

Pharmacy practice residency programs in community hospitals

Traditionally, postgraduate year 1 (PGY1) pharmacy residencies are based in teaching institutions, such as academic medical centers and large health systems. However, with recent initiatives set forth by professional pharmacy organizations, the need for residency-trained pharmacists will increase in the coming years.^{1,2} Additional factors, such as the mandatory doctor of pharmacy (Pharm.D.) degree, increasing numbers of graduates from colleges of pharmacy, and more widespread acceptance of the

value of qualified clinical pharmacists, all contribute to the increasing need for residency programs.³ In 2007, 2092 applicants applied for 1769 PGY1 residency positions.⁴ These statistics suggest that Pharm.D. recipients understand the need to gain clinical experience before entering practice. The model of residency training will likely require expansion beyond traditional academic medical centers in order to collectively meet the demands of the profession. Residency programs provided by community hospitals can

present a viable means to support the growing need for qualified pharmacy practitioners.

Program organization. Like any other PGY1 residency, a community hospital residency program must adhere to the American Society of Health-System Pharmacists (ASHP) standards for accreditation. The required outcomes set forth by ASHP for PGY1 residencies focus on developing practice and problem-solving skills in a variety of settings. Since the patient population at a community hospital often differs from that at a larger teaching institution, so will residents' experiences. Because of the increased number of internal medicine patients at a community hospital, multiple medicine rotations are available, usually with each experience focusing on a particular patient population (e.g., neurology, medical and surgical, cardiology). Depending on the size of the institution, the pharmacy residency program is typically limited to a handful of residents and preceptors, thereby lowering the preceptor:resident ratio.

Pharmacists and pharmacy residents in a community hospital setting are frequently consulted by physicians and empowered to make appropriate patient care decisions in the form of therapeutic drug monitoring. Through avenues provided by preceptors, pharmacy residents serve as a resource for community-based physicians by discussing drug therapy goals and making recommendations to improve patient outcomes. These unique opportunities allow community hospital residents to develop interpersonal skills with physicians and grow into autonomous clinicians.

A PGY1 residency also provides a foundation for developing teaching skills. Didactic and experiential teaching experiences give residents contact time with students in various environments with opportunities for feedback and improvement. However, community hospital

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The New Practitioners Forum column features articles that address the special professional needs of pharmacists early in their careers as they transition from students to practitioners. Authors include new practitioners or others with expertise in a topic of interest to new practitioners. AJHP readers are invited to submit topics or articles for this column to the New Practitioners Forum, c/o Jill Haug, 7272 Wisconsin Avenue, Bethesda, MD 20814 (301-664-8821 or newpractitioners@ashp.org).

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PGY1 residents at a facility not affiliated with a college of pharmacy may have difficulty acquiring teaching opportunities. Collaboration between local colleges of pharmacy and community hospitals can provide numerous experiences for residents with an interest in academia. As new colleges of pharmacy seek high-quality sites for experiential education, community hospitals with strong residency programs provide an attractive alternative to sites without a track record of teaching. Hence, the opportunity for experiential teaching in a community hospital exists and can benefit both the residents and students on clinical rotations.

Pharmacy practice residencies also foster the development of research skills, but opportunities vary widely among institutions. Some may have a dedicated research center, while other facilities' options may be limited to drug-use evaluations that benefit the hospital with minimal external applicability. In either situation, diligent program directors and advisers can help build residents' research skills through the project management component of PGY1 training.

Community hospitals versus teaching facilities. Many community hospitals are capable of providing excellent PGY1 residency experiences to serve as a platform for more specialized practice at institutions capable of such training. Although community hospitals often do not have the resources to care for patients in specialty areas (e.g., trauma, burns, transplantation), PGY1 residents can still gain diverse patient care experience through more general core rotations. Some community hospitals may have a history of providing excellent care in specific therapeutic areas, such as pediatrics, cardiology, and oncology. A community hospital that serves a more specialized niche of patients should match the hospital's focus with residents' goals and objectives to maximize the residents' experiences.

In addition, physician consultation services (infectious disease, nephrology, gastroenterology) at community hospitals are provided by independent practitioners, and following patients with

illnesses specific to these specialties may be more difficult in the community setting. Community hospital residents often monitor patients in a specific geographic location in the hospital rather than attending rounds as part of a service. This type of patient care may be considered an advantage or a disadvantage. Attending daily rounds with members of a multidisciplinary team allows for collaboration and teaching, which help develop a more complete understanding of overall patient care. However, practicing with more independence requires additional skills in collecting and analyzing patient information. Residents are required to maintain their own problem lists and be able to efficiently prioritize when making drug therapy recommendations. This method of practice promotes communication between residents and other health care professionals. Community hospital residents may also have a greater opportunity for one-on-one patient consultation than they do during rounds, as physicians, medical residents, or nurses tend to take lead roles in these patient interactions. As their skills improve throughout the year, residents develop clinical maturity, which is vital for building a successful career.

Personal experience and perspective. Residents at a community hospital must have certain characteristics to have a successful experience and progress into practice, postgraduate year 2 (PGY2) residencies, or fellowship training. Self-motivation, an outgoing and collaborative mentality, and good communication skills are imperative for the provision of optimal pharmaceutical care in this environment. A delicate balance exists among all members of the health care team (patients, nurses, pharmacists, physicians), so identifying the pharmacist's role and scope of practice is important to function effectively as a community hospital resident. Our PGY1 training at a community hospital was tailored to meet the goals and objectives of a PGY1 residency but adapted to fit the community model. Through the pharmacy department's excellent relationship with medical staff, resident participation in patient care was expected in many situations. Several physicians who expressed an interest in teaching residents offered one-on-one round-

ing time with their patients. Unit-based clinical pharmacists and clinical specialists served as preceptors for the majority of residents and students on clinical rotations. These clinicians practice in specific patient areas, are familiar with common prescribing patterns, and helped facilitate the development of medication care plans. Rotations were available in a range of areas, with specific emphasis on cardiology and critical care. The institution is a regional leader for cardiovascular services; therefore, several cardiology-based rotations provided excellent experiences. Many physicians in these specialty areas spent time with pharmacy residents and actively contributed to the learning process. The infectious diseases physicians offered a rotation with their group as an elective to PGY1 residents, which provided a diverse experience in both the inpatient and outpatient management of antimicrobial therapy. Daily interactions with nursing staff, physicians, respiratory therapists, nutritionists, physical therapists, and social workers allowed us to work as part of an interdisciplinary team.

Our experience with longitudinal management was perhaps one of the most unique opportunities afforded to us during the residency. Various management activities were established at the beginning of the residency, which included planning pharmacy and therapeutics committee meetings, attending medical staff meetings, and developing medication policies and procedures.

The experiences provided to us were an excellent introduction to patient care and laid the foundation for advanced training. Most past residents from our hospital have gone on to pursue PGY2 training in cardiology, critical care, and pediatrics and practice as specialists in their respective field.

Although community hospitals may lack the diversity of an academic medical center, the purpose of PGY1 training is to sharpen patient care monitoring skills, improve medication processes, practice evidence-based medicine as part of an interdisciplinary team, advance leadership and project management abilities, and develop practice-related education skills.⁵ Community hospitals are fully capable of providing these experiences

while providing additional opportunities tailored to their strengths. Community hospitals have a unique opportunity to provide a much needed service to the profession and can play a vital role in training pharmacists.

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