

## Non-Traditional Residencies: How you can shape pharmacy practice?

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The speaker has no conflict to disclose.



## Objectives

- Describe the characteristics of alternative models for residency programs, including non-traditional and "medical model" structures and candidate selection.
- Identify the benefits and challenges of these models compared to traditional pharmacy residency programs, including increased numbers of residents and resident responsibilities.
- Provide examples of emerging or alternative residency programs, including outcomes.



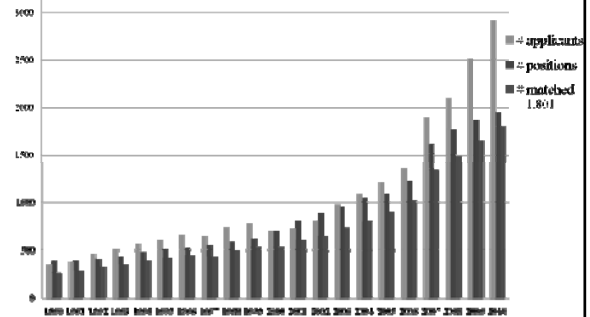
## 2020 Goal

- Key stakeholders conference – 2005
  - ASHP
  - ACCP
- Any pharmacist providing direct patient care required to have one year of residency

Pharmacotherapy 2006;26(5):722–733.



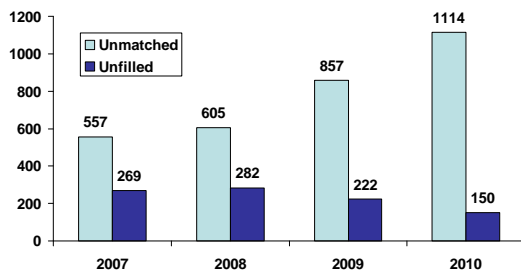
## Unmet Need



Personal Communication ASHP 7/30/2010



## PGY1 Unmatched and Unfilled Positions



Personal Communication ASHP 7/30/2010



## Our facilities



### Methodist Hospital

- Community Teaching
- 747 Beds
  - 130 adult ICU
  - 35 NICU
  - 14 PICU
- Level 1 Trauma
- Cardiovascular
- Neurosurgery
- Orthopedics





### Our facilities

#### Indiana University Hospital


- Academic Medical Center
- 370 Beds
- Hematology / Oncology
- Solid Organ Transplant
- Hepatology



### Our facilities

**Riley Hospital for Children**

- Pediatric University Teaching
- 247 Beds
- Pediatric Level 1 Trauma and Burn



### Practice Model

- Clinical specialist
- Decentralized pharmacists
- Satellites
  - critical care – MH/IU
  - pediatrics – MH
  - OR satellite – IU
  - oncology - RI
- Central pharmacy
- Automation: Decentralized distribution through ADC
- Medication order transmission via electronic sender

### Clarian Health Pharmacy Residencies

- 13 – PGY1
- 2 – Two year pharmacotherapy
- 9 – PGY2
  - Critical Care
  - Infectious Diseases
  - Pediatrics
  - Oncology
  - Internal Medicine
  - Drug Information
  - Informatics
  - Trauma / Critical Care
- 3 – Non-Traditional PGY1

= 27

### Potential Future Programs

- PGY1 – Ball
- PGY1 – Bloomington
- PGY2 – Ambulatory Care
- PGY2 – Emergency Medicine
- PGY2 – Nutrition
- PGY2 – Practice Management
- PGY2 – Transplant

### Initial Program Goals

- Increase the number of PGY1 trained pharmacist
- Career advancement
- Modeled after non-traditional PharmD program
- Maintain the same . . . as traditional PGY1
  - Structure
  - Organization
  - Standards



### Application Process

- Doctor of Pharmacy from an ACPE accredited school
- Clarian pharmacist for at least **6 month** prior to application
- Application Deadline October 15<sup>th</sup>
- Identical application materials as for traditional program
- Offer made to the top ranked candidate
- One position per year



### Program Structure

- 12 one-month rotations
- Maximum of 4 rotations in calendar year
- Coordinated with operation manager
- Longitudinal experience occur in 6 month consecutive blocks
  - Ambulatory care
  - Case conference at the college



### Rotations

- Orientation
- Practice Management
- Drug Information
- A rotation that meets each of the following:
  - Critical Care
  - Infectious Diseases
  - Pediatrics
  - Surgery
  - Medicine



### Other Learning Experiences

- Grand Rounds
- Pharmacy Report
- Residency Forum
- Portfolio Requirements
- MUE
- Longitudinal Project
- Residency Class Experiences
- Teaching Certificate Program (elective)



### Residency Timeline

Event	Traditional	Non-traditional
Project Idea	First week of August	First week of 2 <sup>nd</sup> rotation
Project Proposal presentation	First week of September	Prior to 3 <sup>rd</sup> rotation
Quarterly Evaluations	Sep/Oct, Dec/Jan, Mar, Jun	Every 3 rotations
MUE	December	6 <sup>th</sup> month



## What's Different?

- Shorter orientation
- Continue with normal every third weekend schedule
- Maintain staff salary
- Time-off allowance during residency



## Benefits

- Increase qualified individuals
- Recruitment and retention
- Strengthens relationships within the department
  - Residents
  - Generalist
  - Specialist
  - Leadership



## Staff Development?

### Similarities

- Enhances skills
- Enhances knowledge

### Differences

- NTR: More systematic
- NTR: More diverse
  - Drug Information
  - Administration
  - Project Management
  - Teaching
- Expectations
  - Program
  - Resident



## Beginning a NTR

- Develop a traditional program
- Keep it the same (when possible)
- Non-traditional resident must take ownership
- Process for tracking non-traditional residents' progress
- Insure full residency experience
- Selecting the "right" candidate
  - Bad choice – "what will this program give me?"
  - Good choice – "how will this program help me improve?"



## Challenges of a NTR

- Resident time management
  - Set clear expectations
  - Above and beyond staff expectations
  - Managers TOO!
- Scheduling issues
  - Longitudinal experiences
  - RPD and schedule writer must work together
- Candidate selection
  - Right attitude towards training
  - Clear expectation for what ROI will be for resident
  - Accepting or rejecting is more personal than with traditional



## Outcomes

- Operations manager
- 2 individuals withdrew
- Decentral clinical pharmacist
- Traditional PGY2
- 3 individuals are current residents

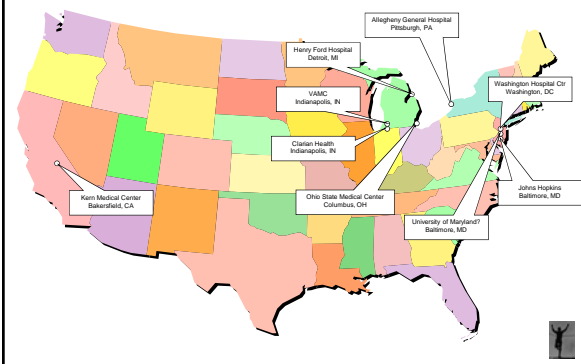


## FAQ'S

- Guaranteed residency spot?
- Guaranteed a clinical position?
- Early exit from the program?
- Desire to switch to a traditional residency?



## Who else is doing it?



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