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

Our facilities

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

Unmet Need

PGY1 Unmatched and Unfilled Positions


Personal Communication ASHP 7/30/2010

Pharmacoconversation ASHP 7/30/2010
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

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>
</tr>
<tr>
<td>Quarterly Evaluations</td>
<td>Sep/Oct, Dec/Jan, Mar, Jun</td>
<td>Every 3 rotations</td>
</tr>
<tr>
<td>MUE</td>
<td>December</td>
<td>6th month</td>
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</tbody>
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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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Post Test Questions

1. ACCP and ASHP position papers speak to having one year of residency training required for direct patient care by:
   a. 2015
   b. 2020
   c. 2025
   d. 2030

2. When designing a non-traditional PGY1 pharmacy residency, it is best to have a unique learning experience requirements when compared to a traditional PGY1 residency.
   a. True
   b. False

3. A non-traditional residency can help recruitment and retention of pharmacy staff.
   a. True
   b. False

4. Which of the following is a major difference between the Traditional and Non-Traditional Residency tracks at Clarian Health?
   a. Required rotations
   b. Learning objectives
   c. Evaluation process
   d. Salary

5. Which of the following is a challenge of implementing a non-traditional residency program:
   a. Scheduling
   b. Real time improvement in quality of care
   c. Little net increase cost to the department
   d. Staff satisfaction