PGY2 Internal Medicine Pharmacy Residency Program Overview

National Matching Service Code: 772256

The University of California (UC), San Diego Health Department of Pharmacy and the UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) offers a one-year specialty residency in Internal Medicine pharmacy practice beginning August 1st.

Scope:
UC San Diego Health consists of three acute care hospitals (UC San Diego Medical Center in Hillcrest, Sulpizio Cardiovascular Center and Jacobs Medical Center) and associated outpatient clinics. UC San Diego Health is affiliated with Rady’s Children’s Hospital-San Diego, the Veterans Affairs San Diego Healthcare System, and the Sharp Memorial Hospital Joint Blood and Marrow Transplant Program as well as with the UC San Diego School of Medicine and the UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences. The Department of Pharmacy provides clinical services in both the inpatient and outpatient setting to a broad spectrum of patient populations including internal medicine, surgery, cardiology, oncology, solid organ transplant, bone marrow transplant, infectious diseases, nephrology and HIV/AIDS.

This specialty residency balances the provision of direct patient care to internal medicine patients in both the inpatient and ambulatory care setting with research and teaching opportunities, and is tailored to the individual. Emphasis will be placed in providing excellent pharmaceutical care in conjunction with the multidisciplinary team as well as the facilitation of care transitions when possible. The resident will also have access to a wide variety of elective rotations.

Teaching activities include presentations (grand rounds, clinical forums, journal clubs, topic discussions, etc.), involvement with UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences courses (e.g. conference leader for third year therapeutics course), and clerkship preceptorship of PGY1 pharmacy practice residents and fourth-year pharmacy students on their clinical rotations. The ability to work independently and to supervise pharmacy students and residents will be emphasized. The resident will also be involved in a research project where scientific writing is strongly emphasized and both the preparation and submission of a manuscript suitable for publication will be expected.

Program Purpose:
The UC San Diego Health PGY2 Internal Medicine Pharmacy Practice Residency is designed to elevate PGY1 graduates from a general skill level to a specialized practice with expertise in both direct patient care and pharmaceutical care coordination amongst a broad spectrum of patients. Graduates of this specialized program will be highly skilled and dynamic practitioners prepared for career opportunities in any health system.

Program Description:
PGY2 Internal Medicine residents will gain the skills necessary to function as the primary internal medicine pharmacist during their required core internal medicine learning experiences, with the expectation that the resident will handle all aspects of the medication process as well as the facilitation of safe and effective discharges in patients deemed high risk for readmission. Outside of the core internal medicine learning experiences, other learning experiences that will be required in order to broaden the resident’s experiences and scope of practice include the continuation of care transitions during post-discharge clinic visits (ambulatory care block), management of patient populations at high risk for readmission (advanced heart failure, HIV/ID) and management of critically ill patients (ICU).

Primary clinical responsibilities will include rounding with assigned teams, validating pharmacy orders, performing pharmacokinetic monitoring, as well as designing, recommending, monitoring and evaluating patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine. When opportunities
are available, the resident will also be expected to assume oversight and responsibility for pharmacy trainees (including 4th year pharmacy students and PGY1 pharmacy residents). Additionally, residents will assume responsibility for all medication management activities for their service, including transitions between different locations or levels of care. The resident will become proficient at resolving medication system issues when appropriate to assure safe transition to community pharmacies and providers. The resident will also become skilled in providing education to multiple audiences: patients, caregivers, providers and other members of the multidisciplinary health care team.

Number of residency positions available: 2 new residents are accepted each year.

House Officer Details:
The annual stipend is currently $54,000. Benefits include medical, dental, and vision insurance. In addition, vacation, sick and professional leave are provided. Please visit the UC San Diego Health Pharmacy Residency webpage for more information about duty hours, leave, benefits, position description, terms of dismissal, and more. Click on the House Officer Policy and Procedure Document: https://health.ucsd.edu/specialties/pharmacy/residency/Pages/Salary-and-Benefits.aspx

Requirements:
On-site interviews will be held during late January through early March. This specialty residency program participates in the ASHP Resident Matching Program. All applicants must be enrolled in the Resident Matching Program. To facilitate this enrollment process and for further information, please visit the following website: www.natmatch.com/ashprmp

If matched with the UC San Diego Residency Program, matched candidates must have all of the following:

1. Graduated from an accredited school of pharmacy with a Doctor of Pharmacy degree
2. Successfully completed an accredited PGY1 pharmacy practice residency
3. Obtained California pharmacy licensure prior to beginning residency (absolute deadline to start = November 1st). The residency offer may be rescinded if the resident does not take the CPJE prior to August 1st or does not pass the CPJE on the first attempt.

Application:
Applications will be accepted when PhOCAS opens and due by December 31st. Applications should be submitted through PhORCAS and include the following:

1. Letter of intent.
2. Current Curriculum Vitae with all experiential completed and anticipated rotations as well as pharmacy work experience.
3. Three electronic references are required. At least 2 of the references should be from preceptors or supervisors who can directly comment on your clinical and practice skills. Note: Please have recommendation writers complete the electronic reference form within Phorcas with detailed characteristic and narrative comments. One to two areas of improvement or constructive feedback that the recommender feels the candidate should continue to work on as a PGY2 resident should be identified. No separate letter of recommendation is required.

Program Structure:
Descriptions of each learning experience can be found in PharmAcademic.

Orientation / Staffing Training: 2-4 weeks (based on previous experience)
Internal Medicine 1 (teaching service): 5 weeks
Internal Medicine 2 (emphasis in Hem/Onc/BMT): 5 weeks
Internal Medicine 3 (non-teaching service): 5 weeks
Advanced Heart Failure / Cardiomyopathy: 5 weeks
HIV / Infectious Disease: 5 weeks
Ambulatory Care Clinics: 5 weeks
Core Learning Experiences:
PGY2 residents will gain the skills necessary to function as the primary internal medicine pharmacist during their required core internal medicine learning experiences as well as the primary pharmacist within the other core learning experiences (Advanced Heart Failure / Cardiomyopathy, HIV / Infectious Disease, ICU and various Ambulatory Care Clinics that regularly see patients for post-discharge clinic visits). The resident will also be expected to handle all aspects of medication management from admission through discharge (and beyond when applicable). The resident will be expected to build relationships with each interdisciplinary team in a variety of settings and work proactively with the nurses, case managers, social workers, transition coaches, physicians and physician extenders to help manage patients during hospital admission and to successfully transition patients from the hospital to the home or another healthcare setting. Daily activities will include: attending daily multidisciplinary rounds, managing patients across the continuum of care, performing medication reconciliation at both admission and discharge, collaborating with physicians and other health care providers to discuss optimal pharmacotherapy, participating in patient education/consultation, performing pharmacokinetic monitoring on all therapeutically monitored drugs, and overseeing and directing PGY1 resident and pharmacy student activities. This integration of staffing and clinical services prepares residents for any type of practice environment they may encounter in their future jobs by emphasizing the development of essential skills required for an advanced pharmacy practitioner including independent practice skills as well as the ability to multi-task and prioritize duties and responsibilities.

Elective Learning Experiences:
There are a variety of elective learning experiences from which the resident can choose. This will allow the resident the flexibility to tailor their PGY2 experience to an area of interest. Elective learning experiences will be scheduled in the second half of the residency year (after the majority of the core rotations are completed). Electives can be selected from the list below and there will also be opportunities to develop new elective learning experiences or modify existing elective rotations to emphasize transitions of care:

- Cardiothoracic Transplant
- Abdominal Transplant
- Ambulatory Care Block (clinic experiences not obtained during core ambulatory care learning experience)
- Cardiology
- Emergency Department
- Psychiatry
- Infectious Disease
- Oncology / Hematology
- Specialty ICU (must complete core ICU rotation first; Burn, Surgical, Neonatal, Neuro, Cardiovascular)

Longitudinal Clinic Experience:
The resident will have (2) 6 month longitudinal clinics in which to participate throughout the year. Available longitudinal clinics include Heart Failure, Kidney Transplant, Liver Transplant, Heart Transplant and Mechanical Assist Devices, Lung Transplant, Chronic Kidney Disease, HIV, Neurology, Hepatology, Dialysis, Specialty Pharmacy and Anticoagulation.

Staffing:
Staffing will be incorporated into the residency experience with weekend shifts that provides the opportunity for PGY2 residents to cover patients followed by the transitions of care program as well as incorporation into the traditional weekend staffing model. The PGY2 residents will be required to staff 16 weekends, which includes 1 minor holiday weekend AND 1 major holiday (Thanksgiving, Christmas, or New Year’s). The resident will get 13 paid days for holidays and 12 sick days for the academic year. Vacation time will be in accordance with GME rules and will be defined as 20 days of vacation PLUS 5 days for professional leave to attend meetings or
conferences. Please refer to House Officer Policy and Procedure Document for more detailed information about vacation.

**Research Project:**
The resident will be responsible for conducting 1 research project throughout the academic year that will be completed and presented at the Western States Conference or an equivalent conference. If time allows, the resident will be involved with the initiation of a second project. This initiation phase will involve defining the study design, writing up the protocol and beginning the IRB approval phase. The purpose of starting a second project is to facilitate subsequent internal medicine residents who can then finish the projects that were started the previous year. A list of project ideas will be generated from the preceptors and the resident is expected to select a project during the first month of the residency year.

**Publication:**
The resident will be required to write a manuscript suitable for publication by the end of their residency year. The purpose of this requirement will be the development of scientific writing and communication skills. The types of publishable literature can include any of the following types of manuscripts:
- Case reports with a review of the literature
- Primary research /original research
- Medication Use Evaluation
- Meta-analysis of a disease state or therapy
- Review article

**Presentations / Teaching:**
The residents will give many educational lectures to their professional colleagues and patients throughout their residency year. Required presentations will include a 1-hour Grand Rounds CE lecture to the Pharmacy staff regarding a topic of choice, three in-services (including one that is specifically aimed at pharmacy technicians known as a “tech talk”), three clinical forums and three formal journal club presentation. Additionally, the resident will be given the opportunity to give CE lectures to the nursing staff and educational presentations for select patient support groups.

**Committee / Workgroup Experience:**
The resident will participate in select hospital committees throughout the year. This will include regular participation in the Transitions of Care User’s Group, the Heart Failure Readmission Subcommittee and the Heart Failure Task Force Committee.

**Skagg’s School of Pharmacy and Pharmaceutical Sciences:**
Involvement with UCSD’s School of Pharmacy will vary but the resident will be a conference leader for one of the therapeutics courses and/or present lecture(s) at the school. The resident may be asked to write up cases for therapeutics conference based on real patients and prepare exam questions based on the lectures presented. Residents will also have multiple opportunities to directly precept students who are currently on rotation with the resident.

**Assessment Strategy – PharmAcademic:**
The PGY2 Internal Medicine Specialty Residency Program uses the ASHP on-line evaluation tool called PharmAcademic, which is available for all ASHP-accredited pharmacy residency programs. This system, which is technologically supported by the McCreddie Group, supports the ASHP Residency Learning System (RLS).

Residents who are matched with this PGY2 specialty program are entered into PharmAcademic prior to their arrival in August. The incoming resident completes two pre-residency questionnaires that help the Residency Program Director (RPD) design a residency year that is tailored to the specific needs and interests of the resident:
- ASHP Standard Entering Interests Form
- Goal-Based Entering Interests Form
Residents’ schedules and assigned RLS Goals are entered into PharmAcademic. We have chosen to use the PharmAcademic evaluation tools for our Learning Experiences. For each Learning experience, the following Assessments are completed:

- Preceptor Assessment of Resident: Summative (for each Learning experience)
- Resident Self-Assessment: Summative-self (for each Learning experience)
- Resident Assessment of the Learning Experience
  - Resident assessment of Preceptor
  - Resident assessment of Learning Experience

Preceptors and residents are encouraged to exchange in on-going, daily verbal feedback throughout each learning experience. Six-week block rotations have a mid-point summative evaluation as well. The Resident and Preceptors are trained and reminded throughout the year to complete evaluations in a thorough (quantitatively and qualitatively) and timely manner. To this end, evaluations may be used, not only as assessment tools, but as tools that Preceptors may turn to for help in guiding Residents to improve, grow and achieve the residency programs and the residents’ goals and objectives for the residency year. The RPD reviews all evaluations and solicits verbal feedback from preceptors and residents to provide guidance to help the resident maximize the residency experience.

The Residents discuss their Program goals and interests quarterly (Quarterly Update and Customized Training Plan) with the RPD Form to evaluate where they are in meeting the residency goals and to set or modify goals for the remaining six months of the residency program. Residents may meet as needed as their interests change throughout the year. The resident may request schedule modifications throughout the residency year and the RPD will make all efforts to accommodate these requests. Assessment tools will be adjusted as changes are made.

The Resident complete the ASHP PharmAcademic exit evaluation. Residents also are requested to complete a year-long evaluation of the Residency Program.

The results of these year-end Program evaluations are reviewed by the RPD for potential merit and potential action plans are developed in an effort to achieve continuous quality improvement.
Assessment Overview (PGY2 Internal Medicine)

It is the resident’s responsibility to initiate the evaluation process with each rotation preceptor prior to the end of each learning experience and to schedule at least quarterly meetings with the residency director.

### PGY2 Internal Medicine Competency Areas, Goals and Objectives (2017 Standard):

- **Educational Outcome**: broad categories of the residency graduates’ capabilities.
  - Outcome R1: Patient Care
  - Outcome R2: Advancing Practice and Improving Patient Care
  - Outcome R3: Leadership and Management
  - Outcome R4: Teaching, Education, and Dissemination of Knowledge

- **Educational Goals**: Broad statement of abilities.

- **Educational Objectives**: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

  The resident is encouraged to read detailed information about each goal at the ASHP website (click on “Newly Approved Internal Medicine Pharmacy, 2017”).
  [https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/PGY2-Competency-Areas](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/PGY2-Competency-Areas)

- For information about Goals and Objectives Taught/Taught and Evaluated in Learning Experiences, please visiting PharmAcademic, go the ‘Reports’ tab, and click on ‘Goals and Objectives Taught/Taught and Evaluated in Learning Experiences’.

### PGY2 Internal Medicine Residency Requirements for Completion/Graduation:

- Successful completion, all learning experience all learning experience objectives marked satisfactory progress (SP), ACH or achieved for residency (ACHR) by the final evaluation, of all learning experiences. Any expectations of the residents that are not met or learning objectives with needs improvement (N/I) from an on-demand or scheduled evaluation will result in a meeting between the
learning experience preceptor, RPD, and resident and a plan of correction will be formulated. Failure to complete the plan of correction, may result in disciplinary action.

- ≥90% of RLS goals marked “Achieved for the Residency” by the end of the year (as evaluated by individual rotation preceptors or by the RPD upon final review of the resident’s progress). All patient care goals (Outcome R1: Patient Care) and objectives must be achieved.
- Completion of required presentations: 3 Journal Clubs, 3 Clinical Forums, 3 In-Services, 1 Grand Rounds
- Completion of a residency project; including presentation at a suitable conference/meeting and completion of a project ‘write-up’ in a manuscript suitable for publication (does not have to be submitted for publication)
- Twelve months minimum is allotted to successfully complete the core requirements. If a core rotation must be repeated, then elective time shall be used. If the above requirements are not met in full, the residency certificate may be withheld at the discretion of the residency director.