

Huntsville Hospital PGY-1 Pharmacy Residency Program Structure

The purpose of a PGY-1 residency program is to build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for PGY-2 pharmacy residency training.

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	3 months
Cardiology	Includes cardiac care units, cardiovascular ICU, cardiac floors, and Heart Failure Clinic	1 month
Critical Care (Adult) [Selective]	Pick <u>one</u> intensive care area: surgical/trauma ICU, neurological ICU, or medical ICU	1 month
Acute Care [Selective]	Pick <u>one</u> rounding service: infectious diseases, internal medicine, or pediatrics	1 month
Emergency Department (Adult)	Includes responding to traumas, cardiac arrests, and emergent pharmacotherapy management	1 month
Management	Includes medication safety, information technology, and administrative activities	1 month
Transitions of Care	Includes medication history evaluation, discharge planning, and patient counseling	1 month
<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: <u>Pick 2</u>	<i>May repeat[‡] or extend (up to 6-8 weeks) any learning experience</i>
	Academia
	Ambulatory Care
	Drug Information
	Information Technology
	Medication Safety
	Pediatric Critical Care/Emergency Medicine/Neonatal Critical Care
	Oncology (Inpatient & Outpatient)
	St. Jude Clinic [†]
	Outpatient Specialty Clinics (Cardiology and/or Endocrinology)
	"Experimental" learning experiences utilizing non-pharmacists as preceptors [*]

[‡]Repeat: See description on page 2

[†]St. Jude prerequisite: Pediatric or Oncology

^{*}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:
Drug Information (<i>MUE, Drug Monograph, Newsletter, etc.</i>)	Community Outreach (<i>Mobile Medical, smoking cessation, etc.</i>)
Major Project	Medical Emergency Response
Order Management & Drug Distribution (<i>unit-based practice</i>)	Poster Presentation
	Nursing Staff Education
	Precepting Pharmacy Students
	Presentations

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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. When possible, at least one “general medicine” type learning experience (IM, ID, cardiology, pediatrics) 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 nine months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.