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

Tate N. Trujillo, PharmD, BCPS, FCCM
Director of Pharmacy – Methodist Hospital
PGY1 Residency Program Director
Residency Programs Coordinator
Clarian Health
Indianapolis, IN
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

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Unmet Need

PGY1 Unmatched and Unfilled Positions

Methodist Hospital
• Community Teaching
• 747 Beds
  – 130 adult ICU
  – 35 NICU
  – 14 PICU
• Level 1 Trauma
• Cardiovascular
• Neurosurgery
• Orthopedics

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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

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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 15th
- 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

<table>
<thead>
<tr>
<th>Event</th>
<th>Traditional</th>
<th>Non-traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Idea</td>
<td>First week of August</td>
<td>First week of 2nd rotation</td>
</tr>
<tr>
<td>Project Proposal</td>
<td>First week of September</td>
<td>Prior to 3rd rotation</td>
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<tr>
<td>presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly Evaluations</td>
<td>Sep/Oct, Dec/Jan, Mar,</td>
<td>Every 3 rotations</td>
</tr>
<tr>
<td></td>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>MUE</td>
<td>December</td>
<td>6th month</td>
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</tbody>
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8/10/2010
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?

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