

Pharmacy Department
The University of Virginia Health System

**RESIDENCY IN PHARMACY PRACTICE OVERVIEW
2005-2006**

The 2005-2006 residency will begin on Friday, July 1, 2005 and end on Friday, June 30, 2006.

During the month of July, residents rotate through various Pharmacy Department areas and develop skills required for the provision of services provided by the department. These services are: ambulatory care, drug information, medication use evaluation, inpatient pharmacy, and centralized intravenous admixture. Residents will additionally undergo competency evaluations in select areas such as the Code-12 program, aseptic technique, and the MIS computer applications program.

Beginning with the first week of August, elective and required rotations begin. Rotations are generally 5 weeks in length. Most residents will have six rotations for elective time available to pursue areas of particular career needs and interest. An outline of the rotations offered are:

I. RESIDENCY ROTATIONS- For rotation descriptions, refer to the following web site:

<http://www.hsc.virginia.edu/pharmacy-services>

A. Required Rotations (5 Week Rotations)

1. **Acute Care-Internal Medicine** (cardiology, internal medicine, general pediatrics, neurology, hematology/oncology, and infectious diseases)
2. **Acute Care- Critical Care** (coronary care, medical intensive care, neonatal intensive care, neurosciences intensive care, pediatric intensive care, Surgical-Trauma intensive care, thoracic cardiovascular Post-Operative units, respectively.
3. **Drug Information**
4. **Ambulatory Care Clinics**
5. **Practice Management**- Longitudinal (throughout the entire year through weekly meetings/seminars etc.)

B. Elective Rotations (5 Week Rotations)

1. Cardiology/Cardiovascular Intensive Care
2. Surgical Intensive Care
3. Medical Intensive Care
4. Ambulatory-Internal Medicine
5. Inpatient Oncology
6. Infectious Diseases
7. Bone Marrow Transplant
8. Solid Organ Transplant
9. Women's Health
10. Pharmacy Management Practice
11. Investigational Drug Service
12. Others available as needed

C. Other

Professional leave for meeting attendance- Residents will attend the ASHP Annual Midyear Clinical Meeting, and will attend and present their respective residency projects at the Eastern States Residency Conference in Baltimore during early May, 2006. Additionally, if interest exists, the residency class will coordinate with the Program Director a residency site visit during the early spring for select programs in the area.

II. RESEARCH OR PROBLEM SOLVING ACTIVITY

A requirement for the Residency is one major project or several short-term projects. Final reports must be submitted in manuscript style and formally approved by all members of the project advisory committee.

III. CONTINUING EDUCATION

Residents are required to present their project or equivalent at the Eastern States Pharmacy Residents Conference. Additionally, each resident is responsible for presenting two seminars (Fall and Spring) and one technician talk or pharmacy grand rounds lecture during the course of the residency year.

IV. COLLATERAL TIME

A. Collateral time is assigned on weekends. Collateral time provides necessary training to the resident in meeting residency standard competencies. Residents will be assigned to collateral time as follows:

B. Inpatient Services

1. Three 8-hour weekend a.m. or p.m. shifts every six weeks. Note: Residents receive one compensatory day off for every two weekend shifts worked. Compensatory time off is to be taken on the Friday prior to, or the Monday following the weekend shift worked.

V. BENEFITS

A. Vacation

1. Total days earned during the residency are 10. In order to avoid conflicts with rotation training experiences, the maximum amount of vacation during a rotation is five days in a row. Additionally, no more than five days of vacation may be taken during a single rotation. Vacation may not be used for terminal leave. All residents are expected to be in the program the last week of the residency.