

PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY
SOUTH CAROLINAL COLLEGE OF PHARMACY
AND THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

Introduction

The Medical University of South Carolina Medical Center is a tertiary teaching hospital that serves the colleges of medicine, dentistry, nursing, allied health, and pharmacy. Internal medicine pharmacy services are provided by clinical pharmacy specialists and clinical pharmacists for 2 private hospitalist services and 4 teaching services. Pharmacists serve as integral members of the interprofessional team.

Program Purpose Statement

Graduates are prepared to successfully practice as an internal medicine pharmacy specialist or subspecialist in an area of interest as an integral member of an interprofessional health care team providing care for a variety of complex acutely ill patients. Trainees will be prepared to pursue a career in a health system or academia and engage in educational or scholarly pursuits.

Intended Program Outcomes

As an ASHP-accredited training program, the following outcomes are required. Additional elective outcomes set forth in the ASHP description of PGY2 residencies in internal medicine or selected by the individual resident, may be included.

- *Serve as an authoritative resource on the optimal use of medications.*
- *Optimize the outcomes of internal medicine patients by providing evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team.*
- *Demonstrate excellence in the provision of training and educational activities for health care professionals and health care professionals in training.*
- *Demonstrate leadership and practice management skills.*
- *Contribute to the body of pharmacy knowledge in internal medicine.*
- *Evaluate, manage, and improve the medication-use process.*

Residency Program Structure

Residents not completing a PGY1 at MUSC/SCCP will receive orientation and training during the month of July. Residents matching from within the MISC/SCCP PGY1 program will be assigned to a clinical rotation in July. Rotations will generally be sequenced to begin with Internal Medicine for a 1 or 2 months. The resident will have additional internal medicine rotations interspersed throughout the year as 1 month experiences or blocks. During at least 1 IM rotation, the resident is expected to follow 2 teams (3rd month or later). Closely- precepted subspecialty areas of interest will be scheduled prior to December to the greatest extent possible. Areas with a less well-defined pharmacy presence will not be assigned until the RPD and preceptor judge that the resident is able to accurately identify knowledge gaps and system resources. The resident may select a research and academia experience for December if desired. Overall, the sequence and elective experiences are scheduled based on the resident's interests and needs.

Additional experiences will include delivering an ACPE-accredited seminar, and optional RITE, on call, and participation in precepting, teaching, and committees. The resident(s) will be responsible for coordinating the Medicine Journal Club and Medicine Team Teaching experiences. The resident may elect to participate in the Academician Preparation Program.

Rotations and Experiences	Total required months	Preceptors
Internal Medicine	4	Nicole Bohm, Tracie Delay
Infectious Diseases	1	John Bosso
Pulmonary Medicine	1*	Wendy Bullington
Nephrology	1*	Tracie Delay
Psychiatry	Elective	Amy VandenBerg, Shannon Drayton, Sophie Robert
Medicine subspecialty	Elective	Nicole Bohm, other as appropriate
Research & Academia	December elective	Nicole Bohm, other as appropriate
MICU or NSICU	Elective	Joe Mazur, Ron Neyens
Ambulatory Care	Elective	Jean Nappi, Madelyne Bean, other as appropriate
Solid Organ Transplant	Elective	Nicole Pilch, James Fleming
Seminar, teaching experiences	Concentrated	Varies
Clinical Operations/On Call (longitudinal, 32 hours monthly)	Longitudinal, 32 hours monthly	Deanna Kidwell, Wendy Bullington, and other preceptors as appropriate
Research project	Longitudinal	Varies
MUE	1 quarter	Varies

*If no prior experience

RPD Expectations of Preceptors

Clinical preceptors are responsible for:

- Coordination of the learning experience, including development and maintenance of the rotation description
- Modification of the learning experience (with the assistance of the RPD) should the resident need to focus on a specific goal
- Documentation of expectations during the rotation orientation.
- Guiding and monitoring the resident's activity and service
- Providing ongoing formative feedback
- Completing midpoint and final summative evaluations of the resident's performance, with the goal of advancing the resident's competency on the specific goals assigned to the experience and progress toward successful completion of the residency program
- Assessing the resident's self-evaluation
- Soliciting feedback from the resident regarding the rotation experience and actively reviewing resident evaluations of the preceptor and rotation site
- Advising the RPD of any interventions that may be needed or substandard performance immediately.
- Providing relevant updates regarding resident performance and progress at the monthly internal medicine group meetings
- Actively participating in annual feedback session in which preceptors and the RPD consider overall program changes based on evaluations, observations, and direct resident feedback.

Residency Advisor Role

Residency advisors will collaborate with the RPD to establish specific activities that will enhance the program and assist the RPD, e.g. monitoring progress on longitudinal projects/disease state checklist. The advisor will discuss with the resident and RPD any changes needed to successfully complete the residency program. In the event the RPD is unable to attend residency committee meetings, an advisor will be asked to attend if possible.

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Specific Resident Responsibilities

The resident is responsible for:

- Reviewing and fulfilling the requirements set forth in the residency manual
- Providing competent patient care and other performing other rotation-based activities
- Coordinating medicine journal club and team teaching
- Participating in designated committee activities
- Ensuring all evaluations are completed in a timely fashion
- Soliciting and incorporating feedback from preceptors
- Discussing any desired changes to the program, preceptor-requested projects, or newly identified deficiencies with the RPD (and advisor, if appropriate) as they arise
- Actively participating in medicine group activities and any designated projects

Individual Learning Experience Evaluations and Grading

The resident is expected to make substantial progress or achieve all of the required outcomes according to ASHP Educational Outcomes, Goals and Objectives for PGY2 Pharmacy Residencies in Internal Medicine. Elective outcomes, goals, and objectives will be assigned based on the incoming resident's experience and interests.

The resident will be oriented to each longitudinal experience at the beginning of the experience. At that time, the resident and preceptor should discuss the preceptor's expectations, the resident's overarching goals for the year (customized plan) and goals for the individual month, and the goals and objectives assigned for evaluation upon completion of the experience. The resident should provide and expect/solicit feedback throughout the experience. The resident should actively self-evaluate throughout the month and share those reflections with the preceptor at the midpoint and final evaluations at a minimum. The resident's formal self, preceptor-, and experience- evaluations are due upon completion of the learning experience. The preceptor will complete a midpoint and final evaluation of the resident's progress. Goals are assigned for evaluation in a particular learning experience based on whether the rotation is an IM rotation or elective and the timing of the experience in the year. Generally, goals are assigned in the order in which it is anticipated they may be accomplished or achieved. The resident's progress will be discussed with the RPD both informally throughout the year and formally at quarterly assessments. The resident is expected to upload any relevant documentation that occurs outside of ResiTrak to their SharePoint folder.

Please refer to the residency manual for further details regarding the PGY2 Internal Medicine program.

Program Candidate Selection

Qualified applicants must have completed a PGY1 residency or receive documentation of equivalent experience through ASHP. Applications will be accepted through PhorCas. Applicants will be evaluated based on communication skills, previous experiences and professional activities, and required application materials such as letter of intent and letters of recommendation. Approximately 3 to 6 candidates will be interviewed per available position.

Internal candidates may apply for early commitment. If early commitment is appropriate, the candidate will be notified prior to attending MCM, but the applicant will not be asked to commit until after the meeting. Internal candidates may also be referred to the regular match process at the discretion of the RPD or based upon early commitment interview results.

Residency Program Director Information

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