

PGY2 Drug Information Residency (37104)

INTRODUCTION

The Medical University of South Carolina (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, Ashley River Tower Clinics, Rutledge Tower Clinics, Family Medicine Center and affiliated faculty practice ambulatory care centers. MUSC Medical Center also maintains a direct relationship with the MUSC University including colleges of medicine, dentistry, nursing, allied health, and pharmacy.

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. The Medication Policy and Informatics division incorporates three separate work groups including Drug Information Services, Information Systems, and Outcomes Management. For this residency program, the resident will participate in all three areas with the main focus on the Drug Information Service.

PURPOSE

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

This specialty residency is designed to develop practitioners who possess an expert level of competency in drug information practice, as well as informatics and outcomes management. The program allows sufficient flexibility to adapt to the individual needs of the resident, while ensuring that all ASHP standards for drug information specialized residency training are met. Upon completion of this program, the resident will be prepared to enter a variety of positions related to drug information practice, including but not limited to the following: clinical specialist in drug information, medication use policy, medication safety or outcomes; faculty member in a relevant field, coordinator of Drug Information Services (or similar area), medical writing, industry, or pharmacy information systems. Additionally, upon completion of the PGY2 program, the resident should possess competencies that enable attainment of board certification.

INTENDED OUTCOMES

- Demonstrate excellence in the provision of education, training, and evidence-based information for health care professionals and health care professionals in training.
- Contribute to the management of the organization’s medication-use policies or processes.
- Exercise leadership and practice management skills.
- Demonstrate excellence in the provision of evidence-based information and education for the public.
- Contribute to the management of a drug information center/service.
- Conduct drug information practice-related projects.
- Contribute to the management of the organization’s medication-use process.
- Contribute to the management of the organization’s budget.
- Demonstrate skills required to function in an academic setting.
- Contribute to the organization’s decisions for the selection of medication-related devices.
- Demonstrate skills required to participate in the maintenance of pharmacy information systems.

THE RESIDENCY EXPERIENCE

Activities will include providing drug information services to health professionals and consumers through a variety of experiences. Specific activities include staffing in a call center; preparation of scientifically based, unbiased drug evaluations for the Pharmacy and Therapeutics Committee; management of the hospital formulary system; participation in ongoing medication use evaluations; and preparation of drug therapy newsletters. The resident will also participate adverse reaction surveillance and administrative and management activities of drug information services; assist with the maintenance of the information systems; and provide educational programs for the hospital staff and students at the Medical University.

In addition to drug information activities, the resident is required to complete at least 2 elective learning experiences, to present one formal seminar, to present one didactic lecture, and to participate in the department's ongoing clinical service programs (See Table 1). The resident will also complete a residency service project. The majority of experiences are longitudinal in nature to simulate the work experience following graduation. On successful completion of the program, the resident will receive a Certificate of Residency in Drug Information Practice from the Medical University of South Carolina.

Table 1. Learning Experiences

REQUIRED LEARNING EXPERIENCES	
Orientation	1 month (if new to the residency program)
Drug Information	11 – 12 months (longitudinal)
Drug Information – Teaching (Precepting)	1 – 3 months
Medication Safety	4 – 6 weeks
Outcomes Management	1 month or longitudinal
Informatics	4 – 6 weeks or longitudinal
Service project and manuscript	Longitudinal
Medication use evaluation <i>Complete an MUE and/or coordinate an MUE</i>	Longitudinal
Seminar	1 presentation

REQUIRED LEARNING EXPERIENCES	
Residency Interactive Teaching Experience or Didactic Teaching Experience	1 presentation
Operational staffing	Up to 32 hours/month
ELECTIVE LEARNING EXPERIENCES	
Drug Information – Teaching (Academia)	1 – 2 semesters
Clinic experience	Half day per week (longitudinal)

A PGY1/PGY2 (24-month) experience is available in addition to the PGY2 residency. This experience includes the required PGY1 rotations and activities with electives in drug information or other related practice sites. This opportunity is available with an automatic early match to the PGY2 program.

PRECEPTORS

Each clinical preceptor will be responsible for the coordination of their own learning experience. The preceptor will modify the learning experience accordingly, with the assistance of the residency program director (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 (ie, direct instruction, modeling, coaching and facilitation). The residency preceptor will guide and monitor the resident's activities 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 preceptors listed in Table 2 will be responsible for the required and elective learning experiences for this program. The resident may work with other preceptors/staff throughout the department depending on the learning experience/project assigned.

The specific preceptor responsibilities are as follows:

- 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.

Table 2. Program Preceptors

PROGRAM PRECEPTORS	
Jason C. Cooper, PharmD Clinical Pharmacist, MUSC Drug Information Center Adjunct Assistant Professor, SCCP-MUSC Campus	
Jeff Brittain, PharmD, BCPS Clinical Pharmacist, Drug Policy/Informatics Adjunct Assistant Professor, SCCP-MUSC Campus	Chris Wisniewski, PharmD, BCPS Clinical Specialist, Drug Information Associate Professor, SCCP-MUSC Campus
Genevieve (Jeni) Hayes, PharmD, BCPS Clinical Specialist, Outcomes Management Adjunct Assistant Professor, SCCP-MUSC Campus	Margaret Wheat, RPh Coordinator, Information Systems Instructor, SCCP-MUSC Campus
James New, PharmD, BCPS Clinical Specialist, Drug Information Adjunct Assistant Professor, SCCP-MUSC Campus	Shelby Stricklin, PharmD Coordinator, Medication Safety

RESIDENCY ADVISOR

A Residency Advisor may be appointed by the RPD and is responsible for the supervision, guidance and on-going evaluation of the resident's progress throughout the residency. The advisors also provides 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).

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 qualitative feedback 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. 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 MUSC Residency Manual,
- Understand the preceptor's expectations for daily activities, services provided, and preceptor contact,
- Maintain a project list with associated time lines,
- Participate in department and organizational functions (eg, departmental meetings, divisional staff meetings, Seminars, RITEs) in accordance to the MUSC Residency Manual and the expectations of the preceptors and RPD
- Provide a detailed account of activities as they relate to the goals and objectives of the learning experience, and
- Maintain active communication with the preceptor, advisor and/or RPD concerning any planned off-service activities (eg, meetings, seminars, projects, staffing) that the resident will be participating in during the rotation.

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 the PGY2 Drug Information Residency and all of the selected elective outcomes. The required outcomes for this program listed in Table 3 should all be achieved for successful completion of the program. Custom outcomes will be available for operational staffing learning experiences.

The resident is expected to demonstrate proficiency in 90% or above of all activities linked to these specific outcomes via the various goals and objectives assigned from the learning experiences to successfully complete the program. The resident will observe, learn, act, and then master a particular activity, which will deem the resident as achieving that goal. This again will be highly individualized and not applied to every resident exactly the same.

Each learning experience will be evaluated using PharmAcademic. A typical evaluation schedule is included in Appendix A. The resident will be assigned formative evaluations through the program as determined through the customized plan process. The formative evaluations may be evaluated through PharmAcademic or as other written/verbal communication (eg, editorial feedback on a writing assignment). All competencies and assignments/project with associated feedback will be maintained in the resident's online folder.

Table 3. Outcomes for Successful Completion of the Program

REQUIRED OUTCOMES	
Outcome R1	Demonstrate excellence in the provision of education, training, and evidence-based information for health care professionals and health care professionals in training.
Outcome R2	Contribute to the management of the organization's medication-use policies or processes.
Outcome R3	Exercise leadership and practice management skills.
Outcome R4	Conduct drug information practice-related projects.
Outcome R5	Contribute to the management of the organization's budget.
Outcome E1	Contribute to the management of the organization's medication-use process.
Outcome E2	Contribute to the management of a drug information center/service.
Outcome E3	Demonstrate excellence in the provision of evidence-based information and education for the public.
<i>Custom 1</i>	Manage and improve the medication-use process
<i>Custom 2</i>	Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
<i>Custom 6</i>	Utilize medical informatics
ELECTIVE OUTCOMES	
Outcome E5	Demonstrate skills required to function in an academic setting.

SELECTION OF RESIDENCY CANDIDATES

Potential candidates must complete an application via the PhORCAS online application system by the published deadline each year. Typically the deadline is December 31st. Details regarding the application process can be found on the MUSC/SCCP Residency Program Web site or directly [HERE](#). For this program the candidate is asked to submit a writing sample for review as part of the interview process.

Candidates that have submitted a complete residency application will be considered for on-site interviews based on established pre-screening criteria. The top 2 to 5 candidates will be offered an on-site interview. Internal candidates with the same criteria can be considered for the Early Match Program. For candidates that are initially selected for the PGY1 Pharmacy Residency Program (Drug Information), the Early Match interview process will not be required.

On-site interview will be conducted with the preceptors for the program, using an established scoring system with behavioral-based questions. In addition to the standard interview process, candidates are asked to submit a writing sample and provide an interview presentation. The content of the writing sample and presentation can be the candidate's choice as it is for the assessment of communication skills. Interview scores are collated and added to the pre-interview screening score. Candidates are then ranked and discussed by the Medication Use Policy and Informatics group to determine the final ranking of candidates. For internal candidate participating in the Early Match Program, ASHP is notified by the established deadline regarding the offered position. For internal and external candidates participating in the NMS Matching Services, the final ranks are submitted by the established deadline.

RESIDENCY PROGRAM DIRECTOR CONTACT INFORMATION

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APPENDIX A: EVALUATION PLAN

Table 1. Required Learning Experiences/Evaluations

Learning Experience	Type of Evaluation	Responsible Party	Time
NA	ASHP Standard Entering Interests Self-evaluation	Resident	June/July
NA	Goal-based Entering Interests Self-evaluation	Resident	June/July
Orientation (if applicable)	Orientation	Resident	End of July
NA	Customized Plan <i>Word document – copy to ResiTrak</i>	Resident RPD	July 12 (draft) July 31 (final)
<i>This includes the longitudinal evaluation of drug information and medication use policy activities</i>	Quarterly evaluation – summative	RPD Resident	Quarterly
NA	Quarterly Progress Report	Resident	Quarterly
NA	Quarterly feedback (custom evaluation)	C Wisniewski J New J Hayes J Cooper	Quarterly
NA	Quarterly preceptor feedback (custom evaluation) <i>Resident to complete for each DI preceptor</i>	Resident	Quarterly
Informatics	Summative	Preceptor	December
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Outcomes Management	Summative	Preceptor	January – February
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Drug Information (Teaching)	Summative	Preceptor	TBD <i>Based on student rotation schedule</i>
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Medication Safety	Summative	Preceptor	March – April
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Manuscript/project	Summative	Project preceptor	Quarterly
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Clinical Operations	Summative	Preceptor	Quarterly
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Seminar	Custom evaluation	2-3 Preceptors	TBD
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
NA	Advisor/RPD evaluation	Resident	End of year
NA	Residency program	Resident	End of year

Table 2. Formative Evaluations

Learning Experience	Type of Evaluation	Responsible Party	Time
Journal Club	Formative	Preceptor	TBD
Informatics	Formative	Preceptor	TBD
Drug Information Response	Formative	Preceptor	TBD
Medical Writing	Formative	Preceptor	TBD
Medication Use Evaluation	Formative	Preceptor	TBD

Table 3. Optional Learning Experiences/Evaluations

Learning Experience	Type of Evaluation	Responsible Party	Time
RITE	Custom evaluation	2-3 Preceptors APP Mentor (optional)	TBD
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	
Academic – Teaching Assistant	Summative	C Wisniewski	October - midpoint December - final
	Preceptor/learning experience	Resident	October - midpoint
	Self-evaluation	Resident	December - final
Clinic	Summative	Preceptor	Quarterly
	Preceptor/learning experience	Resident	
	Self-evaluation	Resident	