PGY1 Community Pharmacy Residency Learning Experiences

Four to six week block experience:
- Orientation

Longitudinal experiences:
- Community Pharmacy Practice/Staffing (12 months)
  - Approximately 2 hours/week
  - PTO Shifts for staff Pharmacists
- Direct Patient Care I (12 months)
- Direct Patient Care II (6 months)
- Hope Dispensary (half day weekly)
- Leadership (monthly workshop)
- Practice Management (12 months)
- Project (12 months)
- Teaching (12 months)
- Transitions of Care (12 months)

Learning Experiences Descriptions

Community Pharmacy Practice/Staffing
The Community Pharmacy Practice/Staffing rotation is a direct patient care learning experience that will take place in the discharge pharmacy located within the hospital. The resident will perform the clinical and operational duties of a staff pharmacist. Departmental workflow and day to day issues as well as teamwork and cooperation among the professional and support staff will be practiced. This rotation will expose the resident to the medication challenges patients face following discharge from the hospital. The resident will be involved in performing medication therapy reviews by assessing prescriptions the patients present with, as well as additional home medications that will be obtained through patient interviews. Patient education will be a critical aspect of this rotation, and the resident will be expected to provide patients with a personal medication record when needed and counsel patients on the purpose, administration, side effects, and monitoring parameters for their medications. The resident will develop clinical skills by assessing patients' medication regimens for appropriateness and making interventions when needed. Communication skills will also be enhanced by providing education to patients and caregivers, as well as communicating with other healthcare professionals.

Direct Patient Care I
The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse backgrounds in an underserved area. The resident will be integrated as part of a multi-disciplinary team consisting of pharmacy personal (Pharmacists, technicians, students, etc), Physicians, Medical Residents, Nurses, Respiratory therapists, and Social Workers to design, implement and monitor optimal therapeutic medication regimens for patients. The resident will gain experience working with the primary preceptor through both independent practice and structured learning activities. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in both the ambulatory and community pharmacy setting.
Direct Patient Care II
The resident will be involved in a variety of direct patient care experiences and will have opportunities to interact with patients of diverse backgrounds. The resident will be integrated as part of a multi-disciplinary team of Pharmacists, Medical Doctors and Nurses. The resident will perform the Annual Wellness Visit for Medicare Beneficiaries and create a personalized prevention plan for each patient based on the patient interview, various risk assessments and patient histories. The clinical experience is intended to provide advanced training and practice in the provision of direct patient care in private physicians’ offices and in a community setting.

HOPE Dispensary
The main focus of this rotation is for the pharmacy resident to develop clinical skills as a competent practitioner in a charitable pharmacy serving low income, uninsured patients. Activities will include obtaining current medication history and evaluation for access and evidence based therapies. A medication therapy plan will be developed involving health care providers and the patient. Education of the patient, family and care-givers will include the disease states, medications, and tools to achieve the patient’s health goals. The resident will gain experience through both independent practice and structured learning activities. The resident will also enhance written and verbal communication skills by communicating with various health care providers as well as patients of many languages, cultures, and literacy levels.

Leadership
The Leadership rotation is a longitudinal learning experience that occurs over the course of the 12-month residency year. Meetings with the preceptor will occur once or twice monthly, as needed for each learning activity. During these meetings, the resident will learn about various issues pertaining to leadership in health care through direct instruction or hands-on application of case studies. Some activities will require preparation prior to the meeting, including but not limited to reading articles, completing self-evaluations, or surveys, and some activities will be completed after the meeting with the preceptor.

Practice Management
The Pharmacy Practice Management rotation is a longitudinal rotation designed to educate residents in the areas of Pharmacy operations, human resources, fiscal responsibility, quality monitoring, and safety. The Practice Management Rotation utilizes a combination of management scenarios and real-time practice examples. The primary goal is to gain an understanding of the Pharmacy enterprise and then to apply this knowledge in both hypothetical and real life situations. A key objective is to realize the “big picture,” recognize the forces that affect Pharmacy and to be able to build ideas that motivate and benefit all parties involved.
Another component of this experience is to have an in-depth understanding, evaluation, and manipulation of the medication use system and related safety components. The resident will be able to demonstrate an understanding of the medication use system, demonstrate tracking and trending of near miss events as well as medication errors and present this to the Pharmacy Manager and identify potential improvements in the medication use system.
Project
The residency research project is a required, longitudinal learning experience for all Pharmacy Residents. This rotation offers the learner the opportunity to conduct practice-related investigations using effective project management skills, as well as design and implement quality improvement changes to the organization’s medication-use system. See Pharmacy Residency Project Timeline document for more detailed deadlines.

Teaching
The academic and teaching component of the residency is a longitudinal learning experience that takes place through the residency year. This experience is intended to provide foundational knowledge, training and practice for residents to enhance overall teaching skills. These skills will be developed to allow the resident to effectively teach all those whom they contact including patients, community members, health care professionals, pharmacy students and pharmacy technicians. The resident will construct and lead journal club presentations and prepare and present a formal seminar. The resident will co-precept pharmacy students, assist in the teaching of Pharmacy Technicians at St. Vincent’s College and participate in a Teaching and Learning Certificate program offered through the University of Connecticut.

Seminar (part of the Teaching rotation):
A formal seminar presentation is required as part of the Drug Information learning experience. The formal seminar is an opportunity to develop speaking skills and a presentation that may be used in future job interviews. The resident may choose a topic in any clinical or professional practice area based on the resident’s interests. Topics are preferred to be in a clinical area where a current controversial issue exists and must be approved in advance by the residency program director. The resident will prepare a 45-50 minute PowerPoint presentation, which will be followed by a 10-15 minute period of questions and answers. Prepared handouts are required. Residents should plan ahead and allow appropriate time for the following:

1. Selection of seminar topic
2. Research using Medline and other resources
3. Preparation of handout and PowerPoint slide presentation

At least two weeks prior to the scheduled date of the presentation, the resident must show his/her formal seminar to the preceptor(s) for feedback. Revisions and subsequent presentations are at the discretion of the program director, resident’s advisor and resident.

Transitions of Care
The resident will be involved in a variety of direct patient care experiences. The resident will be integrated as part of a multi-disciplinary team of pharmacy personal (Pharmacists, technicians, students, etc), providers and nurses. The resident will communicate with the patient during the discharge process as well as follow up calls. The resident will be involved in assisting with discharge medications as well as the delivery of medications to the patient’s bedside. The resident will be responsible for follow up of each patient within the meds to bed program to close the gaps in the patient care loop. In addition, the resident will take part in identifying changes needing to be made to improve the safety and workflow of the discharge process and the transition of care for patients. Residents will identify an opportunity for improvement, evaluate the situation at hand, develop a plan to improve the problem and implement a plan. Residents will also look at medication safety on discharge and track errors while creating a plan to decrease errors.