivalent scientific meeting
- ☐ Presentation of the project at the annual American Transplant Congress meeting or equivalent scientific meeting or the UVa Department of Medicine or Surgery Scholars/ Research Day
- ☐ Project manuscripts submitted and deemed final by primary project preceptor:
_____ (signature of primary project preceptor OR email from preceptor to RPD verifying manuscript submission)

Completion of a second project assigned by the residency program director

- ☐ Validated by RPD or Coordinator

Submission of a completed electronic notebook to the program director (at the conclusion of the program) that includes all presentation slides, posters, data collection forms, proposals, IRB documents, manuscripts, and quarterly reports

- ☐ Validated by RPD or Coordinator

Submission of all evaluations, self-evaluations, and preceptor and learning experience evaluations for all concentrated and longitudinal experiences in PharmAcademic

- ☐ Validated by RPD or Coordinator

Completion of PGY2 appendix in PharmAcademic

- ☐ Validated by RPD or Coordinator

Provision of pharmacy staffing coverage as indicated on the Pharmacy Residency Staffing Schedule (416 hours per resident). Documentation of all duty hours in New Innovations and monthly attestation via PharmAcademic

- ☐ Validated by RPD or Coordinator

Completion of 9 required rotations.

- ☐ Validated by RPD or Coordinator

Completion of at least: one seminar (ACPE-accredited continuing education session for pharmacists)

- ☐ Validated by RPD or Coordinator

Completion of the following additional SOT specific presentations:

- ☐ 2 formal presentations to the transplant department (audience of transplant MDs, NPs, RNs)
☐ Annual transplant nursing core curriculum (immunology and pharmacology lectures)

Return all devices, chargers, and name badge during close-out graduation meeting

- ☐ Confirmed by Pharmacy IT, RPD, or Coordinator (Name/date): _____

Signature of Resident: _____

Date: _____

Signature of RPD: _____

Date: _____

Signature of Coordinator: _____

Date: _____