

PGY2 Psychiatric Pharmacy Residency

Medical University of South Carolina

Purpose Statement

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.

Program Description and Intended Outcomes

The PGY-2 Psychiatric Pharmacy Residency at MUSC is designed to develop essential knowledge and skills for contemporary health-system pharmacy practice at a major academic medical center, community-based hospital or other mental health facility (e.g. VA, state hospital, community mental health center). The training is provided through challenging concentrated clinical rotations and longitudinal experiences where residents acquire the knowledge necessary for treatment of mental health diagnoses, refine their clinical problem solving skills, strengthen their clinical judgement, and advance their teaching skills.

Specifically, this residency program is designed to develop psychiatry specialists who are qualified to excel in practice in a variety of mental health environments including, but not limited to: inpatient psychiatry (acute, general adult, dual diagnosis, geriatric, child/adolescent), emergency psychiatry, consult liaison psychiatry and various outpatient clinics. As part of the extensive training they will receive as residents, they will also be able to identify, prevent, and resolve medication-related problems, participate as active members of a multidisciplinary healthcare team, demonstrate leadership skills, and provide education to various healthcare professionals and trainees. The residency program provides the flexibility to adapt to the resident's specific learning needs and career goals. Last, following completion of the program, residents will be well equipped to become board certified in psychiatric pharmacy.

Listing of Current Preceptors

Clint Ross, PharmD, BCPP
Amy Hebbard, PharmD, BCPS, BCPP
Dan McGraw PharmD, BCPP
Sophie Robert, BPharm, PharmD, BCPP
Stephanie Kirk, PharmD, CDE, BCACP
Shannon Drayton, PharmD, BCPP

Residency Rotations and Structure

There are 8 **required** inpatient psychiatry learning experiences plus the mandatory orientation month for residents coming from PGY1 programs outside MUSC:

General Adult – 2 months

Acute – 1 month

Geriatric Psychiatry – 1 month

Child/Adolescent – 1 month

Addictions – 1 month

Emergency Department – 1 month

Consult Liaison – 1 month

Orientation (July of each year if PGY1 at outside institution) – 1 month

Additionally, there are required longitudinal outpatient psychiatry learning experiences which may include the PharmD Injection Clinic, Comprehensive Pain Management Program Clinic, ReVisions Day Treatment Program, and HIV-Psychiatry Clinic. The program is flexible in its design to offer additional rotations in the above learning experiences depending on the resident's interests and needs. Additionally, the above rotations can be designed as teaching rotations throughout the year for residents to co-precept P4 students on rotation.

Other required experiences include teaching, resident research project, medication use evaluation, and manuscript preparation/submission. Specific teaching requirements include lecture for PGY1 and PGY3 psychiatry residents (1 hour each), ACPE-accredited seminar (1 hour), and monthly topic discussions and small group facilitation for pharmacy trainees on psychiatry rotation. Additional opportunities for teaching are generally available including through the MUSC College of Pharmacy. MUSC also offers optional teaching certificate (Academician Preparation Program) and research certificate programs.

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 to accomplish residency goals. 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, topic discussions, clinic responsibilities, student discussions, and manuscript preparation.

- Develop and maintain goals and objectives for the specific residency teaching learning experience(s).
- Review the resident's development plan and resident's previous performance and modify the learning experience accordingly.
- Orient the resident to the rotation's expectations, and monitor/evaluate/critique the resident's performance during the experience.
- Provide the resident with both a verbal and written midpoint evaluation, 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 resident's role is that of a student, novice practitioner, and emerging clinician. 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 honest and thoughtful 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 introduction on the first day of each new clinical rotation.
- Complete PharmAcademic evaluations in a timely manner – outlined in the current MUSC residency manual. This involves project work, MUE work, seminar preparation, and any other lecture or inservice/presentation that will require preceptor feedback. All evaluations should be completed by the last day of the learning experience, but no later than 72 hours after the completion of the learning experience.
- Understand the preceptor's expectations for daily activities, services provided and preceptor contact.
- Maintain the disease-state appendix for review each quarter discussion with the RPD.
- Participate in pharmacy functions (e.g. rounds, patient care conferences, lectures, departmental meetings, clinical staff meetings, and seminars) 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 and 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.

Clinical Service Weekend/Pharmacy Operations Experience Responsibilities

The PGY-2 Psychiatric Pharmacy resident will participate in the Psychiatric PharmD on-call program approximately one week per month, and will also be required to staff up to 32 hours per month in the IOP pharmacy. These experiences will augment not only their learning during the year, but also make them capable pharmacy practitioners upon graduation. The exact determination of what shifts they will work (4 hours in duration for the staffing component) will be disseminated during the orientation month of July each year. The resident will be evaluated by the operational coordinator for the area each quarter after gathering appropriate feedback from pharmacists working alongside the resident.

Individual Learning Experience Evaluations and Grading

The resident is expected to successfully complete and achieve all of the required outcomes according to ASHP Competency Areas, Goals and Objectives for PGY2 Psychiatric Pharmacy Residency.

The resident is required to demonstrate proficiency in 95% or above of all activities linked to these specific outcomes through the various goals and objectives assigned from the learning experiences to successfully complete the program. There can be no “needs improvements” on any goals or objectives for the residency year in order to successfully graduate from the program. The resident will first observe, learn, act, and then master a particular activity, which will deem them having achieved that objective. This again will be highly individualized for each resident.

This will include the following under the “achieved category” –

Competency Area R1: Patient Care

Competency Area R2: Advancing Practice and Improving Patient Care

Competency Area R3: Leadership and Management

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Competency Area R5: Management of Psychiatric Emergencies

For the various assigned elective competency areas, goals and objectives for PGY2 Psychiatric Pharmacy Residency, the resident will have had to achieve at least 60% of these outcomes at the achieved status (via the various goals and objectives from the learning experience) to successfully complete the program. These may include the following competency areas –

Competency Area E1: Academia

Competency Area E2: Added Leadership and Practice Management Skills

Competency Area E3: Initiating a New Psychiatric Pharmacy-Related Service

Competency Area E4: Outcomes Research

Competency Area E5: Credentialing

Competency Area E6: Development of Guidelines

Competency Area E7: Delivery of Psychiatric Medications

Selection of Residency Candidate

Qualified applicants must have completed a PGY1 residency or receive documentation of equivalent experience through ASHP. The MUSC Pharmacy Program uses the PhORCAS Application System through ASHP. All application materials must be submitted through the applicant portal on ASHP's website. The deadline for receipt of a complete application packet is December 31.

Completed applications include:

- Letter of intent (uploaded with application)
- Curriculum vitae (uploaded with application)
- Three references completed by healthcare professionals in PhORCAS who can attest to the applicant's practice abilities and aptitudes, including their clinical problem solving, time management, and willingness to accept constructive criticism
 - At least one reference must be from a clinical preceptor
 - At least one reference must be from an immediate supervisor

The application, letter of intent, and curriculum vitae should be submitted via the PhORCAS applicant portal. References should be submitted via PhORCAS Reference Portal using the ASHP Reference Template directly from the authors no later than December 31.

Interviews will be offered to candidates based on the information submitted through PhORCAS. Approximately 3 to 6 candidates will be interviewed per available position. On site interviews will occur at the middle of January through end of February.

Internal candidates may apply for early commitment. If early commitment is appropriate, the candidate will be notified prior to Midyear Clinical Meeting. Internal candidates may also be referred to the regular match process at the discretion of the RPD or based upon early commitment decision.

Residency Program Director

Clint Ross, PharmD, BCPP

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