PGY2 Residency Rotation Descriptions

The PGY2 program is flexible to the needs and interests of each resident. The RPD will meet with resident regularly to assess goals and interests and adjust/create opportunities as needed

PGY2 Required Rotations

Rotations are 4 weeks in length unless otherwise specified

Orientation:

- 1-2- week rotation at start of residency – combined with PGY1 orientation and tailored based on previous VA/NWI experience
- Introduction to VA and pharmacy practice
- Review of policies (i.e. Resident Leave, Resident Disciplinary Policy, Resident supervision) and handbook
- Introduction to residency schedule, expectations and evaluation system (PharmAcademic)
- Review of longitudinal learning experiences, meetings with project preceptors, start on longitudinal requirements
- REAL Colors, Strengths Deployment Inventory or other "get-to-know-you" day with RPDs and residents from Omaha/Lincoln/Grand Island

Mental Health Clinic:

- 10-15 patients in both face to face and phone clinics
- Mental Health
  - Benzodiazepine tapers
  - Metabolic monitoring
  - Smoking cessation
  - Antidepressant titration/cross-taper
  - Sleep management
  - Antipsychotic management
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
  - 30-day inpatient treatment program
  - Medication reconciliation on admission
  - Education session for SARRTP veterans (monthly)

Anticoagulation:

- Phone and Dashboard review
- Pharmacist-run anticoagulation clinic is responsible for all warfarin and DOAC management
  - New onset atrial fibrillation/VTE education and discussion of anticoag therapy
  - New warfarin education, initiation, adjustment of therapy
  - Empiric dose adjustments for drug-drug interactions
  - Conversion to/from DOAC therapy or conversion between DOACs as indicated (renal function, age, bleed risk, etc)
  - Peri-operative management of all anticoagulation therapy
  - Topic discussions with APPE students; precepting APPE students as available

Rural Ambulatory Care (North Platte VA):

Housing subject to availability, however most of this rotation can be completed virtually

- Resident will be involved with chronic disease management in this very busy rural/virtual setting. In addition, as the only pharmacist in this outpatient clinic, drug information is a big part of day to day operations. Residents will gain experience collaborating with providers in the community for formulary management and will be actively involved in maintaining the small pharmacy inventory on site.
- Residents will provide in-service to the clinic staff, as assigned by preceptor

Specialty Clinics (choose from one of the following: Endocrinology/nutrition clinics, cardiology clinics or pain/whole health clinic)

- See descriptions below

Required Longitudinal Experiences

Ambulatory Care (PACT) Clinic:

- Core Ambulatory Care Experience (4-6 months – longitudinal in nature))
- Average about 8-15 patients per day per clinic: phone and face to face
- Resident will longitudinally manage ambulatory care patients and will begin actively precepting APPE students on rotation, providing them with clinical discourse, feedback on plan development and on documentation
- Residents will work under preceptor's scope of practice to manage complex disease states, including:
    - Lipids
    - HTN
    - Pharmacy Counseling/New Patient
    - Smoking cessation
    - Diabetes
    - Thyroid disease
    - CHF
    - COPD
    - Precepting students (Create student schedules, assign/precept their required project, provide feedback throughout their rotation and participate in student evaluations)

Residency Project:

- Work with preceptors/mentors on site to develop a project. Project will be directly related to expansion of ambulatory care services
    - Poster presentation at MidYear (optional, but encouraged)
    - Poster presentation at NWI Pharmacists' townhall (Spring)
    - Presentation at Midwest Residency Conference or other regional/national platform
    - Manuscript (June)

Leadership and Practice Advancement: Dr. Lisa Bilslend, BCACP

- Develop skills in leadership, self-evaluation and professional growth/development. Residents will gain a variety of experience in leading PGY1 residents and APPE students. In addition, residents will evaluate current practice at the Grand Island VA and develop a plan for expanding clinical services provided. This can include expanding something that ambulatory care pharmacists already do or development of a new service entirely.
- The experience is customizable to the resident's needs and interests, however residents will be required to present the following:
    - NWI JC presentation moderation and coordination
    - (1) Patient DM Forum (if available)
    - (1) Newsletter
    - (1) CE PowerPoint presentation (either within NWI or externally) in addition to the PPT or poster presentation for the residency project
    - (1) MUE
    - (1) Medication treatment guideline (MTG) or protocol update
    - (2) Presentations to non-pharmacist audiences (providers or nurses)
    - Coordination of Pharmacy week
    - Coordination of Student Forum Series

Elective Rotations

16 weeks total

12 weeks may be spent off site during electives (housing is not provided for Omaha rotations)

Academia (UNMC – Omaha):

- Expose the resident to various roles of faculty members at a College of Pharmacy to provide opportunities for residents to teach in a variety of settings. The rotation will provide the experience to help the resident evaluate their interest in a career in academia as well as foster professional development of prospective faculty candidates.
- The resident can tailor the experience to their desired learning area which can include: participation in lectures, classes, and clinical laboratory class, as well as participate in committee and faculty meetings, student interviews, and other service activities for the school of pharmacy (SOP) as available during the resident's particular rotation time

- If completing elective Academia rotation, resident will be highly encouraged to complete Teaching Certificate Program if not already completed during PGY1 year

Academic Detailing (virtual):

- Gain introduction to the skills/techniques of Academic Detailing, allows for a broad perspective of the entire healthcare system orchestration and how pharmacy service may be aligned to improve outcomes on various focuses or initiatives
- Review and learn evidence-based medicine, develop and/or promote educational pieces that include key messages, provide Academic Detailing outreach visits to VA staff, identify and resolve barriers, and socialize new Academic Detailing campaign

Cardiology Clinic (Omaha):

- Cardiology team from Creighton provides services at the Omaha VA – resident will rotate through the outpatient cardio clinic several half-days per week, including CHF outpatient clinic (Wednesday afternoons).
- If APPE student in clinic, resident will have opportunities for precepting
- Serve as a drug information expert to the cardiology service and patients, providing education when necessary. Accurately document patient care activities in a timely fashion.
- Review key cardiology clinical trials to further assist in the understanding and assimilation of best-practices cardiovascular care

Clinical Services Management (virtual):

- Gain experience managing clinical pharmacy services across a large integrated healthcare system
- Protocol or medication treatment guideline development or updates, contribution to Medication Utilization Evaluation (MUE), service enhancement activities, committee leadership, assisting with audit/non-compliance lists for over-due encounters/consults

Geriatrics (Omaha):

- Resident will be an integral part of several multidisciplinary teams which may include: geriatricians, primary care providers (PCP), physician assistants, nurses, nurse case managers, social workers, dieticians, occupational therapists, psychologists and pharmacists.
- Geriatrics Clinic is a consult clinic with new patients evaluated by medicine, pharmacy, social work, and psychologists if appropriate and follow-up patients seen by the physician assistant. The resident will be an integral part of the interdisciplinary team.
- Home Based Primary Care is a program unique to the VA for veterans with difficulty accessing primary care services at the VA hospital and clinic – the resident will conduct initial and 90-day reviews
- Project: develop, research and present a CE worthy 30-60 minute presentation to pharmacy staff OR a 20-30 minute presentation for HBPC in-service if requested

Home-Based Primary Care (virtual):

- Completed from GI campus, will collaborate with Omaha HBPC reviews
- Primary care based out of the veteran's home; about 90 veterans enrolled in this program
- Weekly interdisciplinary team meetings
- Perform the quarterly chart reviews
- Anticoagulation management
- Drug information, formulary management
- In-home visits for new admissions to the program
- Topic discussions as assigned by preceptor

Endocrine/Nutrition (Omaha):

- The resident is responsible for all aspects of diabetes-related care to include previous home regimens, new subcutaneous regimens/titration, hypoglycemia unawareness, insulin pump therapy, continuous glucose monitors and patients requiring concentrated insulin regimens. Resident will gain experience with other related diseases, such as: thyroid disorders, psychiatric disorders as related to endocrine, bone metabolism disorders, including osteoporosis, obesity (including management of weight-loss medications), pituitary and adrenal disorders, gender dysphoria, etc
- Monitor the safety and efficacy of drug therapy in ambulatory care settings, including medical record review, patient interview and targeted physical assessment, interpretation of laboratory data, consultation with staff, and patient

education to achieve optimal patient outcomes. In addition to face-to-face clinic appointments, telephone follow up is completed using patient home glucose monitoring.

- Gain experience with medical nutrition therapy, carbohydrate counting and meal planning through discussion with clinical dieticians and involvement in team education
- Some of this rotation may be completed virtually through our planned endocrine hub (based out of the Grand Island VA) if available

Pain/Whole Health (Omaha VA):

- Routine responsibilities include chronic pain management in the outpatient setting, consultant to primary care providers and other team members, population health management, and academic detailing. The Pain CPS and resident will be fully integrated as part of Whole Health and act as an active member of the interdisciplinary team which includes a physician, physician assistant, pharmacist, nurses, physical therapists, social workers, and psychologists.
- Make pharmacologic recommendations and contribute to the discussion of non-pharmacologic pain modalities with other members of the team. In addition, the resident provides drug information and education to healthcare professionals as well as patients and caregivers. As applicable, resident will be expected to assist in supervision and education of the student and will provide input for the student's evaluation

Pharmacy Administration (virtual):

- Resident will develop skills in leadership, administration, and clinical coordination through active participation in clinical committees, management initiatives (from local, VISN and national levels), and contribute to service level strategic planning.
- Resident will be provided opportunities for involvement in pharmacy staff development through clinical education, leading meetings with key stakeholders, facilitate formulary management and other cost-savings initiatives. Residents are assigned activities that assist with managing pharmacy service within Nebraska-Western Iowa and preceptors are open to project development based on resident needs and interests.

Residency Management (Grand Island):

- Gain exposure in starting and maintaining a residency program – experiences will be tailored to the interests of the resident and will vary depending on timing of elective experience
- Experience with ASHP standards, creating/updating learning experiences, participate in residency-related meetings, topic discussions with RPD, ongoing survey readiness
- Assist with application review, interview coordination
- Coordinate residency projects for incoming class, handbook updates, calendar maintenance

Specialty Clinics (Omaha)

- The Specialty Clinics is a broad scope of practice encompassing all specialties. Residents will gain practical experience in managing complex chronic disease state management in up to two specialty clinics at the Omaha VA (rheumatology, GI, renal, pulmonology, neurology, ortho, urology, dermatology, womens health etc) run by providers and fellows. Currently, women's health is the only specialty clinic (aside from cardio) where we have a clinical pharmacy specialist practicing. An advanced PGY2 pharmacy resident may complete rotations working directly with the specialty providers.
- The resident would be required to achieve (for residency) the majority of the objectives in goal R1 prior to completion of rotation with a non-pharmacist preceptor. Because many of the specialty clinics are not full-time clinics (typically several half-day clinics per week), residents may choose two-three specialty clinics to immerse themselves in