PGY-2 PSYCHIATRIC PHARMACY RESIDENCY
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Purpose Statement for the PGY-2 Psychiatric Pharmacy Residency at MUSC

The purpose of the PGY-2 Psychiatric Pharmacy residency program at MUSC is to prepare psychiatry specialists who are qualified to 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 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 providers.

Residency Program Director

Clint Ross, PharmD, BCPP
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Intended Outcomes of the PGY-2 Psychiatric Pharmacy Residency at MUSC

Graduating PGY-2 Psychiatric Pharmacy residents who emerge successfully after our one year training program will be able to manage all of the pharmaceutical care needs of a complex psychiatric patient in an inpatient or outpatient setting. As well, with the skills learned, they will be able to precept PharmD candidates on rotation, develop and modify protocols/guidelines, and participate actively as part of a multidisciplinary team.

Listing of Current Preceptors

Clint Ross, PharmD, BCPP
Shannon Drayton, PharmD, BCPP
Amy Hebbard, PharmD, BCPS, BCPP
Sophie Robert, PharmD, BCPP
Psychiatric Residency Program

The PGY-2 Psychiatric Pharmacy Residency 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, community-based hospital or other mental health facility (e.g. VA, state hospital, community mental health center). The residency program provides the flexibility to adapt to the resident’s specific learning needs and goals. The training is provided through concentrated clinical rotations and longitudinal experiences.

Residency Rotations

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 “Depot” Clinic, Behavioral Medicine Clinic, and CDTM Depression Clinic. The program is flexible in its design to offer additional rotations in the above learning experiences depending on the resident’s interest. Additionally, the above rotations can be designed as teaching rotations throughout the year for residents to co-precept P4 students on rotation.

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 setting, and monitor/evaluate/critique the resident’s performance during the experience.
• Provide the resident a 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.

Residency Advisor Role

The Residency Advisor(s), upon appointment by the 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, advice on other issues that maybe impacting on the resident’s performance).

Specific Resident Responsibilities

The resident’s role is that of a student, novice practitioner, 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 constructive criticism 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 – outlined in the MUSC residency manual – see table for specific deadlines. This involves PharmAcademic evaluations, project work, mini-MUE work, seminar preparation, and any other inservice/presentation that will require preceptor feedback.
• 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 advisor and RPD.
• Participate in pharmacy functions (e.g. rounds, patient care conferences, lectures, departmental meetings, clinical staff meetings, seminars, and RITEs) 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, 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.

**Clinical Service Weekend/Pharmacy Operations Experience Responsibilities**

The PGY-2 Psychiatric Pharmacy resident will participate in the Psychiatric PharmD on-call program one week per month, and will also be required to staff 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 95% of the required outcomes according to ASHP Educational Outcomes, Goals and Objectives for PGY2 Psychiatric Pharmacy Residency. This will include the following under the “achieved category” –

Outcome R1: Serve as an authoritative resource on the optimal use of medications used to treat individuals with psychiatric and neuropsychiatric disorders.
Outcome R2: Optimize the outcomes of diverse populations of inpatients and outpatients with a variety of psychiatric and neuropsychiatric disorders and a range of complexity of problems by providing evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team.
Outcome R3: Demonstrate leadership and practice management skills.
Outcome R4: Demonstrate excellence in the provision of training or educational activities for health care professionals, health care professionals in training, and the public
Outcome R5: Evaluate and improve the medication-use process in psychiatric and neuropsychiatric patient care areas.
Outcome R6: Conduct psychiatric pharmacy practice research.

A. **The resident is expected to demonstrative 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 individualized and not applied to every resident in exactly the same manner.**

B. **For the various elective outcomes, 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 MUSC program. These include the following outcomes –

Outcome E1: Conduct outcomes research.
Outcome E2: Demonstrate skills required to function in an academic setting.
Outcome E3: Where the psychiatric pharmacy practice is within a setting that allows pharmacist privileging, successfully apply for privileging.
Outcome E4: Contribute to the development of guidelines.
Outcome E5: Design and implement a new psychiatric pharmacy-related service.