

Residency Structure and Rotation Descriptions

This document is a brief description of each of the learning experiences offered within the PGY2 Psychiatric Pharmacy Residency. All rotations are subject to change. Availability may change based on availability of preceptors, changes in the learning environment or residents customized needs.

Rotation Name	Longitudinal / Concentrated	Required /Elective	Length (weeks)	Patient care?
Professional Outreach Project	Long	Req	52	no
MUE	Long	Req	48	no
Drug Information	Long	Req	52	no
Patient Education Groups	Long	Req	40	yes
Continuity Clinic	Long	Req	36	yes
Inpatient Psychiatry I	Conc	Req	4-6	yes
Inpatient Psychiatry II	Conc	Req	4-6	yes
Outpatient Psychiatry I	Conc	Req	4-6	yes
Outpatient Psychiatry II	Conc	Req	4-6	yes
CBOC Psychiatric Pharmacy	Conc	Req	4-6	yes
SARRTP/SAC	Conc	Req	4-6	yes
Pain	Conc	Req	4-6	yes
Emergency Department	Conc	Req	4-6	yes
<i>Elective Rotation Offerings, in addition to repeating required rotations. Residents will complete 3 concentrated electives</i>				
CLC	Conc	Elect +3	4-6	yes
Neurology	Conc	Elect +3	4-6	yes
Residency Development	Conc	Elect +3	4-6	no
PCMHI	Conc	Elect +3	4-6	yes
MHICM	Conc	Elect +3	4-6	yes
Pharmacy Leadership	Conc	Elect +3	4-6	no
Repeat Experience	Conc	Elect +3	4-6	yes

Rotation Name	Rotation Description	Rotation Activities
Professional Outreach	This learning experience focuses on activities that contribute to professional development in areas other than patient care.	Orientation, Committee involvement, Portfolio development, VA ADERS
Project	The resident will use the scientific process, data and evidence to conduct quality improvement or research project and develop skills in critical evaluation of the medication use system.	Project
MUE	The resident will design and conduct an MUE to critically evaluate the medication use system. Proposed changes will be presented in a final report to the P&T committee.	MUE
Drug Information	There are several activities throughout the year that involve delivery of drug information to a variety of audiences.	1 CE presentation, 2 Case presentations, MH CPS topic discussions
Patient Education Groups	Resident will design and deliver education to patients in a group setting. This allows practice in delivering patient centered education as well as allows for a better understanding of the patient perspective.	weekly for ~5 months in the year (alternating months with second resident)
Continuity Clinic	This longitudinal experience focuses on opportunities to provide care to patients on an on-going basis.	Patient care activities every other week
Inpatient Psychiatry I	The resident will engage in the daily workflow and be responsible for patient care activities for acutely mentally ill patients on the inpatient psychiatry unit. Residents will actively participate in the treatment team and coordinate care throughout patient stay and gain familiarity with the VA systems, policies and procedures.	Daily treatment team meetings, journal club, topic discussions
Inpatient Psychiatry II	Building on Inpatient I, increasing responsibility and independence the resident will additionally focus on geriatric patients to gain experience with cognitive and neurologic disorders. Precepting is generally available during this rotation.	Daily treatment team meetings, journal club/in-service, topic discussions
Outpatient Psychiatry I	Residents will provide patient care in the outpatient mental health clinic for both scheduled and walk-in appointments. The resident will work with interdisciplinary teams to coordinate and optimize care.	Patient care activities, Drug information, topic discussions
Outpatient Psychiatry II	Resident will build on the skills and knowledge gained in other rotations and increase their level of responsibility and independence while providing care to patients in the walk-in clinic and scheduled appointments.	Patient care activities, Drug information, journal club, topic discussions
CBOC Psychiatric Pharmacy	The busy community clinic in the outlying community or rural area allows experience with a pharmacist that has an independent patient care practice and serves as a drug information resource to the other providers in the clinic.	Patient care activities, journal club/In-service, topic discussions

SARRTP/SAC	The resident will provide direct patient care and education to the residents of a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) and outpatient Substance Abuse Clinic (SAC). The resident will work closely with the interdisciplinary team to coordinate and optimize care.	Patient care activities, 30-day chart reviews, topic discussions, journal club/in-service
Pain	While working with the chronic pain and wellness center, the resident will provide and coordinate care in a multidisciplinary team to improve the safety and well-being of patients with chronic pain. *This rotation will be later in the residency year as more independence is required for successful completion	Patient care activities, Drug information, Topic discussions
Emergency Department	There are many opportunities in the Emergency Department to provide direct patient care and clinical pharmacy support to psychiatric patients. The resident will work with the emergency department team to optimize care to psychiatric patients in that setting.	Patient care activities, Drug information, topic discussions
Elective rotations		
CLC	The Community Living Center (CLC) provides care to patients requiring rehabilitation or hospice and palliative services on a long-term basis. The patients often have neurologic and psychiatric considerations that the resident may not experience in other settings.	Patient care activities
Neurology	The resident will work independently with the neurology team in a variety of clinics. Headache, movement disorders, seizure, stroke rehabilitation and a whole lot more opportunities are available in this rotation. *Resident will need to demonstrate autonomy and independence before going on this rotation.	Topic discussions
Residency Development	Residents will gain an understanding of residency structure and design will have the opportunity to work with the program on quality improvement activities.	Quality Improvement Activities, meetings with stake holders
PCMHI***	Residents will work with the providers in Primary Care Mental Health Integration (PCMHI), to provide support and care to psychiatric patients within the primary care setting. ***Rotation availability subject to having a suitable preceptor available	Patient care activities, Topic discussions, In-service
MHICM	Mental Health Intensive Care Monitoring (MHICM) program provides care to seriously mentally ill patients. Resident will work with team to determine patients in need of care and may do so through telephone, video, face to face or home visits. Resident will coordinate care through the mental health and primary care teams. *The resident will require a high level of independence for this rotation	Patient care activities, In-service presentations, topic discussions
Pharmacy Leadership	This rotation is intended for residents that would like more exposure to management and practice leadership opportunities.	Pharmacy practice and management related activities to be determined

Required Disease State Competencies

The required goals and objectives for PGY2 Psychiatric Pharmacy Residencies include several disease states with which the resident should gain familiarity and expertise. Ultimately the resident should feel comfortable managing the first section of topics and should gain familiarity with the topics listed in the bottom section through topic discussions or assigned readings.

	Continuity	Inpt Psych 1	Inpt Psych 2	Outpt Psych 1	Outpt Psych 2	SARRTP	Pain	Emergency Psych	CBOC	Elective: CLC	Elective: Neurology	Elective: Residency Development	Elective: PCMH	Elective: MHICM
Required Topic discussions / Areas of expertise														
• Schizophrenia and other psychotic disorders		x	x		x									x
• Bipolar Disorder		x	x	x										x
• Major Depressive Disorder	x			x					x				x	
• Anxiety disorders (GAD, Panic, OCD, SAD, PTSD)	x			x	x				x				x	
• Psychoactive substance-use disorders (including information on routes of administration of psychoactive substances and common street names)		x				x		x						
• Dual diagnosis			x			x								
• Personality disorders			x	x										
(The following required areas may be accomplished through didactic discussion, reading assignments, case presentations, written assignments, and/or direct patient care experiences.)														
• Sleep disorders					x	x			x					
• Eating disorders				x										
• Geriatric psychiatry (acute, ambulatory, or long-term care)			x						x	x				
• Psychiatric disorders in children and adolescents									x					
• Neurological disorders (e.g., pain, movement, seizures, headache, dementia, traumatic brain injury, autoimmune disorders)			x				x			x	x			
• Developmental disorders (e.g., autism spectrum disorder, Down syndrome, Wilson’s, Prader-Willie Syndrome)					x									
• Syndromes associated with aggression, hostility, or agitation		x						x						
• Delirium			x					x		x				
• Pregnancy and postpartum psychiatric disorders				x				x						

Activities for Required Disease state competencies

The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions listed below.

The resident will also have experience managing patients with these diseases and conditions.

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions listed below.

The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions listed below.

(Remembering) Expertise

- Participate in a learning activity such as a topic discussion, reading assignment, case presentation, written assignment or patient care experience.
- Explain the signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of the disease.
- Identify usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the disease
- Explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics of medication regimens considered.

(Applying) Experience

- Develop appropriate and complete care plans for patients with the disease.

(Remembering) Exposure

- Participate in a learning activity such as a topic discussion, reading assignment, case presentation, written assignment or patient care experience.