

PGY1/PGY2 Pharmacotherapy 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.

Program Purpose Statement

The Postgraduate Year One (PGY1)/ Postgraduate Year Two (PGY2) Pharmacotherapy Residency Program is designed to develop accountability; practice patterns; habits; and expert knowledge, skills, attitudes, and abilities in each respective advanced area of pharmacy practice. PGY 1 Pharmacotherapy Residents throughout the year will: acquire the needed knowledge for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. PGY 2 Pharmacotherapy Residents build upon the broad-based competencies achieved in the PGY1 Pharmacotherapy residency, deepening their ability to provide care in the most complex of cases or in the support of care through practice leadership. Therefore, the Pharmacotherapy Residency Program provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experiences and knowledge and transforming both into improved medication therapy for patients. Graduates will be qualified for jobs in a multitude of areas including, but not limited to, critical care, internal medicine, and both faculty and non-faculty positions.

Intended Outcomes

- Proficiency in providing pharmaceutical care to patients in a variety of environments including, but not limited to; medical ICUs, surgical ICUs, general medicine, general pediatric, and patients in the emergency room
- Participate as active members of a multidisciplinary team
- Providing education to healthcare professionals in various roles (i.e.: MDs, RNs, RTs, students)
- Develop skills needed to create/modify protocols and guidelines; participate in cost-saving initiatives
- Attainment of board certification in practice area (i.e. BCPS)

Residency Program Structure

1. Listing of Current Preceptors:

Pharmacotherapy residents have the opportunity to work with every preceptor at MUSC.

Current preceptors list:

http://academicdepartments.musc.edu/pharmacy_services/residency/preceptors/

2. Residency Program:

The Pharmacotherapy Residency at the Medical University of South Carolina is a post-PharmD program which provides twenty-four months of training in contemporary pharmacy practice. The experience is intended to build knowledge and clinical skills across all areas of pharmacotherapy and provide both institutionally-based and outpatient (ambulatory or primary care) practice experience. In addition, the pharmacotherapy residents will have the opportunity to work with pediatric, adult, and geriatric patient populations. The resident will have various levels of involvement in clinical research, department of pharmacy services projects, and teaching of doctor of pharmacy students.

4.3. Residency Rotational Requirements:

Learning Experience	Length of Experience
Orientation	1 month
Drug Information	1 month
Practice Management	1 month
Integrated Practice (IPR)	2 months
Pediatric Block	2 month minimum
Ambulatory Care Block	2 month minimum
Psychiatry Block	2 month minimum
Internal Medicine Block	4 month minimum
Critical Care Block	4 month minimum
Electives (customized to resident)	5 months
Longitudinal Clinic <ul style="list-style-type: none"> • Heart Failure (year 1) • Elective (year 2) 	½ day per week throughout 2 years
Clinical Staffing <ul style="list-style-type: none"> • Weekend and Friday night shifts • Pediatric Pharmacy (year 1) • Adult Emergency Department (year 2) 	2-4 shifts per month <ul style="list-style-type: none"> • Number of shifts dependent on number of call weekends.
Clinical on Call <ul style="list-style-type: none"> • Pediatric call (minimum of 2 weeks) • Adult call 	4-6 weeks per year

5-4. Example Rotation Schedule:

PGY-1	Practice Area	Specific Rotation	Clinic
July	Practice Management	Orientation/staffing	None
August	Practice Management	Administration	½ day/ week (CHF)
September	Practice Management	Drug Information	½ day/ week (CHF)
October	Pediatrics	General Pediatrics	½ day/ week (CHF)
November	Pediatrics	Pediatric ICU	½ day/ week (CHF)
December	Psychiatry	General Psychiatry	½ day/ week (CHF)
January	Psychiatry	Geropsychiatry	½ day/ week (CHF)
February	Internal Medicine	Cardiology	½ day/ week (CHF)
March	Internal Medicine	General Medicine	½ day/ week (CHF)
April	Internal Medicine	Transplant Nephrology	½ day/ week (CHF)
May	Internal Medicine	Hematology	½ day/ week (CHF)
June	Internal Medicine	Pulmonary	½ day/ week (CHF)
PGY-2			
July	Internal Medicine	Infectious Disease	½ day/ week (HIV)
August	Ambulatory Care	Internal Med Clinic	½ day/ week (HIV)
September	Ambulatory Care	Family Med Clinic	½ day/ week (HIV)
October	Critical Care	Trauma/Nutrition	½ day/ week (HIV)
November	Critical Care	Transplant Surgery	½ day/ week (HIV)
December	Critical Care	Neurosurgery	½ day/ week (HIV)
January	Critical Care	Medical ICU	½ day/ week (HIV)
February	Critical Care	Cardiothoracic Surgery	½ day/ week (HIV)
March	Critical Care	Lung Transplant	½ day/ week (HIV)
April	Critical Care	Digestive Disease ICU	½ day/ week (HIV)
May	Critical Care	Cardiology ICU	½ day/ week (HIV)
June	Practice Management	Outcomes Management	½ day/ week (HIV)

*Goal is to schedule rotations in blocks if at all possible

Residency Preceptor Expectations

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.

Specific preceptor responsibilities:

- Understand the resident's responsibilities to the residency 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. 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 and final evaluation; Complete the final summary Resitrak 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 (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, work-life balance, residency experiences, and conflict-resolution).

Specific Resident Responsibilities

The residents' role is that of a student, novice practitioner, and emerging clinician. The resident is to participate in ongoing clinical services with the assistance of the residency preceptor and develop their skill set into a competent 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 orientation form on the first day of each new clinical rotation.
- Complete Resitrak evaluations in a timely manner— outlined in the current MUSC 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.
- Maintain a bi-monthly resident hours Excel spreadsheet documenting all workload hours in accordance to ASHP standards, as well as maintain the disease-state appendix for review each quarter discussion with the advisor and/or RPD.
- Participate in pharmacy activities (eg. rounds, patient care conferences, lectures, departmental meetings, clinical staff meetings, seminars, and RITEs) in accordance to the current 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.

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 both PGY1 and Pharmacotherapy Residency Programs. These outcomes will be measured over the 24 month period. Please see the above documents for a list of these outcomes.

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 MUSC program. The resident will first observe, learn, act, then master a particular activity which will deem them having achieved that goal. This again will be high individualized and not applied to every resident in exactly the same manner.

Selection of Residency Candidates

The MUSC Pharmacy Program uses the PhORCAS Application System through ASHP. Please submit all application materials through the applicant portal on ASHP's website. The deadline for receipt of a complete application packet is December 31st. Applicants can begin submitting materials through PhORCAS on November 19. Complete applications include the following:

- Letter of intent (uploaded with application)
- Curriculum vitae (uploaded with application)
- 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)
- At least one letter must be from an immediate supervisor (if applicable)
- At least one letter must be from a clinical preceptor
- Official transcripts of all professional pharmacy education
- Class rank (in a sealed envelope from Dean's Office)

- List of Rotations completed, with a brief summary of rotation responsibilities and number of patients followed.

The application, letter of intent and curriculum vitae should be submitted via the [PhORCAS applicant portal](#). Letters of reference should also be submitted via PhORCAS Reference Portal using the [ASHP Reference Template](#) no later than December 31 directly from the authors. For further information, please see [application information](#).

Interviews will be offered to candidates based on the information submitted through PhORCAS. On site interviews will occur the end of January through the beginning of March.

For further information contact:

Residency Program Director

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