

Post Graduate Year1 Pediatric Pharmacy Residency

ASHP Program Code: 92039 PhORCAS Match Code: 190313



Pediatric Pharmacy Practice Residency Program – Post Graduate Year 1 (PGY1)

Valley Children's Hospital is dedicated to fostering a culture of diversity, equity, and inclusion, and is committed to developing a community of specialized pharmacists that reflects the rich diversity of the pediatric patients and families we serve. The one-year, PGY1 Pharmacy Residency conducted by Valley Children's Hospital in Madera, CA is accredited by the American Society of Health System Pharmacists (ASHP). The program emphasizes pediatric care and is designed to provide residents with a strong foundation in pharmacotherapy through a hands-on, patient-centered approach. Throughout the year, residents will engage in a variety of activities, including delivering individualized clinical interventions in both inpatient and outpatient settings, educating medical residents and nursing staff on medication use, precepting advanced pharmacy practice experience (APPE) students, and participating in administrative responsibilities. In addition, residents will gain experience in pharmacy operations, including medication preparation, verification, and dispensing processes, as well as inventory management and compliance with safety and regulatory standards. This comprehensive training ensures residents are well-prepared to contribute to both the clinical and operational aspects of pharmacy practice in a pediatric healthcare setting after completion of the program.

Period of Appointment: 12 months

Salary: Approximately \$75,000 annually, paid biweekly

Health Benefits: Full eligibility

Weekend Staffing: Residents will be required to staff the inpatient pharmacy for one 10 hours shift every other weekend

Professional Leave: Residents are encouraged to participate in professional conferences which may include the Pediatric Pharmacy Association Conference, the Western States Conference, CSHP Seminar and/or ASHP Midyear. One conference for research project presentations at a regional or national conference at the end of the year is required and will be financially covered.

Paid Time Off/Sick Days: Every pay-period, residents will earn hours of paid time off (PTO). PTO includes hours for vacation and sick days and vacation days must be pre-approved by the residency program director.

Examinations and Licensure: Residents are required to take the NAPLEX and California Pharmacy Jurisprudence Examination (CPJE) as soon as possible after graduation. Residents must have an active California intern pharmacist license if the California pharmacist licensure is not acquired before the start of the residency. Per the 2024 ASHP residency standards, residents must be licensed for at least 2/3 of the residency year. To maintain compliance with the ASHP accreditation standards, licensure must be obtained within 120 days of the first day of residency, otherwise residents may be dismissed from the program.

Application Requirements: All interested candidates must submit the standard online application materials through the Pharmacy Online Residency Centralized Application Service (PhORCAS) in addition to any supplemental requirements. For details of the application process, please see our website.



Rotations Offered

	Required Rotations	Elective Rotations**
Direct Patient Care Rotations (6 weeks each)	<ul style="list-style-type: none"> • General Medicine – Team A/B • Pediatric Intensive Care Unit (PICU) • Neonatal Intensive Care Unit (NICU) • Hematology/Oncology • Emergency Medicine • Antimicrobial Stewardship/Infectious Diseases 	<ul style="list-style-type: none"> • Pediatric Cardiac Intensive Care Unit
Operational Rotations (6 weeks each unless specified otherwise)	<ul style="list-style-type: none"> • Orientation (1-2 weeks) • Pharmacy Hospital Operations • Research Intensive (1 week) • Pharmacy Administration 	<ul style="list-style-type: none"> • Pharmacy Medication Safety & Compliance
Ambulatory Care Rotations (6 weeks each)		<ul style="list-style-type: none"> • Primary Care Clinic • Neurology Clinic
Weekly Service Rotations	<ul style="list-style-type: none"> • Medication Utilization Subcommittee/ Pharmacy & Therapeutics Utilization Committee (Approximately 5-6 hours/week for 12 weeks) <ul style="list-style-type: none"> ○ MU is 2 hours meeting every 2nd and 4th Tuesday ○ PTU is one hour on the 1st Monday of the month 	<ul style="list-style-type: none"> • Cystic Fibrosis Clinic (6 weeks for one 8-hour day in clinic and 4 hours of pre-clinic prep work per week)
Longitudinal Experiences (Required)	<ul style="list-style-type: none"> • Pharmacy Operations and Dispensing – Approximately 52 weeks and one 10 hour staffing day every other weekend. Residents are required to complete a minimum of 24 weekend staffing days per year. Any additional days assigned due to departmental needs will not count toward this 24-day requirement. • Anticoagulation Clinic – Approximately 52 weeks and 4 hours/week. • Research – Approximately 40 weeks and 2 hours/week. • Teaching and Education – Approximately 40 weeks and 2-3 hours/week. 	

**Electives may be a new rotation or a required rotation already completed for a more advanced experience.

Rotation changes can be made on a case-by-case basis and must be approved by the RPD as well as the preceptors. Requests to be made to the RPD early in the year to determine feasibility.

Presentations and Teaching

- Journal club, patient case or drug consult type presentations every 5-6 weeks
- A 1-hour didactic lecture for APPE pharmacy students from local schools of pharmacy
- Resident research project continuing education (CE)
- Active role in precepting pharmacy students on rotation at Valley Children's
- PowerPoint presentation slides to share conference education
- Teaching Certificate (Subject to availability)

Rotation Descriptions

Orientation – Pharmacy residency orientation is a critical period designed to equip new residents with the foundational knowledge and skills necessary for a successful training year. During this time, residents receive comprehensive training on pharmacist-managed policies, which govern clinical decision-making, medication management, and patient care protocols within the institution. Additionally, orientation covers the residency program's specific requirements, including expectations for clinical rotations, research projects, staffing responsibilities, and professional development activities.

Pharmacy Hospital Operations – During this 6-week rotation, residents learn to be a part of the inpatient pharmacy workflow. Each resident will learn all the roles and responsibilities of pharmacists and pharmacy technicians to develop a better understanding of how all products are made, recorded and delivered. Throughout the day, residents will perform tasks such as checking/updating medication carts, reviewing medication orders and profiles, performing medication reconciliation and researching drug information questions. By the end of the rotation, the resident should have a strong understanding of the inpatient pharmacy operations and the entire medication use and distribution system. Residents will also be required to staff on weekends within the main pharmacy or the pharmacy satellites, utilizing the experience they obtain during this rotation. These staffing weekends will further be evaluated as a longitudinal experience.

Research Intensive - During the one-week intensive research preparation period, pharmacy residents will engage in focused activities designed to refine and solidify their research project ideas. This dedicated week provides structured time for residents to explore the clinical relevance of their topics, assess feasibility, and align their projects with institutional priorities and available resources. Residents will receive mentorship and feedback from research advisors and preceptors, participate in workshops on study design and methodology, and review examples of successful past projects. By the end of the week (or sooner), each resident is expected to submit a completed scholarly work template, outlining their research question, objectives, methodology, and anticipated outcomes. This milestone ensures that all residents are well-prepared to move forward with their projects in a timely and organized manner.

General Medicine Team A/B (Garden Satelliet) – Pharmacy residents will begin each day by attending morning sign-out and participating in patient care rounds with the medical team, serving as the primary resource for all pharmacy-related inquiries. They will be responsible for managing therapeutic drug monitoring for aminoglycosides, vancomycin, heparin, warfarin, and enoxaparin, using basic pharmacokinetic calculations to adjust dosing as needed. In addition to monitoring and adjusting medication regimens, residents are expected to proactively evaluate ongoing therapies, review relevant disease states, and provide education to medical residents, pharmacy students, and other healthcare team members. All clinical interventions and activities must be thoroughly documented to ensure continuity of care and support quality improvement efforts.



Pediatric Intensive Care Unit (PICU) – On the PICU rotation, the resident attends teaching rounds and identifies and resolves medication therapy issues that arise in the critical care population. The resident initiates and documents clinical interventions, provides therapeutic drug monitoring and participates in educating medical staff

and patients. The resident will work closely with the PICU clinical pharmacist to address medical issues and develop therapeutic monitoring plans.

Neonatal Intensive Care Unit (NICU) – The NICU rotation will also require the pharmacy resident to round with the medical team. Residents oversee therapeutic drug monitoring for medications including: epoetin alfa, vancomycin and aminoglycosides. Residents are responsible for entering orders into electronic medical records based on established protocols. The resident and preceptor will have topic discussions and may also hold walking rounds throughout the rotation for various patients. With the flexibility of this rotation, it is easy to tailor to each resident's interest.

Hematology/Oncology – The pharmacy resident provides comprehensive pharmaceutical care to oncology patients across both outpatient clinic and inpatient settings. As part of the multidisciplinary oncology team, the resident participates in weekly rounds, contributing to treatment planning and medication management. Responsibilities include the timely and accurate preparation and dispensing of chemotherapy agents, assisting with pharmacist-led order entry and verification, and initiating and monitoring patients enrolled in Children's Oncology Group (COG) protocols. Additionally, the resident serves as a key resource for drug information, offering guidance and support to nurses and physicians to ensure safe and effective oncology care.

Pharmacy Administration – This rotation is designed to provide pharmacy residents with a foundational understanding of departmental planning, regulatory compliance, and effective communication within a healthcare organization. Residents will explore various approaches to strategic and operational planning, critically evaluate existing protocols, and gain familiarity with key regulatory agencies and their requirements. Under the mentorship of pharmacy leadership—including the pharmacy director, regulatory pharmacist, operations manager, clinical manager, or other administrative leaders—residents will participate in meetings, contribute to the development and implementation of policies and procedures, and assist in maintaining departmental compliance. Additionally, residents will gain insight into the organizational structure of the hospital, pharmacy department, and associated medical staff and committees, enhancing their ability to navigate and contribute to institutional initiatives.

Medical Utilization (MU) and Pharmacy, Therapeutics and Utilization (PTU) – The Pharmacy, Therapeutics, and Utilization (PTU) Committee includes representatives from each medical staff department and is dedicated to the continuous improvement of patient care quality and outcomes. The Medical Utilization (MU) Committee functions as a subcommittee of PTU, focusing specifically on the development and implementation of medication-related guidelines, policies, procedures, and protocols. During this 12-week experience, the pharmacy resident will actively serve on both committees. Responsibilities include participating in formulary reviews, conducting medication utilization evaluations, assessing recommendations and alerts from the Institute for Safe Medication Practices (ISMP), and reviewing quarterly reports on PRN indications, unapproved abbreviations, and drug recalls. This rotation provides residents with valuable insight into the decision-making processes that shape institutional medication use and safety practices.

Pharmacy Medication Safety & Compliance - On a medication compliance and safety rotation, a pharmacy resident plays a vital role in promoting optimal medication use and minimizing risks to patient safety. The resident collaborates with interdisciplinary teams to identify and address systems issues that could lead to errors. In addition, the resident participates in medication safety initiatives, including evaluating adverse drug events and analyzing trends in medication errors. Through these activities, the resident develops a deeper understanding of systems-based practices and contributes to quality improvement efforts aimed at enhancing patient outcomes and reducing harm.



Emergency Medicine – The emergency medicine rotation will teach residents to become familiar with the skills required to be a clinical pharmacist in the Emergency Department (ED). Residents will participate in essential roles of the pharmacist in the ED including, but not limited to; verifying prescription orders, providing dosing and therapy recommendations, reviewing culture and susceptibility reports, conducting medication evaluations, monitoring high-risk medications, and assisting in trauma and code responses. The rotation's goal is to develop residents' skills in the tasks listed so that they can optimize pharmacotherapeutic management in this highly acute patient setting.

Antimicrobial Stewardship/Infectious Diseases – During this rotation, pharmacy residents round with the infectious diseases (ID) team, collaborating closely with ID physicians, medical residents, medical students, and the clinical pharmacist to provide comprehensive patient care. The resident plays an active role in antimicrobial stewardship efforts, serving as a key resource for optimizing antimicrobial therapy. By offering evidence-based, patient-specific recommendations, the resident supports the ID team in selecting appropriate agents, dosing strategies, and durations of therapy. This experience enhances the resident's clinical decision-making skills and deepens their understanding of infectious disease pharmacotherapy within a multidisciplinary care model.

Pediatric Cardiac Intensive Care Unit - A pediatric cardiac intensive care unit (PCICU) rotation offers a highly specialized and immersive experience in the care of critically ill infants and children with congenital or acquired heart disease. During this rotation, residents work closely with a multidisciplinary team—including pediatric cardiologists, intensivists, surgeons, nurses, and respiratory therapists—to manage complex cardiac conditions before and after surgery. The environment is fast-paced and demands rapid clinical decision-making, precise monitoring, and a deep understanding of pediatric cardiovascular physiology. Residents gain hands-on experience with advanced technologies such as extracorporeal membrane oxygenation (ECMO) and invasive hemodynamic monitoring. Overall, the PCICU rotation is both intellectually rigorous and deeply rewarding, offering invaluable insights into the intricacies of pediatric cardiac critical care.

Neurology Clinic – The resident works closely with neurologists, nurse practitioners and the clinical pharmacist in the neurology outpatient clinic. The resident is responsible for identifying and resolving medication therapy issues for patients and optimizing outcomes by providing evidence-based, patient-centered medication therapy. Residents help triage phone calls, evaluate charts for medication refills, perform pharmacokinetics for anticonvulsant medications and research drug information requests. Disease states covered during this rotation will include seizure disorders, headaches/migraines, chronic pain, movement disorders and behavioral disorders.

Primary Care Clinic –Residents will work alongside the clinical pharmacist at the Charlie Mitchell Children's Clinic (CMCC). CMCC is known for its care of children with multiple or complex chronic disease states and their well siblings. Residents will become familiar with general medicine disease states (otitis media, asthma, etc.) and outpatient treatments, as well as assessing chronic medication regimens for complex disease states. Residents will conduct patient consultations, provide drug information, act as a liaison between physician and retail pharmacy, assist with medication school forms and review medications for RN home health visits.

Cystic Fibrosis Clinic - During a six-week rotation in a cystic fibrosis (CF) clinic, with weekly visits, a pharmacy resident gains valuable experience in managing the complex medication regimens characteristic of CF care. The resident works closely with a multidisciplinary team—including physicians, nurses, dietitians, and respiratory therapists—to optimize pharmacotherapy for patients with CF. Responsibilities include reviewing medication adherence, monitoring for drug interactions and side effects, and providing patient education on inhaled therapies, pancreatic enzyme replacement, and CFTR modulators. This rotation offers a unique opportunity to develop specialized knowledge in chronic disease management and patient-centered care within a high-acuity outpatient setting.

LONGITUDINAL ROTATIONS

Anticoagulation Clinic – Each resident will receive training on the pharmacist-managed anticoagulation protocol and will be assigned a panel of four to six patients to follow throughout the residency year. Under the guidance of preceptors, residents are responsible for monitoring and adjusting anticoagulation therapy based on individual patient INR/PT values and information gathered during patient or caregiver interviews. Responsibilities include ordering and reviewing lab tests, managing new and refill prescriptions, and maintaining accurate and timely documentation in the medical record. Residents will follow their assigned patients across both inpatient and outpatient settings, ensuring continuity of care during hospital admissions and discharges. This longitudinal experience fosters strong patient-provider relationships and emphasizes the importance of transitions of care in achieving safe and effective anticoagulation management.

Research – By the end of the residency year, each pharmacy resident is expected to complete a research project that may be administrative or clinical in nature and should provide meaningful benefit to the resident, the pharmacy department, and the institution. This project will be developed and evaluated as part of a longitudinal rotation, with ongoing assessment of key components including project design, data collection methods, statistical analysis, results interpretation, and final conclusions. Residents will also be required to discuss project limitations and propose future directions prior to presenting their work at an institutional, local, regional, or national conference in the spring. A finalized manuscript of the project must be prepared and submitted by June to fulfill the residency research requirement.

Teaching and Education – Throughout the residency year, residents will participate in a variety of teaching activities designed to enhance their communication and instructional skills. These activities may include delivering in-services to medical, nursing, or pharmacy staff; presenting patient cases; precepting pharmacy students on rotation; leading topic discussions; providing continuing education lectures; and contributing to student presentations and evaluations. The goal of these experiences is to build residents' confidence as educators, refine their ability to convey complex information clearly, and strengthen their effectiveness in both formal and informal teaching settings. Resident performance in these teaching roles will be assessed as part of a longitudinal rotation, with feedback provided to support ongoing growth and development.

Pharmacy Operations and Dispensing – Pharmacy residents will participate in weekend staffing responsibilities every other weekend for a 10 hour shift throughout the 52-week residency year. During these assigned weekends, residents will function as integral members of the pharmacy team, providing clinical and operational support in areas such as order verification, medication dispensing, and therapeutic drug monitoring. They will collaborate with pharmacists, physicians, and nursing staff to ensure safe and effective medication use, while also gaining experience in managing real-time clinical scenarios. This recurring commitment helps residents build confidence, reinforce clinical knowledge, and develop time management and decision-making skills in a fast-paced environment. Weekend staffing is a key component of the residency program, offering valuable exposure to the day-to-day responsibilities of a practicing pharmacist.

Application Processes and Requirements

The final deadline for submission of all application materials is January 2nd, 2026. Candidates must complete both standard application requirements in PhORCAS **and** meet/submit the program supplemental requirements listed below:

- Doctor of pharmacy degree from an ACPE accredited school of pharmacy or a M.S. or B.S. in Pharmacy with equivalent clinical experience
- Be eligible for pharmacist licensure in the state of California
- Apply for ASHP Residency Matching Program (VCH Match #190313)
- Three professional recommendations in PhORCAS (completion of standard reference form in PhORCAS)
Example: Two references from preceptors who can speak of your clinical abilities and one reference from your pharmacy employer. If you have completed a pediatric rotation, it is recommended that one reference should be from that pediatric preceptor
- Your letter of intent uploaded to PhORCAS should answer two questions:
 1. Why do you want to complete a *pediatric* residency?
 2. Why do you want to complete a pediatric residency at Valley Children's Healthcare?
- Your transcripts must include the most recent rotation grades (**or** have your site coordinator/preceptor email your grade directly at the completion of the last rotation of the calendar year to pharmacy@valleychildrens.org)
- Be available for an interview in late January or February
- A short PowerPoint presentation on a pediatric topic is required during the interview – check website for the list of topics and presentation format (will be available in October)

Candidates should complete a pediatric rotation prior to application submission or interview. If candidates are unable to obtain a pediatric rotation, there should be pediatric experience documented in the extracurricular information portion on PhORCAS and on your curriculum vitae.

If there are additional questions about the residency program or application requirements, email inquiries to pharmacy@valleychildrens.org.

For more information, scan the QR code to visit our website

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