Starting a Pharmacy Residency Program (PGY1 & PGY2)

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Objectives
- Explain the benefits to the organization and department, in starting a Pharmacy Practice Residency Program.
- Evaluate if your hospital, department & preceptors meet ASHP Requirements to start a Residency Program.
- Develop a plan on initiating a Residency Program.
- Explain the advantages of having a PGY2 residency program.
- Compare the Residency Program Director’s (RPD) requirements for PGY1 RPD vs. PGY2 RPD.
- Compare the preceptor requirements for PGY1 preceptors and PGY2 preceptors.

Benefits of a Residency Program

Profession
- Additional year of training for competence
- Accelerated growth for practitioners
- Development of future clinical & operational leaders
- Impact on professional values - raises the bar of professionalism
- Perception from other professions

Organization/Department
- Standards/Accreditation Visit - critically assess your department
- High performers/competitive
- Up-to-date clinical knowledge
- New “set of eyes” on your department annually
- Research/Project work
- Current job market = more success in recruitment
- Financially a “no brainer”
- Recruitment

Does My Hospital Meet the Requirements

- External Appraisal by Recognized Organization
  - Health System - JC, AOA
  - College of Pharmacy - ACPE
  - Other – professionally developed and nationally-applied standards

- Practice Standards
  - Management & professional staff committed to excellence in patient care
  - Compliance with national practice and operations standards
  - Resources to achieve the goals & objectives
Does My Hospital Meet the Requirements

- Two or More Practice Sites/Sponsoring Organization
  - Sufficient patient population & professional practice experience to satisfy requirement (i.e., goals & objectives)
  - Sponsoring organization must maintain authority and responsibility for the quality of the residency program
  - An individual to direct program and achieve consensus for the evaluation and ranking of candidates
  - Contractual or signed agreements clearly defining responsibility
  - Each site adhere to management & professional commitment to excellence in patient care & qualifications of the pharmacy

Does My Department Meet the Requirements

- ASHP Best Practices for Health-System Pharmacy – used to evaluate pharmacy services
- Standards
  - Scope of service
  - Effective leadership & management style (e.g. mission, goals)
  - Complies with Federal & State Laws
  - Safe & effective distribution system
  - Patient care services to meet all patient care needs (prospective review)
  - Continuously improve medication use system
  - Must have resources to carry out need (computers, technology)

Does My Hospital Meet the Requirements

- Single Site vs. Multi-Site
  - Single Site
    - 60% of time at primary (i.e., home) site
    - Can have 40% of rotations off-site
    - If >25% of rotations at one other site = multi-site
  - Multiple Site
    - >41% not at primary (i.e., home) site
    - >25% at one other site
    - Multiple residents home-based at separate sites (e.g., college of pharmacy)

Does My Department Meet the Requirements

- Department Challenges
  - 64% of sites do not fully comply
  - 59% Pharmacists do not prospectively help develop individualized patient treatment plans
  - 53% Pharmacists do not adequately design & implement medication therapy monitoring plans
  - 51% of service scope and quality do not meet all of patient care needs


Do We Have A Qualified RPD

- Licensed pharmacist, ASHP-accredited residency program and three years pharmacy practice experience or five year of pharmacy practice experience with mastery of skills, knowledge, attitudes and abilities of someone who has completed a residency program.
- Documented ability to teach (residents & preceptors)
- Single individual at the practice site (or multiple practice sites)
- Demonstrated experience directing or managing

Do We Have A Qualified RPD

- Four of the following:
  - Documented record of improvements/contributions to pharmacy practice
  - Appointment to drug policy or other organizational committee
  - Formal recognition by peers (Board Certification, F.A.S.H.P.)
  - Sustained record of contribution – publishing or presentations
  - Regularly serve as a review of papers or manuscripts for publication
  - Leadership in advancing the profession (professional organization involvement)
  - Effectiveness in teaching (student evaluations or teaching awards)
Do We Have A Qualified RPD

RPD Challenges

- 83% Preceptors do not adequately apply clinical teaching roles or provide criteria based feedback.
- 66% Learning experiences not fully developed.
- 56% Preceptor development is not adequate.

Do We Have Qualified Preceptors

- Licensed pharmacist, ASHP-accredited residency program and one year pharmacy practice experience or licensed pharmacist, three years of pharmacy practice experience with mastery of skills, knowledge, attitude and abilities equivalent to PGY1 residency.
- Training and experience in area they will precept, continuity of practice in the area and practice in the area while resident is on rotation.
- Desire and aptitude for teaching that includes mastery of the four preceptor roles – instructing, modeling, coaching, facilitating & be able to provide criteria based feedback and evaluation.

Do We Have Qualified Preceptors

- Four of the following
  - Documented record of improvements/contributions to respective area of advanced pharmacy practice (e.g., new service, committee/task force, guideline/protocol)
  - Appointment to drug policy and other committees of department/organization
  - Formal recognition by peers (Board Certification, F.A.S.H.P.)
  - Sustained record of contribution – publishing or presentations
  - Leadership in advancing the profession through active participation in professional organizations
  - Effectiveness in teaching (student evaluations or teaching awards)

- Non-Pharmacist Preceptors (e.g., MD, PA, CNP)
  - Can occur later in the year
  - Work closely to select goals and objectives
  - RPD and preceptor agree resident can work independently (e.g., document in Resitrak from previous experiences)

Do We Have Qualified Preceptors

Preceptor Challenges

- Preceptors do not provide clinical teaching roles or provide criteria based feedback.
- Student vs. resident preceptors
  - Preceptors do not adequately contribute to the total body of pharmacy knowledge
  - Recognition from Peers
  - Review manuscripts or journals

Finances

- Financial Support
  - GMAC & MERC

- Costs
  - Salary & Benefits (administrative costs with partnership)
  - Travel (resident & preceptors)
  - Work stations
  - Accreditation fees (application & pro-rated annual fee)
  - Consultants (e.g., ASHP or other RPDs)

Evaluate Your Hospital, Department & Preceptors

RU READY

http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/StartingResidency/RUReadyTool.aspx
Building Support

- Pharmacy Staff
- Physicians
- Nurses
- Administration

Developing Your Plan

Start date - goal should be a residency program in 2012 or 2013

Upcoming milestones
- ASHP Midyear/Recruitment Registration – August/September
- Student Recruitment - Fall
- Early Decision

Number of residents
- College affiliated
- Accreditation through ASHP
- Put proposal together for Senior Leaders

Identify the program's purpose & outcomes

- What are your strengths as an organization and/or department
- What are areas you cannot address (e.g., teaching hospital, faculty position)
- Patient care population
- Not too specific, yet not too broad
- Outcomes - broad categories of graduate capabilities

To prepare pharmacy practitioners for a community hospital and/or ambulatory care setting; to develop the resident's clinical and problem solving skills as well as communication, leadership, teaching and management skills.

Developing Your Plan

Establish program structure

Learning experiences

- Rotations (core vs. elective)
- Length (longitudinal, concentrated, extended)
- Preceptors selection – role models in the area
- Tie learning experience to outcomes
- Service commitment – large vs. small hospital
- Training manual
- Project
- Consider resident, preceptor & department needs

Other ideas/thoughts

- Be creative (off-site rotations, physician directed, project month)
- Arrangement of rotations – structure yet flexible

Assign goals and objectives to learning experiences
### Developing Your Plan

#### Part 1: ASSESSMENT OF COMPETENCY IN CORE AREAS OF PHARMACY PRACTICE

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#### Orientation and Expectations

- **Resident Expectations:** 
  - Rotate in a deadline-driven environment.
  - Perform in a deadline-driven environment.
  - Rotate in a deadline-driven environment.
  - Perform in a deadline-driven environment.

#### Preceptor Expectations

- **Preceptor Expectations:** 
  - Meet with resident & preceptor prior to rotation.
  - Expectations of the program.
  - Assessments.
  - Learning pyramid – instruction, modeling, coaching, facilitating.

#### RPD and preceptors establish the resident a training plan

- **Criteria based:** 
  - Self-assessment of required/elective goals.
- **Formative:** 
  - Transition/Hand off to next preceptor – document this.
- **Summative:** 
  - Performance at the end of the rotation.

#### Goals & Activities for the Rotation (Weekly Basis)

- **Assessment Strategy:** 
  - Preceptor interaction (schedule this vs. letting it happen).
  - Goals & activities for the rotation (weekly basis).

#### Development

- **DEVELOPMENT DRUG INFORMATION/DRUG USE POLICY**
  - Perform a literature search using MicroMedex®.
  - Establishing and maintaining a system for retrieving drug information from the literature.

#### Evaluation Strategy

- **Expectations of the program:** 
  - Evaluation strategy while on the rotation.
  - Preceptor interaction (schedule this vs. letting it happen).
  - Goals & activities for the rotation (weekly basis).

#### Precepting Learning Experiences

- **Send RLS to resident to read prior:** 
  - Orientation.
  - Learning experiences.
  - Expectations of the program.

- **Meet with resident & preceptor prior to rotation:** 
  - Learning pyramid – instruction, modeling, coaching, facilitating.
Developing Your Plan

Monitoring Resident Progress
- RPD and preceptor meetings
  - Monthly
  - Quarterly – advisor, resident & RPD
- Objectives
  - Assessment of resident
  - Goals
  - Presentations, DUE, etc.
  - Effectiveness of training
  - Future planning
  - Assessment of resident

Developing Your Plan

Conduct quality improvement initiatives
- Assess information your getting
  - Resident assessments
  - Preceptors (informally & at meetings)
- Assess all aspects of the program and preceptors
  - Structure of program
  - Resitrak use/need for education
  - Invite ASHP to provide RLS or consultation

Starting a PGY2 Residency Program

Developing a Plan for a PGY2 Residency Program
- Assess the readiness of the pharmacy department for a PGY2 program.
- Meet with key pharmacists who will be major contributors to the residency program.
  - Be honest, identify deficiencies that need to be addressed.
  - Create a plan to correct the deficiencies.
  - Write a purpose statement to use as a guide to describe what you want your residency program to provide to a resident.

Developing a Plan for a PGY2 Residency Program, cont.
- ASHP provides direction and support.
  - Nuts and Bolts of a residency program at the Annual Meeting and the MYCM.
  - Residency Learning System (RLS) program at MYCM is a must for any RPD prior to starting a PGY2 program.
  - Accreditation Services Division (ASD) staff may be available to come to your site to provide advice.
  - Consultants and other PGY2 RPD are also good resources for new programs.

Developing a Plan for a PGY2 Residency Program, cont.
- Develop support from target groups
  - Pharmacy staff (don’t assume everyone knows what residency program is)
  - Physicians
  - Nursing
  - Administration
  - Update & Educate Administration on the progress of the residency program
Starting a PGY2 Residency

- Value of a PGY2 residency to your health system.
- Raises the level of clinical practice at the site by motivating the preceptors and staff.
- May provide addition staffing for new program development within your organization.
- Provides income for education through MERC funding.

Starting a PGY2 Residency

- Steps to starting a PGY2 residency program
  - Start up cost associated with starting a PGY2 residency program.
    - Pre-Candidate status $820 application fee and $1510 annual fee.
    - Annual assessment for a single program is $3020.
    - PGY2 residency programs do not receive Medicare pass through funds like PGY1 programs.
  - Depending on your organization you may have several additional steps to provide information related to justifying the addition of a PGY2 program.

Starting a PGY2 Residency

- Institutional requirements for a PGY2 residency.
  - Program provides sufficient professional and technical pharmacy staff complement to ensure appropriate supervision and preceptor guidance to all residents.
  - Program provides residents with an area in which to work, access to appropriate technology, access to extramural educational opportunities, and sufficient financial support to fulfill the responsibilities of the program.
  - Policies concerning professional, family, and sick leaves and the effect such leaves would have on the resident's ability to complete the residency program are documented.

Starting a PGY2 Residency

- Requirements for PGY2 Residency Program Director.
  - RPD is a licensed pharmacist who has completed an ASHP-accredited PGY2 residency in the advanced practice area and has a minimum of three years of practice experience in the advanced practice area.
  - Alternatively, the RPD is a licensed pharmacist with a PGY1 ASHP-accredited residency and a minimum of four years of practice experience in the advanced practice area.
  - When certification is offered in that specific advanced area of practice, the RPD is board certified in the specialty.

Requirements for PGY2 Residency Program Director CONTINUED

- Alternatively, the RPD is a licensed pharmacist with five or more years of practice experience in that area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency.
- The RPD maintains an active practice in the respective advanced practice area.

Requirements for PGY2 Residency Program Director

- PGY 2 Residency Program Director has achieved a minimum of four of the following and has the ability to direct and manage a pharmacy residency program:
  - Documented record of improvements in and contributions to pharmacy practice. (Advanced practice for PGY2)
  - Appointments to appropriate drug policy and other committees of the organization.
  - The other requirements are the same as PGY1.
Starting a PGY2 Residency

- Requirements for PGY2 preceptors
  - Preceptors are licensed pharmacists who have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced practice area.
  - Alternatively, licensed pharmacists who have not completed an ASHP-accredited PGY2 residency may be preceptors, but must demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency in the advanced practice area and have a minimum of three years of pharmacy practice experience.
  - Requirement of proficiency in four of seven categories same as PGY1

- Pearls to remember:
  - PGY2 programs that are linked with PGY1 programs are able to be involved in the early commitment process.
  - PGY2 programs that are linked with PGY1 programs may develop a two year track for residents.
  - Practice sites that have PGY2 programs must seek and accept outside appraisals by applicable organization just like PGY1 programs.

Starting a PGY2 Residency

- Different types of PGY2 residency programs
  - Ambulatory Care, Infectious Disease, Geriatrics, Cardiology, Critical Care, Management, Drug Information, Informatics, Nutrition Support, Nuclear Med, Managed Care, Medication Use Safety, Oncology, Pediatrics, Solid Organ Transplant, Pharmacotherapy and Psychiatry

- New and emerging programs
  - Emergency Medicine, HIV, Pain and Palliative Care

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