

The Brooklyn Hospital Center PGY-2 Ambulatory Care Residency

Program Structure

Type of Learning Experience	Duration
Required	
Hospital Orientation and Introduction to Ambulatory Care	8 weeks
Ambulatory Care Practice Management & Continuing Professional Development	52 weeks: <ul style="list-style-type: none"> • Staffing the outpatient pharmacy 10 hours per month (5-hour shifts one weekend per month) • Participation in 3 community outreach events (time dependent on the nature of the event)
Family Medicine Clinics (Family Medicine Center, La Providencia Family Health Center, Williamsburg Family Health Center)*	13 weeks: 6 half-day clinic sessions per week
Internal Medicine Clinics (Ambulatory Care Center)*	13 weeks: 5 half-day clinic sessions per week <ul style="list-style-type: none"> • Includes attendance at the morning sign-out/hand-off process (1 hour/day)
HIV Primary Care Clinic / PATH Center*	13 weeks: 5-6 half-day clinic sessions per week <ul style="list-style-type: none"> • Includes participation in inpatient antiretroviral stewardship program (1 hour/day)
Research	52 weeks: 2 weeks per year are dedicated research time (1 week during orientation and 1 week in the second half of the year)
Academia	52 weeks: <ul style="list-style-type: none"> • 1 hour every Friday afternoon is dedicated to Pharmacotherapy Grand Rounds • 1 half-day per week dedicated to APPE student co-precepting activities • CE program through LIU Pharmacy: 1 hour CE + 1 hour webinar + prep time
One Required Elective Experience[†]	
Ambulatory Oncology (The Brooklyn Cancer Center)	13 weeks: 1 half-day session per week
Specialty Clinic Concentration (Cardiology)	13 weeks: 1 half-day session per week
Transitions of Care	13 weeks: 1 day per week

*Duration of each learning experience may vary +/- 1 to 2 weeks depending on the year and resident's needs.

[†]Availability and duration of elective rotations vary annually based on preceptor availability.

Rating Scale Definition and ACHR Criteria

Rating Scale Example	Definition
<p>Needs Improvement (NI)</p> <ul style="list-style-type: none"> Resident requires supervision and assistance at this time 	<ul style="list-style-type: none"> Often requires assistance to complete the objective Deficient in knowledge/skills in the area Concern for patient safety and/or unprofessional activities
<p>Satisfactory Progress (SP)</p> <ul style="list-style-type: none"> Resident is competent and able to function with little supervision 	<p>Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective</p> <ul style="list-style-type: none"> Adequate knowledge/skills in the area <i>Occasionally</i> requires assistance to complete the objective Successfully performs <i>most</i> skills independently to optimize patient care
<p>Achieved (ACH)</p> <ul style="list-style-type: none"> Resident is proficient; functions independently at this time 	<ul style="list-style-type: none"> Mastered the ability to consistently perform the objective Rarely requires assistance and minimal to no supervision needed to complete objective Able to self-monitor quality and independently adjust to optimize patient care
<p>Achieved for Residency (ACHR)</p>	<p>Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations for the residency program</p> <ul style="list-style-type: none"> For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of “achieved” on two separate learning experiences Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of “achieved”

	Designated by program director upon 1) review and assessment of resident's performance from summative evaluations, 2) review and assessment of Q2-Q4 quarterly evaluations for longitudinal rotations, OR 3) following discussion at RAC meetings with consensus of RAC members.
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RAC = Residency Advisory Committee

Program Evaluation Strategy

Formative Feedback:

- Preceptors provide ongoing verbal feedback to residents with documentation as needed throughout the rotation based on the residents' progression.
- Preceptors provide verbal feedback to residents at RAC meetings every 8 weeks.
- In addition to quarterly self-assessments completed as part of the resident development plan, residents are required to complete a self-evaluation of their performance prior to the end of each rotation and a wellness self-assessment prior to each RAC meeting.

Summative Evaluations (Required):

- Documented by the preceptor for the resident and reviewed with the resident at the end of each rotation. For longitudinal rotations, evaluations will be evenly spaced throughout the year with no more than 12 weeks between evaluations.
 - Team-taught rotations: One preceptor is identified as the primary preceptor. The primary preceptor will include verbal or written feedback obtained from all preceptors assigned to the rotation within their documented evaluation in PharmAcademic.
 - Qualitative written comments:
 - The preceptor should strive to include qualitative written comments which are 1) specific and actionable, 2) use criteria related to the specific educational objectives, 3) recognize residents' skill development, and 4) focus on how residents' may improve their performance.
 - The preceptor must include qualitative written comments meeting the above criteria for any objective which is rated as NI or SP.
 - The preceptor is highly encouraged to include qualitative written comments for objectives which have been ACH, but not yet ACHR.
 - Once an objective has been marked as ACHR, the preceptor is highly encouraged to include qualitative written comments related to how the resident can continue to improve in their future career.
- Documented by the resident as a self-evaluation of performance at the end of each rotation.

Evaluation of the Preceptor (Required):

- Documented by the resident for the preceptor and discussed with the preceptor by the end of each learning experience.

Evaluation of the Learning Experience (Required):

- Documented by the resident for the learning experience and discussed with the preceptor by the end of each learning experience. For rotations >12 weeks, the resident will complete one evaluation at midpoint and one at the end of the experience.

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