



Pharmacy Residency Program (PGY1)

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The Healthcare System

The Southern Arizona VA Healthcare System (SAVAHCS) has provided comprehensive, world class health care to Veterans for over eighty years. SAVAHCS is recognized for achieving and sustaining high levels of performance and service to our Veterans and is the recipient of the 2012 Robert W. Carey Performance Excellence Award that is based on nationally recognized criteria of organizational excellence. SAVAHCS is an integrated Veteran's Affairs health care system consisting of an over 250 bed hospital, multiple primary care and specialty clinics, two urban community outpatient clinics, and five community outpatient clinics in Tucson's outlying areas serving 50,000 Veterans annually.

A wide range of inpatient and primary care services are provided in the medical center including internal medicine, primary care, surgery, neurology, infectious diseases, nephrology, endocrinology, gastroenterology, rheumatology, pulmonary, cardiology, oncology, mental health, and emergency medicine. SAVAHCS is the neurosurgery and cardiac referral center for the Southwest Region (VISN 18).

The 90-bed Community Living Center (CLC), located on the Tucson campus, provides advanced rehabilitation and transitional care services, including hospice, palliative care, interim care, medical rehabilitation, neurogeriatrics, geripsychiatric, and respite care.

SAVAHCS is an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Polytrauma Amputation Network Site (PANS), specializing in post-acute polytrauma rehabilitation and case management.

SAVAHCS also offers Home Based Primary Care (HBPC), a comprehensive primary care in-home program provided by a physician-supervised interdisciplinary service, including heavy involvement by Pharmacy Services, for both long-term chronically ill Veterans and those needing short term home care services.

The SAVAHCS Pharmacy Service is a highly integrated, progressive clinical practice model that encompasses approximately 115 pharmacy staff members, over 30 Clinical Pharmacy Specialists in a variety of practice settings. Additionally, the Pharmacy Service is a technology and patient safety leader assisted by the extensive use of robotics and automation.

As a principal academic affiliate for the University of Arizona's (U of A) Colleges of Medicine, Nursing, Public Health and Pharmacy, over 700 physicians, nurses, pharmacists and other health care professionals receive training at SAVAHCS annually. Additionally, the Pharmacy Service line also trains pharmacy students from other schools of pharmacy around the country.

Imagine living in Tucson, a city of 1 million people, with a large university that still feels like your hometown. Enjoy warm, sunny weather (approximately 320 days a year) and outstanding outdoor recreational opportunities including hiking, biking, swimming, golf, tennis, mountain climbing and skiing in your own backyard (yes, skiing in Arizona!). Arizona is the spring training home for several major league baseball teams. The University of Arizona offers an assortment of sports, music, theater, and dance groups that tour the United States and perform on campus. Tucson is situated two hours southeast of the Phoenix/Scottsdale metropolitan area. Close enough to enjoy all the sports, concerts, theatre and shopping opportunities without the congestion! Click here to learn more about Tucson starting on page 64:

[Tucson: The Authentic Southwest, U.S. Airways Magazine.](#)

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Residency Goals and Objectives

The purpose of the SAVAHCS PGY1 pharmacy residency program is to build on the Doctor of Pharmacy (Pharm.D) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Description

The 12-month residency program accepts up to eight PGY1 residents and is designed to provide ongoing clinical pharmacy activities while promoting the individual resident's needs. The program provides clinical experience with a broad range of patients and disease states in various rotation settings, while working collegially with physicians and nurse practitioners. During the year, each resident will give presentations, such as patient management conferences, in-services to nurses and physicians, journal club, and an Accreditation Council for Pharmacy Education (ACPE) accredited one hour continuing education presentation. A research project is required; each resident will present a poster outlining research hypothesis & methods and the completed project at a regional meeting.

Residency Preceptors

All pharmacists on staff provide direct patient care and assist in the education of the pharmacy residents. Clinical pharmacy specialists practice in the following areas: primary care, internal medicine, surgery, rehabilitation, interim care, geriatrics, cardiology, critical care, oncology, mental health, pain, gastroenterology, endocrinology, infectious diseases, nephrology, hospice, and emergency medicine. Preceptors place a high value on the residents and are always accessible.

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Monthly Experiential Sample Schedule

	July 1-15	July 15- Aug 4	Aug 5- 30	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Month experiences													
	Orientation	Medicine (2 months)		Geriatr *	Primary Care	Elective	Research & CE	Medicine (2 months)		Elective	Critical Care	Primary Care	Elective
Longitudinal experiences													
12 months		Anticoagulation Clinic (10 patients)											
12 months		Primary Care Longitudinal Clinic (1/2 day weekly)											
12 months		ADR monthly report											
12 months		Research project											
12 months		Management Conference (8) Journal Club (6)											
Extended Experiences													
6 months		CE Presentation											
2 months			Provider Newsletter	P & T (agenda & monograph or CFU)					Patient Newsletter		MUE		
6 months		Shadow Managers						Administrative Project					
6 months		Quarterly ADR Report						QA Project					

Geriatr * - Choice between Home Based Primary Care (HBPC) or Inpatient Geriatr Psych.

Elective Opportunities

ED
Mental Health
Infectious Disease
Informatics
Oncology
Medical Subspecialty Clinic
Administrative
Intake (New Patient)
Academia
Inpatient
Surgery

Required Experiences

Primary Care one month x 2 (total of 2 months)
Medicine two months x 2 (total of 4 months)
Critical Care one month
Geriatrics one month (choice between Home Based Primary Care (HBPC) or Inpatient Geriatr)

Residents also provide weekend inpatient pharmacist coverage. Generally, this is one weekend each month. The clinical and distributive functions of a pharmacist will be performed during this time.

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Brief Description of Core Rotation Sites

Primary care

Primary Care Clinics are multidisciplinary teams in a PACT model (Patient Aligned Care Team) that provide general internal medicine care to veteran patients. PACT is also widely known as the medical home model, where the PACT team is working in partnership with the Veteran to deliver care in diverse methods. The pharmacy practice model for the clinics is an integrated approach and the primary care team pharmacists manage the general internal medicine needs of patients on their assigned PACT team. The PACT pharmacists have a scope of practice with prescribing privileges allowing independent management of hypertension, hyperlipidemia, diabetes, anti-coagulation, smoking cessation, COPD, and GERD. The pharmacists are also responsible for assisting in the development, implementation, and monitoring of drug therapy plans for clinic patients. After patients are seen by a prescriber in the clinic, the Pharmacists ensure that patients are receiving appropriate drug therapy by completing patient interviews, performing general medication counseling, and reviewing computerized medical records. The pharmacists are also responsible for conducting medication reconciliations, completing non-formulary medication requests, processing pending medication orders, and providing answers to drug information questions.

Internal medicine (Acute Care)

The internal medicine teams are staffed by an attending physician, a second or third year medical resident, medical interns, and medical students. Additionally the pharmacy resident, student and preceptor are incorporated in the internal medicine team. The resident is assigned to one of the teaching medicine teams at the start of the two month experience. During the first internal medicine rotation, the preceptor accompanies the pharmacy resident to directly evaluate the resident's interactions with the team. During the second internal medicine rotation, the pharmacy resident may be assigned to their own medicine team based on knowledge base, attitude and work ethic; however, the pharmacy resident will continue to report to the preceptor. The residents and preceptors work with the decentralized pharmacists on the medicine floors to provide pharmaceutical care to the patients admitted, and are responsible for patient-specific drug therapy issues for the patients assigned to the team. The majority of the time there will be an APPE pharmacy student on the team and the resident will serve as a co-preceptor.

Critical care

The critical care pharmacist and pharmacy resident work with the critical care medicine (CCM) team to review cases and make pharmacy recommendation for patients in the critical care unit. The primary responsibility for the pharmacy resident will be the patients being followed by the CCM team. The patients in the surgical critical care area will be reviewed for medication concerns as well. In addition to making pharmaceutical recommendations, the pharmacy resident will evaluate and interview patients admitted to the Intensive Care Unit (ICU) and document interactions and recommendations in pharmacy progress notes. The pharmacy resident will attend teaching management rounds providing pharmacy input for patients, and perform antimicrobial stewardship for the patients admitted to the ICU. The pharmacy resident will serve as co-preceptor for pharmacy students on rotation for critical care.

Geriatrics

The geriatrics rotation is offered either in the inpatient setting in the Community Living Center (CLC) or in the outpatient setting with Home Based Primary Care (HBPC). The resident may choose one or the other for a required geriatric rotation during the residency. The pharmacists are active members of the interdisciplinary teams, which is key for providing optimal care for this patient population. The pharmacy resident will gain valuable clinical experience managing this complex patient population while working closely with members of all the other health care disciplines

Geriatrics, inpatient: Community Living Center (CLC)

The CLC serves the veteran population with a skilled nursing facility that provides short-term care (sub- acute & rehabilitation) for patients who require continued medication adjustments and reconditioning. Also included is the geropsychiatry unit, as well as several specialized ambulatory care clinics (Spinal Cord Injury clinic, Polytrauma clinic, and Geriatrics clinic).

Geriatrics, ambulatory: Home Based Primary Care (HBPC)

The Home Based Primary Care team is an interdisciplinary primary care team serving patients that are primarily home-bound in Southern Arizona. The HBPC team cares for patients in their own homes or care homes with goals of reducing hospitalizations, keeping patients functioning safely at home, assessing and treating acute conditions, improving the management of chronic conditions, and improving quality of life.

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Longitudinal Administrative Activities

The mission of the pharmacy administration experience is to provide the resident with the opportunity to observe and participate in the administration of the pharmacy service and develop leadership skills. Drug information and drug policy development activities occur throughout the residency. Each pharmacy resident develops or evaluates a criteria for use, develops and completes a medication use evaluation, MUE, and presents these to the Pharmacy and Therapeutics Committee. The pharmacy residents participate in adverse drug reaction reporting, and pharmacy quality improvement programs throughout the program. The residents take an active role for developing and implementing changes based on MUEs or other quality management projects. The pharmacy resident will gain experience in writing, editing, and publishing a drug therapy and both provider and patient pharmacy newsletter. Residents participate in the leadership conference series discussing topics such as: implementing new clinical services, professional involvement, quality management, clinical pertinence and credentialing for pharmacists, human resources, health system metrics, budget and inventory management, and integrating work and life. All of these experiences are longitudinal to provide residents experience in managing a practice.

Longitudinal Experiential Activities

Longitudinal experiences throughout the residency include primary longitudinal clinic (1/2 day weekly) and anticoagulation. Residents also provide weekend inpatient pharmacist coverage, and the clinical and distributive functions will be performed.

Educational Experience Activities

The pharmacy resident will have many opportunities for providing educational presentations. Longitudinal educational activities include pharmacy resident presented:

- Disease state and/or medication management topic presentations (6-8 presentations)
- Journal clubs (5-6 presentations)
- ACPE-accredited continuing education presentations (one 1 hour ACPE presentation)

The pharmacy residents also have the opportunity to attend SAVAHCS management conferences (grand rounds) with members of the healthcare team.

The pharmacy resident will also have opportunities to co-precept and teach pharmacy students. There are over 50 APPE pharmacy students on rotation at SAVAHCS! Precepting activities and opportunities include:

- Precepting pharmacy students while on rotations (internal medicine, primary care)
- Proctoring University of Arizona College of Pharmacy case discussions
- Proctoring University of Arizona College of Pharmacy OSCE cases
- Academia elective opportunity

Elective Opportunities

Residents may choose three electives during the year. The elective time is to tailor specific interests of the resident within the training program. Common electives are surgery, oncology, pain management, specialty primary care, cardiology, critical care, mental health, infectious disease, emergency medicine, primary care, internal medicine and administration elective. Off-site opportunities are also available for those licensed in the state of Arizona.

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Research

A completed research project is required during the residency program. The resident presents his or her research at a regional meeting, as well as submits a written finalized report before the conclusion of the residency program in a format suitable for publication. A list of recently completed research projects completed by pharmacy residents is outlined below:

2015 – 2016

- Beta-Blocker Review of Agents In Veterans with Reduced Ejection Fraction
- Incidence of venous thromboembolism in oncology patients following major surgery
- Cardiovascular outcomes related to testosterone supplementation in a male veteran population (CORTS)
- Retrospective review of ticagrelor versus clopidogrel after acute coronary syndromes in a Veteran population
- A Safety Profile of Allopurinol in Patients with Chronic Kidney Disease: A Veterans Affairs Perspective
- Non-dihydropyridine calcium channel blocker use in stable heart failure patients
- Hospitalization Risk with Concomitant Benzodiazepine or Opioid Use in Veterans with Posttraumatic Stress Disorder
- Anticholinergic medication use and the risk of community-acquired pneumonia in an older veteran population

2014 – 2015

- Evaluation of the Management of Hormone Sensitive Prostate Cancer
- Evaluating the Effectiveness of Topiramate on Non-Migraine Neuropathic Pain in Veterans
- Evaluation of transition in care of veterans with heart failure
- Retrospective Analysis of Hepatocellular Carcinoma Incidence in HCV Positive Patients with Cirrhosis Treated with Statin Therapy
- Administration of intravenous magnesium replacement and difference in length of stay at a VA Hospital in comparison to national averages in cholecystectomy patients
- Post procedural enoxaparin bridging with standardized triple-double-double warfarin loading dose
- A retrospective evaluation of outcomes in Veteran patients with Agent Orange exposure and prostate cancer
- Characterization of Women Veterans on Zolpidem in response to FDA Communication
- Tolerance to subsequent β -lactam antibiotics and appropriateness of use in patients with reported penicillin allergies

2013 – 2014

- Evaluating the impact of metformin on mortality in Veteran diabetic patients with prostate cancer
- Evaluation of Tyrosine Kinase Inhibitor Induced Hypertension in a Veteran Population
- Effect of testosterone therapy on reducing the risk of fractures in older men with low testosterone
- Incidence and Severity of Coccidioidomycosis in Subjects Receiving Corticosteroids, DMARDs, or TNF- α Agonists
- Gender differences in prescribing practices for veterans with coronary artery disease
- Evaluation of outcomes based on guideline-endorsed antibiotic treatment in Veterans presenting to the emergency department with community-acquired pneumonia
- Atypical Antipsychotics in Veterans for Augmentation of Major Depressive Disorder
- Evaluating the Use of Metoprolol versus Carvedilol in Veterans with Heart Failure in the Setting of Chronic Kidney Disease
- Adherence to the Infectious Diseases Society of America Guidelines for the management of febrile neutropenia in hospitalized Veterans

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Benefits

The residency stipend is \$41,224 and includes full federal healthcare benefits. Residents will accumulate 13 days of paid vacation time, 13 days of paid sick time, and have 10 Federal holidays per year.

Qualifications

- United States citizenship
- Doctor of pharmacy degree from an American Council on Pharmaceutical Education accredited school of pharmacy
- Pharmacist licensure in any of the United States
- National Matching Service registration

ASHP Midyear Clinical meeting

SAVAHCS PGY1 and PGY2 Residency programs will be present at the upcoming ASHP Midyear. Additional information regarding this meeting is available at the ASHP website: <http://www.ashp.org>

Application Packet Requirements

**All application materials are due by
January 4, 2017 11:59 PM Eastern Standard Time**

The SAVAHCS PGY1 Residency program participates in the Pharmacy Online Residency Centralized Application Service (PhORCAS). Please refer to the ASHP website for details. Incomplete packages are not considered for review.

The PhORCAS application requirements include:

- ✓ Cover letter or letter of intent specific to the SAVAHCS PGY1 Residency program
- ✓ Curriculum vitae
- ✓ Official school of pharmacy transcripts including fall grades
- ✓ Three written references**

In addition to the PhORCAS application standard requirements, there are additional requirements for SAVAHCS that reference writers must complete. Each reference writer must provide comments for a minimum of 10 of the "Characteristics Evaluated" on the PhORCAS Standardized Reference form **PLUS either complete the first three narrative comments on the PhORCAS form OR provide a traditional letter of reference that addresses the areas listed in the narrative questions. **These additional requirements must be communicated by the applicant to their references.**

This residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant.

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Interviews

Interviews for the Pharmacy Residency PGY1 are conducted onsite at the SAVAHCS main campus in Tucson, AZ, from mid-January through February. Potential candidates are invited to interview based on screened application packets (please see above regarding application packet requirements); the candidate may accept the offer to interview if he/she is willing to comply with the human resource (HR) requirements outlined in the interview offer letter. Candidates who are not invited to interview will be notified via mail or letter postmarked no later than January 30th. The interview is a panel-style interview with the program's pharmacy preceptors, current pharmacy residents as well as the pharmacy residency director or designee. Phone interviews are not offered. Once all the potential candidates are interviewed, the list is ranked and sent to the National Matching Service. The results are posted by the National Matching Service on the designated date.

Commonly Asked Questions

Q: I do not have US citizenship, but have a green card. Am I eligible for the residency program?

A: Unfortunately, as a Federal Employer, we only accept residents with US citizenship. We are unable to accept potential residents with a green card.

Q: Do you participate in CareerPharm's Personnel Placement Service (PPS) at the ASHP Clinical Midyear meeting?

A: We do not participate in PPS. We will be available at the Midyear Residency showcase.

Q: Does SAVAHCS PGY1 residency program offer phone interviews?

A: We only have onsite interviews at SAVAHCS main campus in Tucson, Arizona.

Q: Does the SAVAHCS PGY1 residency program involve teaching and/or offers teaching certificates?

A: The residency program does not offer teaching certificate. However, precepting and educational activities are longitudinal experiences during the residency program. Please see [Educational Experience Activities](#) above.

Q: Is it possible to speak with a current pharmacy resident?

A: Of course! Please just email the contacts listed and either will forward your interest to a current PGY1 resident.

For further information or questions, please feel free to email:

Stephanie Davis, PharmD, BCACP

PGY1 Pharmacy Residency Director

[Email Me](#)

Alicia Newkirk, PharmD, BCACP

PGY1 Pharmacy Residency Administrator

[Email Me](#)

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