

PGY1 PHARMACY PRACTICE PHARMACY RESIDENCY (NON-TRADITIONAL) MEDICAL UNIVERSITY OF SOUTH CAROLINA

The MUSC Medical Center is a 700-bed tertiary care academic medical center providing care for patients of Charleston and throughout the state of South Carolina. In addition to general medical and surgical services, MUSC offers a variety of specialty services including cardiothoracic, transplant and neurosurgery, level I trauma center, digestive disease, psychiatry and level III neonatal intensive care. The medical center is comprised of four hospitals, Ashley River Tower, Children's Hospital, Institute of Psychiatry, and University Hospital. Outpatient facilities include the Hollings Cancer Center, Ashley River Tower Clinics, Rutledge Tower Clinics, Family Medicine Center and affiliated faculty practice ambulatory care centers.

The Department of Pharmacy Services provides service to patients on a 24-hour basis through multiple inpatient and ambulatory pharmacies to fulfill the department's mission, vision, and goals of providing optimal pharmaceutical care to all patients.

Program Purpose

Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services and to further develop leadership skills applicable in a variety of practice settings. PGY1 residents acquire substantial knowledge required for skillful problem solving, strengthening their professional values and attitudes, and advancing the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance.

The MUSC PGY1 Pharmacy Residency is committed to graduating competent general clinicians. Residents who graduate from our program are prepared to start a career as general clinical practitioner, or continue on to a specialty residency (PGY2) or a fellowship program.

Intended Outcomes

Specific residency goals and objectives will be established in the beginning of the residency modified according to the resident's interests and previous experiences and advisor input. To meet the purpose of the residency, the resident will advance to achieve the following outcomes:

- Manage and improve the medication-use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills

- Provide medication and practice-related education/training
- Utilize medical informatics
- Conduct pharmacy practice research
- Exercise added leadership and practice management skills
- Provide drug information to health care professionals and/or the public
- Demonstrate additional competencies that contribute to working successfully in the health care environment

Program Structure

The PGY1 Pharmacy Practice Residency at MUSC is a one-year post-graduate training program designed to develop essential knowledge and skills for contemporary health-system pharmacy practice at a major academic medical center or community-based hospital. The residency program provides the flexibility to adapt to the resident’s specific learning needs and goals. The training is provided through concentrated clinical rotational and longitudinal experiences.

| Learning Experience | Rotation Length |
|------------------------------|-----------------|
| Orientation | 1 month |
| Management | 1 month |
| Integrated Practice Rotation | 2 months |
| Drug Information | 1 month |
| Critical Care* | 1 month |
| Pediatrics* | 1 month |
| Psychiatry* | 1 month |
| Ambulatory Care* | 1 month |
| Acute Care* | 1 month |
| Clinical Staffing | Longitudinal |
| Clinical On-call | Longitudinal |

*Certain learning experiences are required but selective in that residents may select the specific learning experience under a more general topic.

Selective Learning Experiences: (Must complete one of each):

Critical Care – 1 month (MSICU, CCU, CTICU, STICU, NeuroICU, MICU, PICU, NICU, Heart/Lung Transplant, Solid Organ Transplant)

Pediatrics – 1 month (Gen Peds required if no previous pediatric rotations, PICU, NNICU, Peds Heme/Onc)

Psychiatry – 1 month (Gen Psych, Pediatric Psych, Geriatric Psych)

Ambulatory Care – 1 month (BMT, Oncology, HIV, UIM, Transplant, CHF, Pharmacotherapy, Family Medicine)

Acute Care – 1 month (Internal Medicine, Cardiology, Heme/BMT/Oncology, Nephrology Consult)

Electives: 2 months. May select any of the aforementioned rotations, plus the options below:
 Medication Use Policy
 Informatics
 Medications Assistance/Billing and Reimbursement
 Investigational Drug Services

The Non-Traditional (NT) PGY-1 Pharmacy Practice Residency is designed to aid a current pharmacist employee in accomplishing all of the necessary requirements and goals of a PGY-1 Pharmacy Practice Residency while maintaining employment in his/her "home" area. The NT PGY-1 Resident will accomplish all requirements over a two year period that combines months of resident clinical rotations/responsibilities with months of staffing responsibilities in the "home" area. An example schedule is shown below.

Year 1

| | | | | | |
|---------------|-------|------------|-------|------------|-------|
| July | Aug | Sept | Oct | Nov | Dec |
| Staff/orient* | Staff | Rotation 1 | Staff | Rotation 2 | Staff |

| | | | | | |
|------------|-------|------------|-------|------------|-------|
| Jan | Feb | Mar | Apr | May | June |
| Rotation 3 | Staff | Rotation 4 | Staff | Rotation 5 | Staff |

Year 2

| | | | | | |
|-------|------------|-------|------------|-------|-------|
| July | Aug | Sept | Oct | Nov | Dec |
| Staff | Rotation 6 | Staff | Rotation 7 | Staff | Staff |

| | | | | | |
|-------|------------|-------|------------|-------|-------------|
| Jan | Feb | Mar | Apr | May | June |
| Staff | Rotation 8 | Staff | Rotation 9 | Staff | Rotation 10 |

* NT Residents may have a modified orientation month and may forego 1 or both Integrated Practice Rotations based on their "home" staffing area.

Listing of Current Preceptors

Nicole Bohm

Carolyn Bondarenka
John Bosso
Jeff Brittain
Kristy Brittain
Wendy Bullington
Madelyne Cearley (Bean)
Katherine (Kathy) Chessman
Robyn Coefield
Brittany Cogdill
Jason Cooper
Tanna Hassig (Cooper)
Toby Cox
James Davis
Ashley Dean
Caroline Dees
Tracie Delay
Shannon Drayton
Heather Easterling
Kathy (Hogan) Edwards
James Fleming
Sandra Garner
Kelli Garrison (Davis)
Ashley Glode
Holly Griffin
Lauren Haney
Rebekah Hartwell
Genevieve (Jeni) Hayes
Amy Hebbard
Julia Heh
John Hurst
Deanna Kidwell
Julie Leal
Cathy Letton
Jennifer Mazur
Joe Mazur
Brian McKinzie
Holly Meadows (Barrier)
Jason Mills
Jean Nappi
James (Jimmy) New
Ron Neyens
Kathryn Noyes

Meredith Oliver
Andy Perez
Nicole Pilch (Wiemert)
Dominic Ragucci
Sophie Robert
Jeffrey Sample
Dianna Sellers
Aaron Steele
Samantha Swinhart
Dave Taber
Amy Thompson
Jill Thompson
Lynn Uber
Walt Uber
Amy VandenBerg
Margaret Wheat
Stephanie White
Donald Wiest
Barbara Wiggins
Christopher Wisniewski
Brett Wood

Residency Preceptors (Expectations by the RPD)

Each clinical preceptor will be responsible for the coordination of their own learning experience, and be able to modify accordingly with the assistance of the RPD should the resident need remediation as far as residency goals are concerned. The residency preceptor will exhibit the characteristics and aptitude necessary for residency training including the mastery of the four preceptor roles fulfilled when teaching clinical problem solving (direct instruction, modeling, coaching and facilitation). The residency preceptor will guide and monitor the resident's activity and service throughout the learning experience. The residency preceptor will provide ongoing provide ongoing formative and summative evaluations of the resident's performance, with the goal of advancing the resident's competency on the specific goals assigned to the experience.

The specific responsibilities are to:

- Understand the resident's responsibilities to the residency teaching experience and to ongoing activities such as projects, talks, student discussions, manuscript preparation.
- Develop and maintain goals and objectives for the specific residency teaching learning experience(s).
- Review the resident's training plan and resident's previous performance and modify the learning experience accordingly.
- Orient the resident to the rotation's setting, and monitor/evaluate/critique the resident's performance during the experience.
- Provide the resident a midpoint in written and verbal format, and be able to complete the final summary Resitrak evaluation by month's end as outlined in the residency manual.
- Advise the RPD of any appropriate interventions that may be needed relevant to the resident's performance.
- Actively participate in an annual feedback session in which preceptors and the RPD consider overall program changes based on evaluations, observations, and direct resident feedback and surveys.

Residency Advisor Role

The Residency Advisor(s), upon appointment by the Residency Program Director (RPD), will be responsible for the supervision, guidance and on-going evaluation of the resident's progress throughout the residency, as well as serve in an informal professional mentoring role (examples include preparation for future career planning roles, advice on other issues that maybe impacting on the resident's performance).

Specific Resident Responsibilities

The residents' role is that of a student, novice practitioner, and emerging clinician and/or administrator. The resident is to participate in ongoing clinical and administrative services with the assistance of the residency preceptor and develop their skill set into a competent clinical practitioner and/or future administrator. The resident must accept and apply constructive criticism in addition to performing self-evaluations on their performance.

In order to promote an effective and productive residency experience, the relationship between a resident and rotation preceptor must be highly communicative, and a meaningful dialogue must be achieved. Specifically, the resident will:

- Sign off on the learning experience orientation form on the first day of each new clinical rotation.
- Maintain strict deadlines as far as Resitrak requirements are concerned – outlined in the Residency Manual – see table for specific deadlines. This involves project work, mini-

MUE work, seminar preparation, and any other talk or inservice/presentation that will require preceptor feedback.

- Understand the preceptor's expectations for daily activities, services provided and preceptor contact.
- Participate in pharmacy functions (eg. rounds, patient care conferences, lectures, departmental meetings, clinical staff meetings, seminars, and RITEs) in accordance to the MUSC Residency Manual. For NT Residents, the residency on-call program will be assigned during clinical rotation months only. Likewise, the residency staffing component will be abided by during the clinical rotation months while the "home" area weekend staffing component will be maintained during months when the resident is not on clinical rotations.
- As outlined by the clinical preceptor, provide a detailed account of activities as they relate to the goals and objectives of the learning experience in ResiTrak evaluations.
- Maintain active communication with the preceptor, advisor and/or RPD concerning any planned off-service activities (eg. meetings, seminars, projects, staffing, on-call commitments) that the resident will be participating in during the rotation.

Individual Learning Experience Evaluations and Grading

The resident is expected to successfully complete and **achieve 95%** of the required outcomes according to ASHP Educational Outcomes, Goals and Objectives for PGY1 Pharmacy Residencies.

The PGY1 Resident is assigned at least one Snapshot per month to assess their progress in achieving their personal goals from their Customized Plans.

Each learning experience is evaluated using ResiTrak:

- The resident completes a self-evaluation, and evaluation of the learning experience and an evaluation of the preceptor.
- The preceptor evaluates the resident's performance related to the identified learning objectives that correlate with the learning experience as well as any additional areas of comment identified.

Selection of Residency Candidates

The Non-Traditional PGY1 Residency is open only to current Medical University of South Carolina Hospital Authority employees. The MUSC Pharmacy Program will use the PhORCAS Application System through ASHP*. All application materials will be through the applicant portal on ASHP's website. The deadline for receipt of a complete application packet is December 31st. Applicants can

begin submitting materials through PhORCAS on November 19. Complete applications include the following:

- Letter of intent (uploaded with application)
- Curriculum vitae (uploaded with application)
- Three letters of reference completed by health professionals who can attest to the applicant's practice abilities and aptitudes (uploaded directly from the authors beginning on November 19)
- At least one letter must be from an immediate supervisor (if applicable - for PGY1 only)

The application, letter of intent and curriculum vitae should be submitted via the [PhORCAS applicant portal](#). Letters of reference should also be submitted via PhORCAS Reference Portal using the [ASHP Reference Template](#) no later than December 31 directly from the authors. For further information, please see [application information](#).

* For the inaugural year (2014-2016), a paper application process requiring similar information to PhORCAS was used. In the future, the PhORCAS application process will be used.

Upon acceptance to the Non-Traditional Residency program, the applicant will be reclassified to an exempt (i.e., salaried) employee through the Medical University Hospital Authority.

For further information contact:
Residency Program Director

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