PGY1 Pharmacy Practice Residency

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Site #44150
Match #123513
Overview of the Residency Program
The Chalmers P. Wylie VA Ambulatory Care Center is part of the VA Central Ohio Healthcare System and provides primary and specialty outpatient care to veterans in Central Ohio. Clinical pharmacy is highly respected and an integral part of patient care activities. Additionally, the clinic operates four community based outpatient clinics (CBOCs). The Ambulatory Care Center (ACC) is located 10 minutes from The Ohio State University and serves as a PharmD training site for The Ohio State University and Ohio Northern University.

The VA Central Ohio Healthcare System (HCS) offers an ASHP-accredited PGY1 pharmacy residency. Residents may receive training in various clinics and areas of disease state management including Anticoagulation, Pharmacy Comprehensive Medication Management (CMM) (Diabetes, Lipid, Hypertension, Anemia, Tobacco cessation, and COPD), and Home Based Primary Care. The hematology/oncology rotation is also encouraged as emphasis is placed on the oral chemotherapy pharmacist-run clinic. Residents will also spend time in the counseling and dispensing area of the main outpatient pharmacy. Residents participate in many aspects of pharmacy practice including pharmaceutical care, drug information, staff education, pharmacy research projects, quality improvement, pharmacy and therapeutics, medication use evaluations, management, and informatics. Residents will gain teaching experience by serving as co-preceptors for PharmD students from various schools.

Purpose Statement
PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) 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 postgraduate year two (PGY2) pharmacy residency training.

Pharmacists completing a PGY1 Pharmacy Residency at the VA Central Ohio HCS will be competent, effective, and confident practitioners who provide expert pharmaceutical care to adult veteran patients.

These pharmacists will be trained in a collaborative health care setting to apply evidence-based disease state management and provide support to their Patient Aligned Care Teams (PACT). By applying the knowledge and skills learned during this year, residents completing the program will be eligible for employment into entry level clinical pharmacy positions and have the capabilities of developing new ambulatory care services within the VA and other adult ambulatory care clinic settings. These pharmacists will demonstrate skill in providing education to pharmacy students, patients and other healthcare providers.

Program Structure: Core Activity Areas

Orientation and Development The residents will work with the residency program director (RPD) or designee in the month of July to review orientation materials for the residency program. Activities include orientation to the staff and work site, electronic health record databases-CPRS/VISTA, research process-IRB and R&D, VA resources-PBM website, VA policy and procedures, learning experience descriptions for core activities, and PharmAcademic website. Additionally, the resident will participate in initial skills assessments and reviews with pharmacy residency preceptors. Residents will complete entering interest forms and provide self-assessments of their learning needs which will be used to draft the resident development plan (RDP). The RDP will be finalized by the end of July and will be reevaluated quarterly and adjusted to meet the residents’ learning needs. The Residency Advisory Committee will review quarterly- summative learning experience and preceptor evaluations- for overall resident progress and improvement to the program.

Pharmacy Comprehensive Medication Management (CMM) The resident will work daily for one month in the CMM clinic assessing patient care, seeing patients in clinic or virtually with video telehealth, and performing telephone follow-up visits. The rotation will focus on the chronic disease state management of hypertension, hyperlipidemia, diabetes, tobacco cessation, and COPD. The resident may have exposure to other services offered by the Pharmacy CMM Clinic including medication reconciliation, polypharmacy review, and epoetin monitoring. After one month, the rotation is continued longitudinally for up to one day per week through the remainder of the year. During the second half of the year, the goal is for the resident to function more
independently and serve as the pharmacist for one PACT teamlet for drug information questions and any additional assistance that may be needed.

**Anticoagulation Clinic** The resident will work daily for one month in the Anticoagulation Clinic. Time for this rotation will be split between seeing patients in clinic, processing incoming consults, developing perioperative anticoagulation plans, and managing the direct oral anticoagulant (DOAC) dashboard.

VA providers refer all anticoagulated patients to the Anticoagulation Clinic where pharmacists perform anticoagulation initiation and monitoring. Point of care machines are used for warfarin therapy and pharmacists make dose changes with patients during appointments. The rotation will focus on the management of warfarin, DOACs and proper use of outpatient enoxaparin. After one month, the rotation is continued longitudinally for up to one day per week through the remainder of the year and includes exposure to the DOAC Dashboard which is used for monitoring.

**Home Based Primary Care (HBPC)** HBPC serves patients with complex chronic disabling medical conditions. The resident will spend a one month block rotation working with the HBPC pharmacist performing chart reviews, participating in weekly interdisciplinary team meetings, completing CMM, and going on home visits. The resident will make recommendations to optimize the patient’s medication regimen to minimize polypharmacy and optimize therapy to reach patient specific goals for numerous disease states. The resident will participate in weekly case discussions and article reviews during this rotation.

**Patient Counseling and Dispensing** The resident will spend time equal to one to two weeks during the orientation month training in the areas of prescription processing and dispensing medications. After orientation, the resident will spend one-half day per week increasing their efficiency in prescription processing and providing counseling to patients for the first quarter. During the second quarter the resident will continue working at a minimum one-half day every other week. The goal is for the resident to be independent early on and thus able to function independently as a clinical pharmacist in this setting.

**Practice Management and Informatics** The residency program is designed to provide one on one experience with the Chief of Pharmacy and Associate Chief of Clinical Pharmacy Services to learn about management-related activities vital to the smooth operation of a pharmacy department. Pharmacists at the VA Central Ohio HCS participate in activities to improve the quality of pharmaceutical care including adverse drug event reporting, medication error prevention, medication error reporting, and medication use evaluations. The Pharmacy and Therapeutics Committee is responsible for local management of the VA national formulary, medication performance measures, and medication use evaluations. The VA uses computerized patient records and has a host of contemporary computer software including programs designed to perform statistical analyses and data mining for medication evaluations. The resident will complete separate longitudinal rotations for Drug Policy and Management.

**Education** The education learning experience is a required, longitudinal rotation at the VA Central Ohio HCS. This rotation provides the PGY1 resident with opportunities to develop skills for the provision of effective medication-related training. Examples of projects include drug information questions, journal clubs, continuing education (CE) presentations, and education/precepting of pharmacy students. The experience will be longitudinal and incorporated into the weekly schedule during work-up and project time along with the resident preparing projects after hours as appropriate to facilitate completion.

**Research** The research project will give the resident experience to design, execute, and report results of investigations of pharmacy-related issues. Using the flipped model for residency projects residents will start at the data collection portion of research in July and complete a project initiated by a previous year’s resident. Residents will then identify a project and submit to IRB and R&D for approval before the completion of the residency year.

Activities: Human research training, gaining IRB and R&D approval, poster presentation at the regional or national level, oral presentation at a regional level, and completion of manuscript in publishable format. Approximately one-half day weekly will be allocated to project preparation time. This time may be increased or decreased depending upon the project time line. The longitudinal rotation will begin within the first two weeks July with the development of ideas and will be completed in June at the end of the residency year (12 months).
**Elective Rotations:** Residents will have the opportunity to select a minimum of one elective rotation.

**Hematology/Oncology** The VA Central Ohio HCS has an oncology clinical pharmacy specialist who monitors patients on oral chemotherapy medications amongst other duties. The opportunity exists for the resident to work in this clinic to learn more about the outpatient world of hematology and oncology treatment and monitoring.

**Teaching Certificate** An optional Teaching Certificate elective is available through The Ohio State University College of Pharmacy. This elective is chosen above and beyond requirements of the residency program. The residents schedule will be arranged to attend teaching activities and workshops. The resident will need to make up time away from the normal duty hours of the residency. Residents are required to keep a weekly log of additional work hours.

**CBOC** The VA operates Community Based Outpatient Clinics (CBOC) as satellites of the main facility. CBOC’s operate in mostly rural areas and offer primary care and some specialty services. Clinical pharmacists are integrated into the PACT model offering anticoagulation, medication therapy management services and drug information services. As the sole clinical pharmacist in this environment, the resident learns to operate more independently in terms of time and work flow management.

**Academic Detailing** The pharmacy resident will work with the certified academic detailing pharmacist to design and provide education to providers at the facility. Academic Detailing is a scholarly approach to balanced, evidenced-based information that uses direct on-on-one social marketing techniques to provide service-oriented outreach for health care professionals. The resident will learn to work towards the vision of enhancing Veteran outcomes by empowering clinicians and promoting the use of evidenced based treatments using academic detailing.

**Nephrology/Endocrinology** Opportunities may exist for the pharmacy resident to work in specialist clinics with the endocrinologist(s) and nephrologist(s) learning about specialized management of issues pertaining to diabetes (insulin pumps, U500 insulin, type 1 diabetes, and use of continuous glucose monitors), hyper/hypothyroidism, hormone imbalance, resistant hypertension, and chronic kidney disease.

Other electives are possible and determined based on resident interest and preceptor availability as the year progresses.
How to Apply

Requirements for Acceptance
1. Have a Doctor of Pharmacy degree from a fully accredited ACPE school of pharmacy within the United States or equivalent experience.
2. Have a license in good-standing to practice Pharmacy from a recognized State Board of Pharmacy or in pursuit of and eligible for licensure.
3. Be a United States citizen
4. Participation in the ASHP Match Process
5. Submit application through PhORCAS (see below)

Supplemental Requirements for PhORCAS
1. Submission via PhORCAS by January 1st
2. Letter of intent, including career goals and objectives for seeking a residency
3. Official College of Pharmacy transcripts
4. GPA ≥ 3.2 from pharmacy school as demonstrated on official school transcript.
   ▪ For schools which use Pass/No Pass grading, require letter of standing from school indicating student is in top 25% of graduating class.
5. ASHP standardized recommendation form from 3 references.
   ▪ A minimum of 2 references must be from preceptors from your work or experiential practice sites.

ASHP Match information:
Site # 44150
Match #123513

Duration of Appointment, Benefits, and Leave:
One Calendar Year: July 1, 201X to June 30, 201X
Stipend: $43,009 with health insurance available
Annual Leave: Four hours of annual leave per pay period
Sick Leave: Four hours of sick leave per pay period
Administrative Leave: Available for meetings and symposia; approved on a case by case basis
Federal Holidays: Ten federal holidays
Liability Insurance: You will not need any additional practice liability insurance during your residency.