

LIU Pharmacy at The Brooklyn Hospital Center PGY2 Ambulatory Care Pharmacy Residency

Description of Residency

Long Island University Pharmacy at The Brooklyn Hospital Center's PGY2 Ambulatory Care Pharmacy Residency program builds upon the broad-based competencies achieved in a PGY1 residency, deepening the resident's ability to provide care in the most complex of cases. The resident will rotate through various clinics to foster independent clinical decision making through established collaborative drug therapy management agreements. Through the collaboration with LIU Pharmacy, residents will serve as a primary preceptor for advanced pharmacy practice experience (APPE) pharmacy students, give didactic lectures, and teach small group academic sessions. Graduates will be prepared to assume positions in ambulatory care as highly qualified pharmacotherapy specialists by an institution or as assistant professors at a college of pharmacy, as well as be prepared to sit for the board certification exam in ambulatory care.

The program begins with an orientation period. This orientation period will introduce incoming residents to hospital and departmental policies, procedures, and practices. As there is an in-house on-call program, a portion of the orientation period will be devoted to acclimating the new resident to the on-call system. A portion of this orientation may include an inpatient, adult medicine rotation in order to familiarize residents with the entire patient management process. PGY2 residents who have completed their PGY1 at TBHC may not need to participate in the extended orientation. After orientation, the year is divided into three rotation areas with optional electives.

PGY2 residents will spend 42-48 weeks in pharmacy managed CDTM clinics. This portion of the program is divided into three extended rotations. One rotation area takes place in our family medicine clinic and is predominately focused in pharmacists-run pharmacotherapy clinics managing primary care disease states including, but not limited to diabetes, hyperlipidemia, hypertension, smoking cessation, asthma/COPD and more. In addition, residents spend time in the family medicine anticoagulation clinics and completing annual wellness visits. The next rotation area is in Ambulatory Care Clinic (ACC), an internal medicine-based clinic. The majority of this rotation will be spent in pharmacist-run anticoagulation clinics with experience in pharmacotherapy clinics as well. The third extended rotation area is conducted in our HIV- Primary care clinic. This rotation includes an interdisciplinary clinic model where pharmacy residents see patients with Infectious Disease attending physicians, medical residents, nurses, social workers and nutritionists. In addition to the interdisciplinary clinic, pharmacy residents manage pharmacist-run pharmacotherapy clinics within the HIV Primary care clinic, managing a variety of primary care disease states, such as Hepatitis C co-infection. The time spent in each area will be divided throughout the year and the level of independence will progress.

In addition to these core rotations, residents have the opportunity to complete a concentrated elective experience in transitions of care as well as longitudinal experiences

in rheumatology, hematology/oncology and pulmonary clinics. A longitudinal rotation encompassing career development is an important part of the residency experience. Residents will devise a plan for life-long learning and career development reflecting ambulatory care, academia, and other specific personal interests. Active participation in professional organizations will be fostered as part of this continuous career development plan.

Residents will design, implement, and complete several projects during the year. A longitudinal rotation has been designated for such research endeavors. Residents will determine a suitable question/problem to be addressed by a yearlong project, as well complete at least one additional smaller research project. A research advisor/mentor will be chosen from among the faculty. It is anticipated that the resident and mentor will secure all necessary approvals and resources for the completion of the major project. The outcome(s) of each project should be presented at a professional meeting and publication sought.

An important part of each of the TBHC residency programs is the 24 hour, In-house Pharmacist On-Call program. In this model, the PGY2 ambulatory care residents will rotate managing the in-house clinical consult service every third Saturday and Sunday from approximately 8am to 4pm. During this consult shift, PGY2 ambulatory care residents are paired up with an acute care PGY2 resident (Infectious Disease or Emergency Medicine). During their shifts, ambulatory residents are predominately responsible for responding to drug information consults, anticoagulation and pharmacokinetic monitoring and nutrition consults. During the second half of the year, PGY2 residents in Ambulatory Care are intermediary resources to their PGY1 and acute care PGY2 co-residents for anticoagulation consultations, prior to seeking input from the faculty. Similarly, the PGY2 residents in other domains (ID or Emergency Medicine) will serve as intermediary resources in their respective domains. In all cases, faculty from the program are available to guide, assist, and nurture the development of both the PGY1 and PGY2 residents. In addition, the PGY2 residents serve as moderators during the morning sign-out/hand-off process, generally starting in the second quarter of the year. During this daily process, the PGY2 residents serve as a quality assurance checkpoint while they demonstrate the progressive mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). A faculty Preceptor On-Call reviews the hand off process each day for final approval of each case presented and provides feedback to the residents, as well.

This combination of direct patient care in a variety of CDTM clinics, practice management, and career development activities, along with a strong focus in academia and research prepare residents for roles as academic clinical faculty or clinical practitioners.