PGY1 Pharmacy Residency with focus in Psychiatry

Program Description

The Medical University of South Carolina (MUSC) Medical Center is a 740-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 pharmaceutical care to all patients.

RESIDENCY PROGRAM DIRECTOR

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PURPOSE

The MUSC PGY1 Pharmacy Residency with a focus in Psychiatry is committed to graduating competent general clinicians who, while focused on psychiatric pharmacy as a career, can competently care for patients in any treatment setting. Residents who graduate from our program are prepared to enter general clinical practice, however, are especially prepared to excel in a PGY2 Psychiatric Pharmacy Residency.

Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment in a broad variety of clinical areas. The instructional emphasis is on the progressive development of clinical judgment. This process begins in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requires extensive practice, self-reflection, and
shaping of decision-making skills fostered by feedback on performance. Specifically, residents will be held responsible and accountable for acquiring the following outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

INTENDED OUTCOMES
Specific residency goals and objectives will be established in the beginning of the residency modified according to the resident’s interests and previous experiences and advisor input. To meet the purpose of the residency, the resident will advance to achieve the following outcomes:

- Manage and improve the medication-use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education/training
- Utilize medical informatics
- Conduct pharmacy practice research
- Exercise added leadership and practice management skills
- Provide drug information to health care professionals and/or the public
- Demonstrate additional competencies that contribute to working successfully in the health care environment

PROGRAM STRUCTURE
The PGY1 Pharmacy Residency with focus in Psychiatry at MUSC is a one-year post-graduate training program designed to develop essential knowledge and skills for contemporary health-system pharmacy practice at a major academic medical center or community-based hospital. The residency program provides the flexibility to adapt to the resident’s specific learning needs and goals. The training is provided through concentrated clinical rotational and longitudinal experiences listed in Table 1. It is recommended that the elective experiences be focused in neuropsychiatric disorders; however, the choice of electives is based on the interests of the resident and the perceived needs for training.

Table 1. Learning Experiences

<table>
<thead>
<tr>
<th>REQUIRED LEARNING EXPERIENCES</th>
<th>1 month</th>
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<tbody>
<tr>
<td>Orientation</td>
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<tr>
<td>Management</td>
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<tr>
<td>Integrated Practice Rotation</td>
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<tr>
<td>Drug Information</td>
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<tr>
<td>Critical Care*</td>
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<tr>
<td>Pediatrics*</td>
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<tr>
<td>Psychiatry*</td>
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<tr>
<td>Ambulatory Care*</td>
<td></td>
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<td>Acute Care*</td>
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<tr>
<td>Electives*</td>
<td>3 months</td>
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<tr>
<td>Clinical Staffing</td>
<td>Longitudinal</td>
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<tr>
<td>Clinical On-call</td>
<td>Longitudinal</td>
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<tr>
<td>Manuscript/project</td>
<td>Longitudinal</td>
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<tr>
<td>Seminar (+/- RITE)</td>
<td>Concentrated</td>
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*Available Rotation Sites*

- Critical Care*: MSICU, CCU, CTICU, STICU, NSICU, MICU, PICU, PCICU, NICU, Transplant (heart/lung, solid organ)
- Pediatrics*: general (required if no previous pediatric rotation), PICU, PCICU, NNICU, hematology/oncology
- Psychiatry*: general, pediatric, geriatric
- Ambulatory Care*: BMT, oncology, HIV, internal medicine, transplant, heart failure, pharmacotherapy, family medicine
- Acute Care*: internal medicine, cardiology, hematology/oncology, BMT, nephrology consult, pulmonary consult, infectious diseases
- Electives: emergency psychiatry, consult liaison psychiatry or additional general adult or geriatric psychiatry

**PRECEPTORS**

Each clinical preceptor will be responsible for the coordination of his or her 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. 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 (i.e. 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 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 development 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, 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.
PROGRAM PRECEPTORS
Preceptors throughout the PGY1 year mirror those available to all PGY1 residents. See website for full listing of available preceptors (>50).

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 advisor also provides an informal professional mentoring role (e.g. 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, and a meaningful dialogue must be achieved. Specifically, the resident will:

- Maintain strict deadlines as outlined in the MUSC Residency Manual (including PharmAcademic evaluations),
- 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 (e.g. 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 (e.g. 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 95% of the required outcomes according to ASHP Educational Outcomes, Goals and Objectives for the PGY1 Pharmacy Practice Residencies. The required outcomes for this program listed in Table 3 should all be achieved for successful completion of the program.

Each learning experience will be evaluated using PharmAcademic. Each learning experience will have a midpoint and summative evaluation associated with it. Longitudinal learning experiences will have quarterly summative evaluations. The resident will be assigned formative (snapshot) evaluations as needed through the development plan process. The formative evaluations may be evaluated through PharmAcademic or as other written/verbal communication (e.g., editorial feedback on a writing assignment). All competencies and assignments/project with associated feedback will be maintained in the resident’s “Greenbook”.

Table 3. Outcomes for Successful Completion of the Program

<table>
<thead>
<tr>
<th>REQUIREDOUTCOMES</th>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>Outcome R1</td>
<td>Manage and improve the medication-use process.</td>
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<tr>
<td>Outcome R2</td>
<td>Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams</td>
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<td>Outcome R3</td>
<td>Exercise leadership and practice management skills</td>
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<td>Outcome R4</td>
<td>Demonstrate project management skills</td>
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<tr>
<td>Outcome R5</td>
<td>Provide medication and practice-related education/training</td>
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<td>Outcome R6</td>
<td>Utilize medical informatics</td>
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<tr>
<td>Outcome E1</td>
<td>Conduct pharmacy practice research</td>
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<tr>
<td>Outcome E6</td>
<td>Provide drug information to health care professionals and/or the public</td>
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<tr>
<td>Outcome E7</td>
<td>Demonstrate additional competencies that contribute to working successfully in the health care environment</td>
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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.

Criteria for Interview
MUSC has developed pre-screening criteria that assigns points to various aspects of a candidate’s application. The RPD uses the pre-screening tool to review all applicants. The tool aims to identify various experiences a resident candidate may have, which would lend well to a successful residency year at MUSC (e.g., previous research experience, strong clinical rotations, previous work experience in a pharmacy). In addition to the standard pre-screening tool for PGY1 residencies, this program also looks at experiences that may benefit the candidate for early match into the PGY2 Psychiatric Pharmacy Residency (e.g., previous psychiatry rotation or work experience, undergraduate focus in psychology, active participation in psychiatric pharmacy organizations).
We offer an interview to the candidates with a top score based on the PGY1 interview selection criteria and relevant previous experience. If some candidates towards the bottom of the pool all have the same score, we will use other criteria such as letters of recommendation and letters of intent to identify which of those candidates will receive an invitation for an on-site interview.