

**PGY2 AMBULATORY CARE PHARMACY
RESIDENCY MEDICAL UNIVERSITY OF SOUTH CAROLINA**

The MUSC Medical Center is a 800-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.

The Postgraduate Year Two (PGY2) Ambulatory Care Residency Program is designed to develop accountability; practice patterns; habits; and expert knowledge, skills, attitudes, and abilities in the respective advanced area of pharmacy practice. The Ambulatory Care Residency Program builds upon the broad-based competencies achieved in a PGY1 residency, deepening the resident's ability to provide care in the most complex of cases or in the support of care through practice leadership. Therefore, the Ambulatory Care Residency Program provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and transforming both into improved medication therapy for patients.

PROGRAM PURPOSE

Graduating PGY2 Ambulatory Care residents who emerge successfully after our one year training program will be able to manage all of the pharmaceutical care needs of an ambulatory care patient in an academic medical center setting, community-based hospital or clinic setting. The residency program provides the flexibility to adapt to the resident's specific learning needs and goals. The training is provided through a combination of monthly rotation experiences (6 months) and 6 months of concentrated clinical longitudinal experiences. As well, with the skills learned, they will be able to precept PharmD candidates on rotation, develop and modify protocols/guidelines, and participate actively as part of a multidisciplinary team. A resident who successfully completes the Ambulatory Care Residency Program should possess competencies that enable attainment of board certification as a Board Certified Ambulatory Care Pharmacist (BCACP).

RESIDENCY PROGRAM STRUCTURE

Listing of Current Preceptors

Kristy Brittain

Brittany Jones

Julie Leal

Jean Nappi

Stephanie Kirk

Joli Fermo

Holly Meadows

James Fleming

Katie Hoover

Neha Patel

Andrew Bodiford

Caroline Perez

Jennifer Carter

David Cruse

Residency Rotations

Six monthly rotations (July – December):

- Pediatrics
- Ambulatory (Adult) Medicine [Select 2]
 - o Oncology, behavioral medicine, endocrine, transplant, internal medicine, family medicine, heart failure
 - o Areas selected based on interest
- Specialty pharmacy (includes outpatient staffing orientation)
- Elective [Select 2]
 - o Relevant to preparation for longitudinal experiences

Six months of longitudinal experiences:

- Behavioral Medicine clinic
- Anticoagulation clinic (VAD)
- Endocrine clinic
- Tobacco Cessation clinic
- Family Medicine clinic
- Heart Failure clinic

- Infectious Disease clinic

Longitudinal experiences, continued:

- Transplant clinic
- Oncology clinic
- University Internal Medicine clinic
- Staffing/Outpatient Clinical Initiatives (REQUIRED)
- Ambulatory (Adult) Medicine

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 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.

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. 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:

- Complete the learning experience documentation through PharmAcademic on the first day of each new clinical rotation.
- Maintain strict deadlines as far as PharmAcademic requirements are concerned – outlined in the MUSC Residency Manual – see table for specific deadlines. This involves project work, mini-MUE work, seminar preparation, and any other talk or in-service/presentation that will require preceptor feedback.
- Understand the preceptor's expectations for daily activities, services provided and preceptor contact.
- Duty hours attestation is completed at the end of each clinical rotation. Situations where the resident will exceed duty hours will be discussed with the preceptor and RPD as needed.
- 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.
- 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.

The PGY-2 Ambulatory Care resident will staff every third Saturday (from August through June) in one of the outpatient pharmacies within the medical center. One day of weekly staffing will be included in the longitudinal schedule from January through June. During weekends of staffing, the resident will be given 1 day of project time (replacing the weekly scheduled staffing).

INDIVIDUAL LEARNING EXPERIENCE EVALUATIONS AND GRADING

The resident is expected to successfully complete and achieve **all** of the required outcomes according to ASHP Educational Outcomes, Goals and Objectives for PGY2 Pharmacy Residencies in Ambulatory Care. This will include the following under the “achieved category” –

- Outcome R1: Patient Care
 - o R1.1 Provide comprehensive medication management to ambulatory care patients following a consistent patient care process
 - o R1.2 Design and/or deliver programs that contribute to public health efforts or population management
- Outcome R2: Advancing Practice and Improving Patient Care
 - o R2.1 Manage the development or revision, and implementation, of proposals related to the ambulatory care setting
 - o R2.2 Demonstrate ability to conduct a research project
- Outcome R3: Leadership and Management
 - o R3.1 Demonstrate leadership skills
 - o R3.2 Demonstrate management skills in the provision of care for ambulatory care patients
 - o R3.3 Manage the operation of an ambulatory care pharmacy service
- Outcome R4: Teaching, Education, and Dissemination of Knowledge
 - o R4.1 Demonstrate excellence in providing effective medication and practice-related education
 - o R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow healthcare professionals in ambulatory care

**The resident is expected to demonstrate proficiency in all activities linked to these specific outcomes via the various goals and objectives assigned from the learning experiences to

successfully complete the MUSC program.** At the completion of the year, no 'Needs Improvement' shall be identified. The resident will first observe, learn, act, then master a particular activity which will deem them having achieved that goal. This again will be highly individualized and not applied to every resident exactly the same.

CANDIDATE SELECTION CRITERIA AND PROCESS

Each applicant is scored by at least 3 Ambulatory Care preceptors, including the RPD and PGY-1 advisor, based off the established MUSC PGY-1 Screening tool. The top candidates are offered on-site interviews. During the interview process, each candidate is evaluated based off the established MUSC On-Site Interview tool. After all interviews are completed, all interviewers available meet to discuss and rank the candidates.

RESIDENCY PROGRAM DIRECTOR INFORMATION

Kristy Brittain, PharmD, BCPS, CDE

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Clinical Pharmacy Specialist & Residency Program Director - Ambulatory Care

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