

**PGY1 PHARMACY PRACTICE  
PHARMACY RESIDENCY  
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.

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 the development of leadership skills that can be applied in any position and in any practice setting. 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. Specifically, residents will be held responsible and accountable for acquiring the following outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

**Program Purpose**

The PGY1 pharmacy residency program builds on 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.

### **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.

<b>Learning Experience</b>	<b>Rotation Length</b>
Orientation	1 month
Management	1 month
Clinical Generalist Rotation	1 month
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
Electives	3 months (one 2 month block, and one 1 month rotation)

\*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, CVICU (with emphasis in CT Surgery, Cardiology or Heart/Lung Transplant/Heart Failure), STICU, NSICU, MICU, PICU, NICU)
- Pediatrics – 1 month (Gen Peds required if no previous pediatric rotations, PICU, NICU, Peds Heme/Onc)
- Psychiatry – 1 month (Gen Psych, Pediatric Psych, Geriatric Psych)
- Ambulatory Care – 1 month (BMT, Oncology, HIV, Internal Medicine, Transplant, CHF, Pharmacotherapy, Family Medicine)
- Acute Care – 1 month (Internal Medicine, Cardiology, Heme/BMT/Oncology)

Electives: 3 months (two rotations). May select any of the aforementioned rotations, plus the options below:

- Medication Use Policy
- Informatics
- Medications Assistance/Billing and Reimbursement
- Investigational Drug Services
- Antimicrobial Stewardship
- Emergency Medicine
- Transitions of Care
- Transplant Quality and Outcomes

**Listing of Current Preceptors: (Current as of February 2018)**

Nicole Bohm

Andrew Bodiford

Carolyn Bondarenka

Jeff Brittain

Carol Brown

Wendy Bullington

Chara Calhoun

Jennifer Carter

Katherine (Kathy) Chessman

Brittany Jones

Jason Cooper

Toby Cox

Kelly Crowley

James Davis

Ashley Dean

Tracie Delay  
Heather Easterling  
Kathy Edwards  
James Fleming  
Anshu Argula Gandhi  
Sandra Garner  
Lauren Haney  
Genevieve (Jeni) Hayes  
Amy Hebbard  
Matt Hebbard  
Julia (Julie) Heh  
Deanna Kidwell  
Stephanie Kirk  
Julie Leal  
Cathy Letton  
Shawn Mac Vane  
Carolyn Magee  
Andy Maldonado  
Joe Mazur  
Pam Mazyck  
Daniel McGraw  
Holly Meadows  
Joel Melroy  
Jason Mills  
Jean Nappi  
James (Jimmy) New  
Ron Neyens  
Kathryn Noyes  
Neha Patel  
Caroline Perez  
Leslie Person  
Dominic Ragucci  
Lisa Rhyne  
Sophie Robert  
Clint Ross  
Jeffrey Sample  
Colleen Scherer  
Amy Sion  
Melanie Smith  
Kathy Sprott  
Aaron Steele  
Shelby Stricklin

Samantha Swinhart  
Jill Thompson  
Victoria Tsurutis  
Lynn Uber  
Walt Uber  
Kyle Weant  
Margaret Wheat  
Stephanie White  
Donald Wiest  
Barbara Wiggins  
Christopher Wisniewski

### **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 PharmAcademic 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 PharmAcademic 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.
- 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 PharmAcademic 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. Required Outcomes includes R1,2,3,4,5,6 and E1,6,7.

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 PharmAcademic:

- 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

Resident candidates must complete an application via the PhORCAS online application system by the deadline each year. Usually December 31st by midnight.

They must have a complete application which includes the following:

1. Letter of intent (uploaded with application)
2. Curriculum vitae (uploaded with application)
3. 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).
  - a. For Current Students:
    - Two letters must be from preceptors
    - One letter must be from a faculty member/advisor
    - A fourth letter will not be accepted
4. Official transcripts of all professional pharmacy education
5. List of Rotations completed as a separate addendum with description of activities including number of patients followed, activities, duties, projects, in-services, etc.
6. Complete the online submission form to provide a full list of rotations and accompany details for each rotation, located on the Application Information Page of the Pharmacy Residency Website: [http://academicdepartments.musc.edu/pharmacy\\_services/residency/information/application.htm](http://academicdepartments.musc.edu/pharmacy_services/residency/information/application.htm)

All information is available at:

[http://academicdepartments.musc.edu/pharmacy\\_services/residency/programs/pgy1/](http://academicdepartments.musc.edu/pharmacy_services/residency/programs/pgy1/)

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