

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.



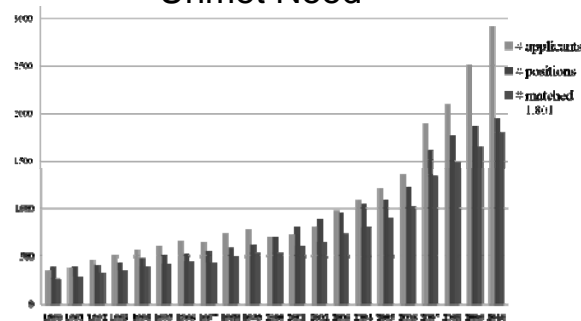
2020 Goal

- 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.



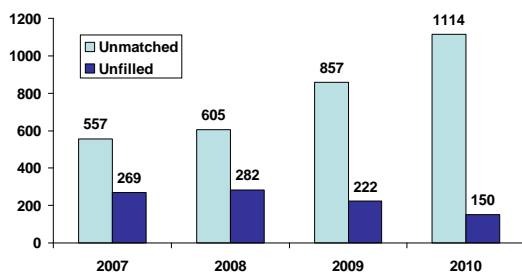
Unmet Need



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 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

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

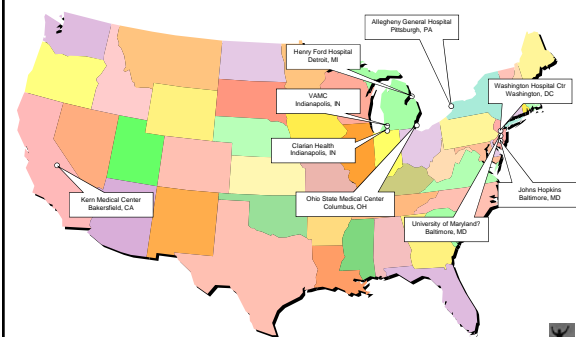


FAQ's

- 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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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 learn 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