

**Fletcher Allen Health Care
Burlington, Vermont
Department of Pharmacy Services
Description of the PGY1 Pharmacy Residency Program**

I. Introduction

The objectives of the PGY 1 pharmacy residency program are to provide the resident with the skills and experience that are necessary to serve as a clinical staff pharmacist or to pursue additional training in a PGY 2 program. The residency program consists of structured learning experiences that are coordinated by departmental professionals with expertise in providing comprehensive integrated pharmacy services. The resident's learning experiences will assure an understanding of patient-oriented pharmacy services integrated with the overall delivery of care. Upon program completion, the resident will be capable of practicing in a progressive health care organization and contribute to the promotion of contemporary pharmacy services based on total patient needs and organizational requirements and resources.

Many unique professional opportunities present themselves to the resident during the course of the program providing a valuable learning experience. The following is a brief description of the residency training program. It is intended to provide an overview of the objectives and briefly describe the process by which these will be achieved.

II. Orientation

The resident will be provided with an orientation to the residency program and pharmacy department. During the orientation period, the resident will become familiar with the departmental organization and scope of service as well as learn the major responsibilities of each job classification in the department. During this time, the resident will become familiar with the hospital facility, the departmental policies and procedures, and become acquainted with the pharmacy staff. The resident learning system will also be reviewed.

III. Direct Patient Care and Teaching

Direct Patient Care rotations will comprise the majority of the residency year. The required rotations include: Introduction to Pharmacy Practice, Pharmacokinetics, Internal Medicine, Nephrology, Pediatrics, Hematology/Oncology, Critical Care, Family Practice, Medical Informatics, Pharmacy Practice (longitudinal), and Pharmacy Administration & Medication Safety (longitudinal). There are two elective months. The rotations are designed to ensure the resident develops and improves his/her skills in these practice environments. Each rotation is precepted by a practitioner practicing within the designated patient care area and is designed to provide the resident with opportunities to interact with other health care professionals and patients. Requests for elective rotations are evaluated on a case by case basis depending on preceptor availability. The resident will assume overall responsibility of drug therapy management including drug therapy evaluation, pharmacokinetic drug monitoring, parenteral nutrition monitoring, and drug information requests.

Teaching experience is provided during the course of the rotations when the resident provides in-service education programs to the team to which they are assigned. In addition the resident is expected to provide similar programs to the pharmacy staff. The resident also serves as the featured presenter at one of the monthly department grand rounds sessions. Additional experience is gained through the weekly pharmacy case conferences where residents rotate responsibility for leading the discussion of a particularly interesting case in which they are involved.

IV. Major Project

Residents are required to complete a major project suitable for publication during the one-year program. The resident will work with the residency program research coordinator and other members of the pharmacy department and hospital as required and learn the fundamentals of project design and methodology. The resident is expected to present the project at the ASHP Midyear Clinical Meeting and Eastern States Residency Conference.

V. Medical Informatics and Drug Use Policy

The resident will learn the proper selection of reference material and the criteria for appropriate reference sources. The resident will prepare drug reviews from the current literature for evaluation by the Pharmacy and Therapeutics Committee (P&T) as a component of the maintenance of the hospital formulary system. Active participation in providing drug information and therapeutic interventions is an integral part of the program. The resident will have the opportunity to utilize an online documentation system for both of these activities.

The Pharmacy and Therapeutics Committee is very active at FAHC. In addition to the main committee, which meets every other month, there are subcommittees that work to develop drug use standards and guidelines for the institution. Examples include subcommittees for Medication Safety, Cardiology, Hematology/Oncology and Infectious Disease Practice Committee. This approach allows the pharmacy to work closely with the medical staff and other health care professionals to promote evidence-based drug use within the institution. Residents are expected to participate in these multidisciplinary activities throughout the year. Residents will complete a medication monograph for presentation to the P&T Committee. In addition, the residents will perform a medication usage evaluation and develop an article for the P&T newsletter.

VI. Practice Management

Practice Management promotes the resident's understanding and participation in the organization, planning, and supervision of pharmacy services. The resident will learn the organizational structure and function of the Pharmacy Department as well as its interrelationships with other hospital departments and hospital administration. Some of the specific areas that will be covered include: short-term, long-term, fiscal, and strategic planning; departmental policy and procedure development; regulatory/accreditation requirements; resource allocation; and quality improvement.

Skills will be attained by conferring with hospital and departmental administrators; attending meetings of professional and organizational committees; and participation in the hospital quality assurance program; budgetary meetings; Director's meetings.

VII. Other Program Information

Employee Benefits – Combined Time Off

Residents are exempt employees who will earn 31 days of combined-time-off (CTO) during their 12-month tenure at FAHC. However, it is the philosophy of the program that cumulative absence will detrimentally affect the learning experience of the residents and will impair their ability to meet program goals. As a result, residents will be permitted to take 10 days of CTO for holiday, illness, and family emergencies. The remaining CTO time is paid to the resident at the completion of the program.

The resident receives other employee benefits for which they are eligible including health, dental, vision and retirement (403b). As an employee you can contribute to your 403b the first month after your date of hire. FAHC will start including their percentage after 6 months of employment.

Hours of Work

In order to maximize the learning process, residents are expected to make a total commitment to the program. This often means long hours which are generally a balance of “hands on” and didactic activities. The resident will be expected to work the same shift as the preceptor for the rotation unless otherwise stated.

Service Commitment

The resident will be assigned staffing responsibilities on every third weekend. The resident will also provide clinical-staff pharmacist coverage on the Friday prior to the weekend worked. The resident will work one of the major holidays (Thanksgiving, Christmas, New Years) and one of the minor holidays (Labor Day, Memorial Day). The service commitment is treated as a longitudinal learning experience reflective of the institution’s integrated service which includes clinical and distributive responsibilities.

Program Coordination

The overall program is precepted by the Residency Director. The Residency Director schedules the resident’s rotations, provides guidance for the completion of the residency project in conjunction with the research coordinator, and meets with the resident on a regular basis to discuss the resident’s progress and any issues that arise. The Residency Advisory Committee (RAC) is comprised of rotation preceptors, the Director of Pharmacy, and the Residency Director. The RAC meets monthly to discuss the progress of the resident and any program issues that arise.

A pharmacist preceptor, who will oversee the resident’s daily activities, coordinates each rotation. Preceptors will complete a formal evaluation of the resident’s achievements in their respective areas.

Scheduled educational sessions are held with the Residency Director, the Director of Pharmacy and the residency advisory group to augment rotation objectives and promote discussion of contemporary pharmacy issues.

VIII. Professional Development

The resident will be provided with the opportunity to attend the ASHP Mid-Year Clinical Meeting and Eastern States Residency Conference. The resident is encouraged to attend as many local and educational offerings as possible, and participate in the Vermont Society of Health System Pharmacists.