

LIU/The Brooklyn Hospital Center
PGY-2 Ambulatory Care Residency
Program Structure

Type of Learning Experience	Duration
Required	
Hospital Orientation and Introduction to Ambulatory Care	4 weeks
Ambulatory Care Practice Management & Continuing Professional Development	52 weeks: Includes staffing the outpatient pharmacy 10 hours per month (5-hour shifts one weekend per month)
Family Medicine Clinics (Family Medicine Center, La Providencia Family Health Center)*	48 weeks: 2-3 half-day sessions per week
Internal Medicine Clinics (Ambulatory Care Center)*	48 weeks: 1-3 half-day sessions per week
HIV Primary Care Clinic / PATH Center*	48 weeks: 2-3 half-day sessions per week
Research	52 weeks: 1 week per year is dedicated research time
Academia	52 weeks: <ul style="list-style-type: none"> • Didactic lecture: 1 hour lecture + prep time • Lab assistant/faculty facilitator in Fall and/or Spring semesters: 1-2 hours per week (generally one semester) • APPE Precepting: minimum of 6 students per year (3 blocks of 2 students = 15 weeks per year) • CE program through LIU Pharmacy: 1 hour CE + 1 hour webinar + prep time • Student mentor: 1-2 portfolio students per year. Meet with students once in the fall and once in the Spring (~4 hours per year) • IPE Events: Minimum of 2 IPE events per year (8 hours per year) • Senior seminar: Minimum of 2 sessions per year (average 8 hours per year) • College committee: Serve on one committee in the Spring semester. ~1 meeting (1-2 hours) per month

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	<ul style="list-style-type: none"> College wide meetings: ~1 meeting (1-2 hours) per semester
Elective⁺	
Ambulatory Oncology (The Brooklyn Cancer Center)	48 weeks: Half-day every other Thursday
Specialty Clinic Concentration (e.g. – Cardiology)	12 weeks: 1 half-day session per week
Adult Medicine (Inpatient Internal Medicine)	4 weeks

*Time spent in clinic learning experiences will vary throughout the year. 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.

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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 6-8 weeks.
- Residents are required to complete a 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.
- 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.

RAC = Residency Advisory Committee

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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

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	<p style="text-align: center;">ACHR after a one-time evaluation of “achieved”</p> <p>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.</p>
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