

PGY-2 Infectious Diseases Pharmacy Residency Structure

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	1 month
Introduction to Infectious Diseases	Includes microbiology, infection control, and antimicrobial stewardship	1 month
Antimicrobial Stewardship	Includes basic and advanced principles of antimicrobial stewardship in a large community hospital	1 month
Infectious Diseases Consult	Includes rounding with the infectious diseases physicians in the clinic and hospital settings	1 month
Medical Intensive Care Unit	Includes rounding with the UAB intensive care residents and managing the care of the critically ill patient population	1 month
Critical Care [Selective]	Pick <u>two</u> intensive care area: surgical/trauma ICU, neurological ICU, emergency medicine, cardiology ICU, pediatric ICU	2 months
Medicine [Selective]	Pick <u>two</u> medicine service: internal medicine, hematology/oncology, or repeat a required learning experience [‡]	2 months
<i>A minimum of nine months (including orientation and initial training) of direct patient care must be completed.</i>		

ELECTIVE Learning Experiences	
Elective learning experience opportunities:	<i>May repeat[‡] or extend (up to 6-8 weeks) any learning experience</i>
	Academia
	Numerous medicine sub-specialties (see PGY-1 offerings)
	"Experimental" learning experiences utilizing non-pharmacists as preceptors*

**Requires RPD/RAC approval and must be scheduled late in the year and only if resident is progressing well*

Required LONGITUDINAL Learning Experiences	Resident Expectations:
Antimicrobial Stewardship	Community Outreach (<i>Thrive HIV clinic, community free clinic, etc.</i>)
Medication Use Management	Presentations
Poster Presentation	Precepting Pharmacy Students
Major Project	Nursing Staff Education

For the vast majority of the residency year, the resident will be assigned to a defined-length (generally one month or longer) learning experience in addition to participating in multiple longitudinal (ongoing) experiences. Most learning experiences may be scheduled in any sequence based on resident preference, prior experience, and preceptor availability. Generally, experimental learning experiences (those with no pharmacist role-model) or other "non-traditional" experiences will be scheduled later in the year and only upon resident request and after the resident has participated in multiple "core" learning experiences and performed well.

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When possible, at least one “medicine” type learning experience (internal medicine or hematology/oncology) and one critical care learning experience (any ICU experience) will be scheduled in the first half of the year in order to build a foundation for future learning experiences; however, this may not always be possible due to resident requests (e.g., scheduling certain learning experiences before Midyear) or preceptor availability (e.g., AU faculty are only available to train residents in certain months, preceptors may have lengthy vacation or other activities scheduled in a given month).

Residents must perform satisfactorily on all core (required and selective) learning experiences; failure to do so will result in the necessity to repeat that learning experience.

± If a resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible. Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation.

Note: these learning experience offerings and guidelines are presented as an outline for residency training. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents’ requests while meeting the standards of accreditation set forth by ASHP. Learning experiences designated as experimental will only be scheduled late in the residency year and only if the resident has performed well on traditional core learning experiences. Residents must complete at least ten months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.