

## **PGY2 Ambulatory Care Pharmacy Residency UPMC Presbyterian Shadyside**

**Program Director: Carly Gabriel, PharmD, BCACP**

### **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**

The PGY2 Ambulatory Care Pharmacy Residency Program at UPMC Presbyterian Shadyside develops independent ambulatory care pharmacists that are leaders in collaborative practice models across interprofessional teams and pharmacy management. Program graduates will be well prepared to manage the diverse medication and health related needs of patients in the ambulatory setting. In addition, they will be highly skilled to design and deliver educational programs to learners and practicing health care professionals, be prepared to perform practice-based research, and will be able to lead within ambulatory pharmacy settings. All program graduates will be competitive in obtaining a position within an ambulatory clinic, physician practice, or clinical faculty assistant professor position at school of pharmacy or medicine while also being prepared to obtain board certification.

### **Program Structure Summary**

The PGY2 Ambulatory Care Program provides a variety of primary and specialty care at clinics across UPMC Presbyterian Shadyside. In addition to patient care activities, residents will complete a rotation in Ambulatory Pharmacy Administration and Leadership, lead a research/quality improvement project with the Resident Research Series, and experience a variety of teaching experiences through the Teaching Mastery Program.

The program also collaborates with the other Presbyterian/Shadyside based Ambulatory Care Programs for shared experiences and discussion sessions to foster resident and preceptor collaboration.

### **ASHP Residency Goals and Objectives**

The ASHP Competency areas and Goals for this program are listed below. This link to the full document which outlines the objectives assessed for each area. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-ambulatory-care/residency-competency-areas-goals-objectives.ashx?la=en>

**Competency Area R1: Patient Care**

**Goal R1.1:** Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.

**Goal R1.2:** Design and/or deliver programs that contribute to public health efforts or population management.

**Competency Area R2: Advancing Practice and Improving Patient Care**

**Goal R2.1:** Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.

**Goal R2.2:** Demonstrate ability to conduct a research project.

**Competency Area R3: Leadership and Management**

**Goal R3.1:** Demonstrate leadership skills.

**Goal R3.2:** Demonstrate management skills in the provision of care for ambulatory care patients.

**Goal R3.3.:** Manage the operation of an ambulatory care pharmacy service.

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

**Goal R4.1:** Demonstrate excellence in providing effective medication and practice-related education.

**Goal R4.2:** Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.

**Competency Area E6: Continuity of Care**

**Goal R6.1:** Ensure continuity of care during ambulatory care patient transitions between care settings.

**Professional Development Experiences**

1. Ambulatory Pharmacy Administration and Leadership
2. Presentations to colleagues and other health care partners
3. Teaching of pharmacy and other health science students
4. Research/Quality Improvement project

### **Learning Experiences PGY2 Ambulatory Care**

Orientation first 4 weeks to institution and pharmacy policy and procedures; program structure evaluation and expectations; clinical and operations practice; and teaching and research programs.

Required Patient Care Experiences	Primary Care I: 6 week block Heart and Vascular Institute: 5 week block Primary Care II: 6 week block Precepting: 5 week block Benedum Geriatrics Center: 5 week block Ambulatory Pharmacy Leadership and Management: 5 weeks Primary Care III: 6 weeks
Pharmacy Administration and Operations	EPITOME II education and discharge counseling Every 3 <sup>rd</sup> weekend (Sat/Sun)
Professional Development and Presentations	Presentations: 1. Pharmacotherapy Lecture Series (PULSE) – 1 hour presentation 2. Education to Health Care Staff (written/verbal) – 1 activity at practice site
Project (Research/QI)	PittPharmacy Research Series: Research seminars, small group mentoring, project development including protocol, project execution including data analysis. Deliverables: Manuscript, submission to Presbyterian QI and Safety Fair and presentation at Resident Research Day.
Teaching	Pitt Pharmacy Mastery of Teaching Certificate Program (Longitudinal) or teaching experiences 1. Precepting (clinical site as scheduled) 2. Small Group Facilitation/Evaluation - 4 sessions 3. Large group instruction – 1 session
Elective Opportunities	Rotation lengths and timing based on resident interest and preceptor availability.  Academia at the University of Pittsburgh School of Pharmacy Center for Care of Infectious Diseases - PACT/HIV Clinic Center for Precision Medicine (Genomics) Matilda Theiss Family Health Center Pain and Palliative Care Shadyside Family Medicine Health Center Starzl Transplant Institute (Solid Organ) UPMC Health Plan Managed Care

## **Learning Experience Preparation Expectations**

Residents are expected to review the learning experience description and contact the preceptor at least one week prior to the scheduled start date. The resident should provide any potential scheduling conflicts for teaching, APAL, or presentations outside the scope of the learning experience, confirm any preparation to be done prior to arrival and verify location, time for first day.

By the end of the first week of the learning experience the resident and preceptor will discuss the Rotation Start Check list, which will be completed by the resident in PharmAcademic, cosigned by the preceptor and RPD. This check list will facilitate discussion of the following:

- Resident expectations for the learning experience for practice, projects and professional conduct.
- Description practice site, pharmacist role and resident responsibilities.
- Individualized resident objectives for this learning experience and identified strategies to achieve these objectives.
- Resident schedule, including outlined conflicts, review of PTO.
- Wellness assessment

*PTO Guidance: Per RXPS-11064 Resident Paid Time Off requests should be made 14 days prior to scheduled PTO. For requests >3 consecutive days residents are encouraged to submit as soon as dates are known to allow preceptors and RPD to discuss impact of time away from the site and schedule changes are beneficial for required experiences if needed for time exceeding three consecutive days.*

## **Evaluation Strategies**

Routine feedback on progression of skill development occurs many ways through an experience, both verbally and written. The Formative Evaluation is a structured, scheduled midpoint evaluation to provide feedback to the resident on how they are meeting expected clinical skills for the learning experience. This allows for early identification of areas of improvement and time within the learning experience for the resident to incorporate feedback to meet individual goals. ASHP Summative evaluations are completed at rotation end and for rotations greater than 6 months at the intervals defined below. The standard ASHP Evaluation criteria is utilized, Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH) and Achieved for Residency (ACHR). The Evaluation Criteria, Definitions and Remediation section above in the overall manual describes in detail the criteria and process.

### Learning Experience Evaluation Process Outline

Learning Exp. Length	4 Weeks	6 weeks
Preceptor		
Formative Evaluation Form	Week 2/3	Week 4
ASHP Summative Evaluation	End of Rotation	End of Rotation
Resident		
Rotation Start Check List	By end week 1	By end week 1
ASHP Summative Self Evaluation		End of rotation first and last required clinical rotation
ASHP Preceptor Evaluation	End of Rotation	End of Rotation
ASHP Learning Experience Evaluation	End of Rotation	End of Rotation

*\*For residents that are not progressing as expected by month 6, a 9-month summative or midpoint feedback will be scheduled to assess resident progression.*

### Resident Program Progress

1. The resident and program director will meet during orientation to review the incoming resident intake and self-reflection, discuss resident learning and professional goals. A review of the learning experiences, potential electives and any needed changes to meet goals.
2. Development Plan meetings with the resident, program director and coordinator will occur quarterly, or more frequently if concerns for progression occur. The resident will complete the Resident Self-Assessment prior to each meeting. The discussion will focus on goals met, opportunities for improvement, career goals and any needed changes to the program.

### **Requirements for Successful Completion**

A residency certificate will be awarded when the following requirements are *successfully* completed according to the criteria defined in the corresponding sections of the residency manual and documented on the attached form:

<b>Requirement</b>	<b>Date Completed</b>
Pass the exams for licensure as a pharmacist in the State of Pennsylvania by October 31st of the program year (N/A if resident holds PA License on hire)	
Completion of orientation requirements, including University Research Modules and UPMC System and Pharmacy Competencies.	
Completion of all required residency practice-based learning experiences with meets "ACHR" on all Competency Area R1 Objectives and ACHR of 80% of remaining objectives with no unresolved "NI" on any objective at end of the program.	
Completion of all PharmAcademic Evaluations	
Completion of Resident Project <ol style="list-style-type: none"> <li>1. Summary in manuscript format</li> <li>2. Presentation at Resident Research Day</li> </ol>	
Completion of Professional Presentations <ol style="list-style-type: none"> <li>1. PULSE Presentation (1)</li> <li>2. Education to Health Care Team (1)</li> </ol>	
Completion of teaching activities <ol style="list-style-type: none"> <li>1. Precepting of IPPE/APPE student at site</li> <li>2. Small Group Sessions (4)</li> <li>3. Large Group Instruction (1)</li> </ol>	
Submission of Residency Portfolio including: <ul style="list-style-type: none"> <li>-Copy of updated CV</li> <li>-Completion of PharmAcademic Residency Portfolio (presentations, representative work, reflections, disease state tracking)</li> <li>-Documentation of Research project (copy of protocol, IRB documents, data, analysis, manuscript)</li> </ul>	

Email to the RPD and Residency Coordinator prior to program completion:  
Forwarding contact information: Address, Phone # , Email address.

Please review this material and sign below if you accept the terms and conditions of the PGY2 Ambulatory Care Pharmacy Residency Program at UPMC.

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Resident: Print Name

\_\_\_\_\_  
Resident: Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director: Print Name

\_\_\_\_\_  
Program Director: Signature

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Date