

Long Island University at The Brooklyn Hospital Center
PGY2 Ambulatory Care Pharmacy Residency

Description of Residency

The Long Island University PGY2 program at The Brooklyn Hospital Center (TBHC) will prepare residents to practice in a collaborative drug therapy management environment by providing exposure to a mixture of pharmacist-managed and interdisciplinary ambulatory practice settings. Residents will have a strong teaching and precepting focus throughout the year. Graduates will be capable of practicing in a variety of clinic models, as well as in academic 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 well as provide initial exposure to the clinic settings and longitudinal duties. PGY2 residents will then spend approximately 48 weeks providing direct patient care. This portion of the program will be conducted in a longitudinal manner based on preceptor practice areas. The resident will complete direct patient care rotations in the internal medicine clinic (Ambulatory Care Center), family medicine clinics (Family Medicine Center, La Providencia Family Health Center), and HIV primary care clinic (PATH center). Pharmacist-managed clinics are operated via collaborative drug therapy management (CDTM) agreements in conjunction with supervising physicians and see patients based on referral. Pharmacist-managed clinics are typically divided into: 1) Anticoagulation Clinics: Management of warfarin using point-of-care INR devices and other anticoagulant therapies as needed and 2) Pharmacotherapy Clinics: Optimization of medication managed disease states, such as diabetes, hypertension, dyslipidemia, asthma, and heart failure. Individuals may also be referred for smoking cessation counseling. The PGY-2 resident will also participate in the PATH Center interdisciplinary patient care model, in which the attending infectious disease physician, clinical pharmacist, residents, and students see the patient together. Depending on preceptor availability, the resident may be able to participate in rotation electives such as ambulatory oncology (The Brooklyn Cancer Center), cardiology, pediatrics, transitions of care, or other specialty areas of interest.

A longitudinal rotation encompassing career development is an important part of the residency experience. During this year-long experience, residents will develop a CDTM protocol for a new service and/or update existing CDTM agreements under the guidance of the program faculty. In addition, residents will serve as primary preceptors to APPE students on ambulatory care rotations, as well as instructors for didactic offerings at area colleges of pharmacy. 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 a longitudinal research project during the year as part of a longitudinal research rotation. A research 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. In addition to the longitudinal project, completion of a secondary project is expected to provide the resident with experience in alternative types of scholarship (e.g. - case series, survey-based research, review article, etc). The outcome(s) of each project should be presented at a professional meeting, followed by pursuit of publication.

An important part of the overall TBHC Pharmacotherapy Department is the 24-hour, in-house Pharmaco-therapist-On-Call program. This program is primarily facilitated by PGY-1 residents and

Pharmacotherapy Specialists during the day, along with emergency department pharmacists overnight. PGY2 ambulatory care residents are integrated into this program by alternating attendance at the morning sign-out/hand-off process to facilitate transitions of care related activities for patients who are currently seen by or need to be established with a pharmacist-managed outpatient clinic (e.g. - newly started on anticoagulation). The PGY2 ambulatory care residents are also responsible for overseeing the inpatient antiretroviral stewardship program in conjunction with faculty and serve as intermediary resources to the PGY1 residents for inpatient anticoagulation consults. Similarly, the PGY2 residents in other domains (ID or Emergency Medicine) will serve as intermediary resources in their respective domains. The PGY2 resident is expected to serve as a quality assurance checkpoint at morning sign-out and provide clinical pearls to the PGY1 residents while they demonstrate the progressive mastery of the four preceptor roles (instructing, modeling, coaching, and facilitating). In all cases, faculty from the program are available to guide, assist, and nurture the development of both the PGY1 and PGY2 residents. A faculty Preceptor-On-Call additionally reviews the hand-off process for final approval of each case presented and provides feedback to the residents.

The PGY2 residents staffing responsibilities will consist of staffing the hospital's outpatient pharmacy approximately one weekend a month (open 10am-3pm on Saturday and Sunday). Training on the responsibilities of the pharmacist in this setting to fill and dispense prescriptions, provide counseling, immunizations, etc. will be provided during the orientation month. Based on TBHC's mission and long-standing presence as a community hospital, the PGY2 resident will also participate in community outreach and educational events both on and off-site as requested by the Community Liaison and External Affairs Department. The PGY2 resident will additionally be responsible for oversight of the Ambulatory Pharmacotherapy Voicemail, through which clinic scheduling and medication refills are managed, along with ensuring institutional compliance occurs when completing necessary documentation for use of point-of-care INR devices.

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