



# Naval Medical Center, San Diego Department of Pharmacy

## 2012 – 2013 RESIDENCY APPLICATION PACKET





**-DEPARTMENT OF PHARMACY-**

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**RESPONSE DEADLINE: Applications must be postmarked by January 5, 2012**



July 2012 – June 2013 Residency Application Packet

## Pharmacy Practice Residency Program

Naval Medical Center, San Diego

ASHP Program Match Number: 128813

### *Purpose:*

Pharmacy Residents completing the Naval Medical Center, San Diego Postgraduate Year One (PGY1) Pharmacy Practice residency will be competent and confident practitioners of medication therapy management in a wide range of patient-care settings. Residents will be equipped to meet the challenges of current and future pharmacy practice. They will be accountable for achieving optimal drug therapy outcomes as members of the health care team. Residents will exercise their professionalism in educating other health care professionals, patients, and the community on drug related topics. They will demonstrate professional maturity by exhibiting commitment to the profession, monitoring their own performance, and following a personal philosophy of practice.

Pharmacy residents completing this program will be proficient in the areas of:

1. Providing patient-specific medication management services to promote ethical, compassionate, trusted care and positive patient outcomes in all settings.
2. Medication management of a variety of disease states in ambulatory care patients, home care patients, and acute care patients.
3. Mastering marketable job skills, including organizational, time management, and computer literacy skills.
4. Drug information analysis, medication use evaluation, and formulary management.
5. Effectively educating health care professionals, patients, students, and the community about drug-related topics.
6. Understanding and performing research methodologies in order to contribute to the advancement of the profession through presentations and publications.
7. Developing and applying problem-solving skills; self-education and development of a professional career plan.

## ***The NMCS D program:***

- Promotes professional growth and maturity
- Develops the resident's sense of professional responsibility
- Prepares generalists who are able to provide medication therapy management to a wide range of patients

### **Specific Features:**

- **Core Experiences** – training includes experiences in internal medicine, intensive care medicine, pediatrics and neonatal intensive care unit, pharmacokinetics, ambulatory care, administration, and patient safety.
- **Elective Experiences** – 16 weeks of elective experiences are included. This time can be used for additional training in one of the core areas or for other areas. We offer elective training in a wide range of medical and surgical specialty areas, and in both the inpatient and ambulatory care settings including hematology/oncology, psychiatry, trauma, pain management, infectious disease, and others.
- **Seminar Series** – residents participate in the San Diego Pharmacy Residency Leadership (SDPRL) seminar series. This county-wide program includes topics such as research and the IRB process, biostatistics, leadership and mentoring students.
- **Teaching** – the NMCS D is a clerkship site for fourth-year Pharm.D. students from UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences. Our residents and clinical faculty serve as preceptors for the pharmacy students. The residents also provide lectures and in-service presentations to physicians, nurses, and pharmacists.
- **Research and Problem solving** – each resident is expected to complete a project under the guidance of a project preceptor. This project may be a research project, Continuous Quality Improvement (CQI) project, or a Drug Utilization Evaluation (DUE). Results are presented at the Western States Conference for Pharmacy Residents, Fellows, and Preceptors held every spring. Problem-solving skills are also developed through a variety of other projects, through the seminar series, and during rotations.



### **The Department of Pharmacy Mission Statement**

The mission of the Pharmacy Department includes the following:

- To provide Medication Therapy Management to all patients authorized to receive prescriptions from the Naval Medical Center San Diego.
- To exercise leadership in the Medical Center in all matters related to the use of medications.
- To support the education, training and research objectives of the Medical Center.
- To maintain medical readiness for war.

### **Department of Pharmacy Vision**

- We are recognized for our commitment to excellence.
- We take pride in service.
- Everyone constantly works to improve.

**Number of residency positions available:** 3 (2 civilian, 1 active duty officer)

### **Salary and Benefits:**

The annual stipend is approximately \$42,000. Benefits include medical, dental, and vision insurance. In addition, vacation, sick and professional leave are provided.

### **Applications:**

Application for the 2012-2013 year will be accepted beginning November 1, 2012. Response deadline: Applications must be postmarked by January 5, 2012.

### **Licensure:**

**Applicants must be eligible for the California Board of Pharmacy licensure.**

**Timeline for this requirement:**

1. **Incoming resident must provide verification of their California Intern license prior to day one of the residency program.**
2. **Incoming resident must have passed the NAPLEX exam by Aug 13, 2012.**
3. **Residents are expected to be licensed in the State of California by September 1, 2012.**
4. **For residents not licensed by September 1<sup>st</sup>, a plan of correction will be considered on a case by case basis at the discretion of the Program Director.**

**Department of Pharmacy  
Naval Medical Center, San Diego  
34800 Bob Wilson Drive  
San Diego, CA 92134-5000  
(619) 532-5132  
Fax: (619) 532-5898**

**APPLICATION FOR PHARMACY PRACTICE RESIDENCY – 2012-2013  
NAVAL MEDICAL CENTER, SAN DIEGO**

**Instructions:**

1. Complete the Naval Medical Center, San Diego Pharmacy Practice Residency Form.
2. Complete the form regarding interview availability.
3. Return both forms along with the following:
  - A current Curriculum Vitae with all experiential rotations and pharmacy work experience listed.
  - A photo picture (passport size) of yourself along with your full name printed clearly in pen on the back.
  - A statement in your own words explaining what personal and professional objectives you wish to fulfill in taking a residency; this should be limited to **250** words.
4. The following must be provided separately (sent directly to the address below by the school of pharmacy and individual evaluators):
  - Academic transcript (pharmacy school only)
  - Recommendations from a faculty member (preferably) and supervisor from employment as a pharmacy intern and other evaluators of your choice, using the accompanying "Request for Recommendation" forms. The ASHP recommendation form may be used as well. Please submit a minimum of 3 recommendations (maximum of 5).

**Response deadline: Applications must be postmarked by January 5, 2012.**

*Return your application and supporting documents to:*

Natalie S. Hall, Pharm.D., MPH  
Pharmacy Residency Program Director  
Naval Medical Center  
Pharmacy Department Suite 113  
34800 Bob Wilson Drive  
San Diego, CA 92134-5000

5. ASHP Resident Matching Program – The Naval Medical Center, San Diego (Program Code: 128813) participates in the ASHP Resident Matching Program. All applicants must be enrolled in the Resident Matching Program. Send directly to address specified on the form or go to the following web site: [www.natmatch.com/ashprmp](http://www.natmatch.com/ashprmp).

**INTERVIEW AVAILABILITY**

**APPLICATION FOR PHARMACY PRACTICE RESIDENCY – 2012 - 2013**

**NAVAL MEDICAL CENTER, SAN DIEGO**

*Please complete the following and return with your application:*

Name: \_\_\_\_\_

Interview date – Applicants invited for interview will be scheduled on one of the following dates:  
February **17 or 24, 2012**

Please indicate which dates you will be available for interview:

\_\_\_\_\_ I am available for interview on any of the dates (**February 17 or 24**)

\_\_\_\_\_ I am available only on **February 17**

\_\_\_\_\_ I am available only on **February 24**

**Request for Recommendation by Applicant to Pharmacy Residency  
Program at Naval Medical Center, San Diego**

**To be completed by applicant (please print):**

First Name	M.I.	Last Name	
Street Address or P.O. Box			
City	State	Zip	Telephone Number

**I waive the right to review this recommendation.**

\_\_\_\_\_  
Signature of Residency Applicant

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**To the recommender:  
Please complete and return this form by January 5, 2012**

**Natalie S. Hall, Pharm.D., MPH  
Hematology/Oncology Pharmacist  
Pharmacy Practice Residency Program Director  
Naval Medical Center  
Pharmacy Department Suite 113  
34800 Bob Wilson Drive  
San Diego, CA 92134**

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately \_\_\_\_\_ months/years (circle one). My relationship to the applicant was (or is) in the following capacity:

<input type="checkbox"/> faculty advisor	<input type="checkbox"/> employer
<input type="checkbox"/> clerkship receptor	<input type="checkbox"/> supervisor
<input type="checkbox"/> other faculty relationship	<input type="checkbox"/> other (please specify) _____

I know him/her  very well  fairly well  only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Other Comments:



Applicant's Name: \_\_\_\_\_

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

<b>CHARACTERISTICS EVALUATED</b>	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Recommendation concerning admission (check one):

- I highly recommend this applicant.           I recommend this applicant, but with some reservation.  
 I recommend this applicant.                  I am not able to recommend this applicant.

\_\_\_\_\_  
Name-typed or printed

\_\_\_\_\_  
Title and affiliation

\_\_\_\_\_  
State address or P.O. Box

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Recommender    Date

**Naval Medical Center, San Diego  
Pharmacy Practice Residency – 2012-2013**

**PRINT ONLY PLEASE:**

Full Name: \_\_\_\_\_  
Last Middle First

ASHP MATCH NUMBER: \_\_\_\_\_

Status: Single / Married  
[Voluntary]

Social Security Number: \_\_\_\_\_

Birth date: \_\_\_\_\_  
[Voluntary]

Citizenship: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_  
(XXX) XXX-XXXX

Cellular/Voicemail: \_\_\_\_\_  
(XXX) XXX-XXXX

Permanent Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Code

Permanent Phone: \_\_\_\_\_  
(XXX) XXX-XXXX

E-mail: \_\_\_\_\_

**PLEASE ATTACH YOUR PHOTO (WITH A PAPERCLIP, NO STAPLES PLEASE) TO THE TOP RIGHT CORNER OF THIS SHEET WITH YOUR FULL NAME PRINTED ON THE BACK IN INK.  
THANK YOU!**



July 2012 – June 2013 Pharmacy Residency Program Contact Information

**Residency Program Director**

Natalie S. Hall, Pharm.D., MPH

Email: [Natalie.Hall@med.navy.mil](mailto:Natalie.Hall@med.navy.mil)

Office Phone: 619-532-5132

**2011 – 2012 Pharmacy Practice Residents**

Natalie Keil, Pharm.D.

Email: [Natalie.Keil@med.navy.mil](mailto:Natalie.Keil@med.navy.mil)

Nicole Cho, Pharm.D.

Email: [Nicole.Cho@med.navy.mil](mailto:Nicole.Cho@med.navy.mil)

LT Kellye Donovan, Pharm.D.

Email: [Kellye.Donovan@med.navy.mil](mailto:Kellye.Donovan@med.navy.mil)