

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

PROCESS FOR SCHEDULING ROTATIONS INCLUDING ELECTIVE SELECTION

1. The Year 2 residency program constitutes 52 weeks full time which includes 2 weeks (10 days) of vacation. A week is defined as 37.5 hours. Vacation will be scheduled over the December holiday break unless otherwise requested.
2. Residency coordinators will schedule mandatory rotations (listed below) based on site and preceptor availability.
 - a. Ambulatory practice (20 weeks total – 10 weeks TGH, 10 weeks MUHC)
 - b. Community pharmacy (2 weeks)
 - c. Inpatient services (5 weeks)
 - d. Therapeutic Drug Monitoring (5 weeks)
 - e. Geriatrics (5 weeks)
 - f. Project time (8 weeks)
3. Process for selecting elective rotation:
 - a. Residency coordinator(s) identifies electives available to resident for upcoming year.
 - b. Elective rotation preceptors review rotation outlines and update at least every 2 years.
 - c. Incoming resident contacts preceptor if further discussion/clarification of rotation is required.
 - d. Incoming resident may contact past resident(s) to discuss elective options they undertook.
 - e. Resident submits elective choices to residency coordinator along with Prior Learning Assessment within one month of accepting residency position.
 - f. Residency coordinator(s) assigns elective based on resident ranking, prior learning assessment and rotation/preceptor availability.
4. If a resident wishes to pursue an elective rotation in an area not already listed on the elective list, he/she will discuss this with the residency coordinators as soon as possible in order to determine feasibility. Factors to consider include:
 - a. Desired goals and learning objectives as developed by the resident.
 - b. Willingness of the preceptor to meet responsibilities (see “Responsibilities of the Preceptor” policy)
 - c. Ability to provide a supportive learning environment.
 - d. Scheduling.

If approved, the resident will be responsible for any additional costs associated with travel, housing, logistical preparations, etc. for undertaking the elective rotation.

Rotations outside of HIV practice shall not exceed 25% of a resident’s total residency days.

5. Rotations will be organized in order to minimize travel between Toronto and Montreal (i.e., Toronto rotations scheduled consecutively, followed by Montreal rotations, or vice versa). When possible, the proportion of time spent in Toronto and Montreal will be evenly divided, but

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this will depend upon what elective is chosen and where the bulk of the project work will be conducted.

6. Where possible, the resident schedule will incorporate a variety of teaching models (eg. 1:1 student:preceptor ratio, near-peer teaching, etc.)

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