

PGY2 Pain Management and Palliative Care Pharmacy Residency

William S. Middleton VA Hospital in Madison, WI



PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, when available.

The resident will develop clinical skills to become a pharmacist provider in the areas of chronic pain management, acute on chronic pain management, palliative and hospice care, opioid stewardship, and pain management with comorbid mental health conditions. It is anticipated that future goals of prospective residents would include becoming a clinical specialist with board certification (when available). Additional teaching opportunities exist to become adjunct clinical faculty at the University of Wisconsin-Madison School of Pharmacy.

The resident will provide patient care as a member of several different interprofessional teams. The resident will assume responsibility for the care of patients and take an active, direct role in patient care. In addition, the resident will write progress notes for patients they assess and are granted prescribing authority under scope of practice protocol. Residents also have authority to order laboratory and other diagnostic tests, consult other services when indicated, and develop therapeutic and monitoring plans for patient follow-up.

This program is accredited by the American Society of Health-System Pharmacists, according to the ASHP Accreditation Standards for PGY2 Pain Management and Palliative Care Pharmacy Residencies.

This residency is designed to develop skills in the following areas:

- Patient assessment
- Interprofessional relationship building
- Leadership skills
- Pharmacologic and non-pharmacologic treatment options for pain management
- Teaching skills
- Patient and interdisciplinary education
- Improve patient safety outcomes related to pain management

To develop the above skills, the resident will have the following learning experiences:

Addictive Disorders: This learning experience is split between suboxone clinic and general outpatient substance use disorders clinic. The addictive disorders treatment program (or ADTP clinic) sees outpatients with mental health and addictions concerns to provide the appropriate medication and non-pharmacological treatments. There are many team members within the clinic including social workers, psychologists, psychiatrists, nurse practitioners, addictions counselors, occupational therapists, addictions fellows, second year psychiatry residents, a clinical pharmacist and the PGY2 pharmacy residents. As part of this team, the clinical pharmacist sees patients face to face to manage medications and perform appropriate assessments. The clinical pharmacist has prescriptive authority for controlled and non-controlled medications, labs and consultations. The purpose of the experience is to gain knowledge and understanding of addictive disorders and their treatment in the outpatient setting and the complexities of pain management in this population.

Chronic pain clinic: This is a required, longitudinal learning experience that takes place over the course of the whole year. The number of days will vary based on the block, but will be one-half day to two days per week. The Chronic Pain Clinic is intended for the management of chronic pain that is unable to be resolved in the primary care clinics. There are many experiences within this experience including multidisciplinary team visits, Dr. Ebert clinic visits, pain pharmD clinic and pharmD phone visits. The clinical pharmacist is responsible for managing non-controlled medications for patients that have been consulted to the multidisciplinary clinic or pain pharmD clinic. There is not currently a clinical pharmacist staffing with the Dr. Ebert clinic. Therefore, the Dr. Ebert's clinic cannot be completed by the resident independently until the program director and preceptors feel that the resident is ready. The resident will still be present in these clinics to actively observe, until they are ready for independence.

Chronic pain team clinic: The team atmosphere will facilitate learning and sharing of ideas, explaining the findings of imaging and physical exams, and rationale for treatment plans. The expectation is that patients are reviewed prior to the visit and that one team member will be the

“leader” during the visit. Each team member will contribute to the patient interview, assessment and clinical decision making. The plan will be presented to the patient in writing and each team member will document with a separate note in the patient chart.

Mad Pain PharmD and Mad Phone Pain PharmD: The pain clinic pharmacist receives consults from primary care, specialty clinics or pain clinic. The pharmacist can provide recommendations and/or follow patients longitudinally to coordinate and manage their pain treatments. The pharmacist places medication orders, labs and other testing, consults and referrals for non-VA services. The pharmacist has phone/video appointments on Mondays, Wednesday afternoons and Fridays, in-person visits can be scheduled on these days as well, but visits are more rare and need to be coordinated with other clinic staff. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-risk opioids.

Dr. Ebert Pain Clinic: The pharmacy resident works directly with Dr. Jerome (Jerry) Ebert to see face to face visits. This clinic is for patients that are seen in follow-up or have fewer complexities that would not necessarily require the multidisciplinary clinic visit. Dr. Ebert is a physiatrist (a non-surgical orthopedics specialist) who sees patients for both initial and follow-up visits, for management of chronic pain that is unable to be resolved in the primary care setting. Because this is a consult service, only a few orders are placed (procedures, injections, therapies, and occasional medication orders), and the primary care physicians are responsible for implementation of most changes to the patient’s therapy. When approved for independent practice, the resident will order medications and schedule telephone follow-up with the pain clinic pharmD when indicated. Resident-led visits will involve an independent patient assessment, discussion with Dr. Ebert, then resident will observe Dr. Ebert completing the physical exam and in-clinic procedures.

CLC and Acute Hospice: The Community Living Center (CLC) is a required learning experience that takes place once weekly for 16 consecutive weeks. The purpose of this experience is to provide the resident with pharmacy experience for patients that have pain management concerns in the rehab-care setting and monitoring of patients nearing end of life in the acute hospice setting.

The Madison VA Community Living Center (CLC) is a 14-bed facility that cares for patients who are no longer acutely ill, but have continued needs for skilled nursing, rehabilitation, or hospice care. This experience will allow the resident to gain experience in managing pharmacotherapy for the patients staying in the CLC, to develop independent judgment and accountability, and to improve the verbal and written communication skills necessary to be an effective clinical pharmacy practitioner part of an interdisciplinary team. The PGY2 pain and palliative care pharmacy resident will focus on acute pain, acute-on-chronic pain, and end-of-life situations. The resident will pain assessments that are completed. The resident will be a pain management resource for the other team members. Pain assessments are completed via chart review, patient interview and provider input. Notes should be completed the same day of the assessment. Specific recommendations should be communicated with the patient’s provider. When possible, the resident will round with the Nurse Practitioner and work in the office with the providers.

Formulary Experience: This is a required learning experience that ultimately takes place over the whole residency year. This experience provides projects for the resident related to the hospital formulary and electronic health record system (CPRS). The resident will ensure that current order sets and prescriber guidance tools for pain management are up to date and suggest needed changes to the formulary manager. The resident will also participate in a medication use evaluation regarding a pain or opioid related treatment. The resident will become familiar with the formulary status of commonly used pain medications and ensure that providers utilize them correctly. The resident will monitor use of naloxone to assess for opioid ADRs such as sedation and respiratory depression. Any medication events that are related to pain medication use will be evaluated by the resident. Projects will be completed by the end of the residency year.

Inpatient pain assessments: Pain Assessments is a required, longitudinal learning experience that takes place up to two days half-days per week, depending on the rotational block. Pain resource nursing staff and pharmacists meet one-on-one with patients in the acute care, inpatient psychiatry and CLC settings. The pharmacy resident will work alongside these team members to learn comprehensive assessments and to make pain management recommendations. Inpatient pain assessments are completed on an as needed basis with informal referrals from the team physician, nurse practitioner, nurse, or pharmacist. The pharmacy resident will also work alongside the Elder Veteran’s Prevention team (EVP), which is a consultation service constituting nurse practitioners, RNs and other providers. When possible, the pharmacy resident will follow along for patients that have epidurals or nerve blocks in place, but are not expected to write notes. Inpatient pain assessment plans will be written and verbally communicated with the team as appropriate. The resident will facilitate outpatient follow-up for pain management when needed to ensure transitions of care.

Inpatient Psychiatry: This is a required learning experience that takes place once weekly for 16 weeks. The purpose of this experience is to provide the resident with pharmacy experience for patients that have an acute psychiatric need that requires inpatient admission. The PGY2 pain management and palliative care pharmacy resident is responsible for contributing to daily sit down and working rounds, answering drug information questions, and completing pain assessments as indicated. Pain assessments are completed via chart view, patient interview and provider input. Notes should be completed the same day of the assessment. Specific recommendations should be communicated with the patient’s provider. The pain and palliative care pharmacy resident should be available as a resource to the other team members. The resident will facilitate outpatient follow-up as appropriate for patients that would benefit from ongoing contact with pain pharmacy. The purpose of the experience is to gain knowledge and understanding of complex issues related to intensive psychiatric management of Veterans and how pain

management fits in to this population. The recommendations will need to consider patient preferences, medical treatments, and possible side effects. With the limited experience, the pharmacy resident is not expected to become a psychiatric provider.

Integrated Care (IC) Clinic and Marie Pain Phone calls: This is a required, longitudinal learning experience that takes place over the course of the whole year that will be one-half to one and a half days per week, depending on the block. Marie (Dr. Navis, formerly Dr. Moser) is a pain pharmacist with a mental health background, who specializes in patients with highly comorbid pain and mood disorder. The IC service provides care for Veteran's mental health conditions in the primary care setting. IC located at the West Clinic, where many Madison VA Primary Care providers are located, to allow for collaborative practice with the primary care team. Marie is located at the Main Campus. A focus of the experience is communication and function as a member of an interdisciplinary team consisting of pharmacy residents, social work interns, and psychiatry residents. The PGY2 pharmacy resident will be involved in assessment of patients referred to the IC service, as well as the initiation and monitoring of pain management medications. In addition to addressing emergent pain and mental health issues, the resident will be involved in establishing treatment for alcohol use disorder and opioid use disorder within primary care. The clinical pharmacists within IC works in the outpatient service via telephone, clinic, and telehealth visits. The pharmacist will see patients in scheduled appointments or telephone unscheduled depression or alcohol care management visits. The pharmacist works with other team members to ensure that proper hand-off is needed in acute situations or when controlled substance prescriptions are needed.

The pharmacy resident will work with clinical pharmacists or with physicians (when the program director and preceptors agree that the resident is ready for independence) to complete the visits and document the plans. While not all patients in IC clinic have significant pain management concerns, the resident will develop a better understanding of how to treat common comorbid mental health conditions.

A vital portion of the IC experience is weekly, education seminars with the interdisciplinary team of trainees. Attendance and participation at each of the team seminars is required. Seminars will consist of didactic and case-based learning on topics relevant to primary care/behavioral health. Residents will additionally participate in role-playing activities, group discussions, and Wellness activities as a part of the weekly training. See email communication from Theresa Frey for information about participation in the Seminar. If the pharmacy resident has already completed the seminar series as a PGY1 at the Madison VA, attendance is optional.

Palliative Care Clinic: This is a required, longitudinal learning experience that takes place over the course of the whole year. The number of days will vary based on the block, but will be one-half day to one and a half days per week. The Madison VA Palliative Care Service consists of an interdisciplinary team of physicians, chaplains, pharmacist, nurse care manager, social worker, and psychologist. The outpatient palliative care service is intended for patients with life-limiting illnesses who are in need of symptom management, discussion of advanced care planning, goals of care, and help with placement/transition to hospice. The palliative care clinical pharmacy specialist primarily works with patients in the outpatient service via telephone and clinic visits, contacting patients newly consulted to the service for initial medication reconciliation, deprescribing, and symptom management, and contacting patients for follow-up of symptoms for medication adjustments. The pharmacist may order medications for symptom management and consult with the palliative physicians regarding controlled medications. The pharmacist reviews and may make medication adjustments for other disease states, such as diabetes, hypertension, and hyperlipidemia, often involving deprescribing efforts for less aggressive control. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-dose opioids. During inpatient rounds, the pharmacist will assist with medication recommendations, particularly opioid conversions, management of acute on chronic pain, and deprescribing for patients transitioning to hospice care. The pharmacist is also responsible for hospice medication reconciliation and clinical review for deprescribing for all Madison VA veterans admitted to community hospice agencies.

Peri-operative pain clinic (Kristen pain clinic): This is a required learning experience that may take place alongside inpatient assessments or stand alone, for up to 2 half days for 1 to 3 blocks depending on the resident's interest. The pharmacy resident will gain experience making pre- and post-op pain phone or video calls to veterans that are anticipating or have completed a painful surgical procedure, or patients who were hospitalized with acute pain. Visits include providing education to patients regarding pain expectations, risk mitigation, and developing patient-specific post-op pain management plans or following up on pain management following recent hospitalization or procedure. The pharmacist places medication orders, labs and other testing, consults and referrals for non-VA services. Notes may also be completed via chart-review and communicated with the surgical team if patients cannot be reached with scheduled or unscheduled phone calls. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-risk opioids.

PMOP (Pain management, opioid safety, and PDMP): This is a required learning experience that takes place over the course of one to two blocks, one-half day per week for approximately 16 weeks per block. The purpose of this learning experience is to provide the resident with the opportunity to function as the facility PMOP Coordinator to conduct chart reviews, opioid risk mitigation, review policy changes and lead team meetings. By completing this experience, the resident will be expected to fully understand the role of the PMOP coordinator, be familiar with population health tools, STORM dashboard and facility requirements set by OIG or JC. The resident will work closely with the PMOP RN, but will not be fully independent until RDP and preceptors agree that the resident is ready.

Practice Leadership and PGY2 Leadership development series: These are required longitudinal learning experiences that serves as a place for documentation of leadership skills, professionalism, and personal reflection. While there is no set day or time for the “practice leadership” experience, the resident and RPD or preceptor will meet in person (or via tele-health/phone if not on site) on regular intervals. Meetings with RPD will include time to review clinical topics of interest, reflect on experience progress, and ask questions. This will also provide time for the resident and preceptor/RPD to reflect on the professional and personal challenges of pain and palliative care. Meetings with other preceptors and resident leadership series will focus on leadership/management/clinical topics relevant to pain pharmacy practice, required residency items for completion, emotional intelligence, billing/fiscal impacts and creating a business plan.

The PGY2 Leadership Development Series is focused around four focus areas: foundations of leadership, wellness and resilience, profession career journey, and pharmacy service advancement. The sessions have been designed to address topics that impact both personal and professional growth throughout the PGY2 year and beyond. Sessions will be held one time per month at various dates and times to best accommodate schedules and last for 2-4 hours. The sessions will be interactive and require resident involvement and investment both during the sessions and outside of the structured meeting time. Residents can expect transparent and thoughtful conversations from those leading the sessions and those coordinating this series. Resident who successfully complete the series will receive a Leadership Development Certificate at the end of the residency year.

Research Project: This is a required, longitudinal experience over the course of the residency year. Successful completion of a research project is a requisite for attainment of a residency certificate. The purpose of the resident's project is to develop the resident's problem-solving skills, expose residents to research methodology, provide experience in oral presentation and manuscript writing. While it is not a requirement to submit for publishing, the manuscript should be written in the style of a medical journal. Research projects are expected to improve the pain and/or palliative care services that are provided at the facility. Residents will participate in the inverted research model for their project experience, which will require completion of a started project by January and starting a second project that will be handed off to the next residency class. For the second project, the resident will choose a primary preceptor for his/her residency project who will serve as the Primary Investigator for IRB approval if needed. Site Residency Research Coordinators will also support residents in identifying projects and staying on track with research deadlines. It is important to read and follow all communications sent out by the research committee.

Substance Use Disorder (SUD) Pain clinic: This is an elective learning experience that takes place over the course of 1-2 blocks, one-half day per week for approximately 16 weeks per block. The purpose of this learning experience is to provide the resident with the opportunity to manage patients that are high risk for traditional opioid use. This may include patients with co-occurring substance use disorders, substance use-related risk factors, or other health concerns that result in greater risk with the use of traditional opioids. In some cases, this may involve rotation to buprenorphine from traditional opioids, or using nonopioid strategies to manage pain in patients who are not candidates for buprenorphine or other opioids. As part of this team, the clinical pharmacist sees patients face to face, by phone, or by video to manage medications and perform appropriate assessments. The clinical pharmacist has prescriptive authority for controlled and non-controlled medications, labs, and consultations. The pharmacist does not serve as the long-term opioid prescriber, but will work with patients for single consultation/chart review, or for extended time as needed to successfully establish patient on the most appropriate opioid regimen.

Teaching experience: This is a required experience that will take place several times throughout the year. The University of Wisconsin-Madison School of Pharmacy has a class size of approximately 120-150 students in each year of the Doctor of Pharmacy Program. The school also supports a bachelors in pharmaceutical sciences and dual Doctor of Pharmacy Program/Master of Public Health program. The resident will facilitate a minimum of 4 half-day pharmacotherapy skills lab with the option of teaching a didactic lecture and other demonstrations for pain or SUD experiences. The preceptor for this experience is an associate professor at the University of Wisconsin- Madison School of Pharmacy. The PGY2 resident is responsible for coordinating teaching schedule with the preceptor and preparing for labs and lectures as needed. The resident will directly communicate with the school of pharmacy preceptor to ensure appropriate preparation. The purpose of this experience is to gain confidence in teaching pharmacy students, preparing/delivering lectures, and navigating pharmacy academia

Other learning opportunities include:

- Elective learning experiences available in neurology clinic, rheumatology clinic, emergency department or oncology clinic. Other experiences may be available based on resident preference. Duration of these experiences will be a maximum of once weekly for 8 weeks.
- Observations of physical therapy, occupational therapy, whole health, or wound care usually one day each.
- Participation at Controlled Substance Advisory committee, Pain Committee and Pain Resource Professional meetings which recur at regular intervals
- Participation in VA national Clinical Pharmacy Practice Office pain management subject matter expert workgroup

Special features:

Prescriptive authority: Residents will earn a facility scope of practice to order non-controlled medications, laboratory and diagnostic tests, and consults to other services.

Education series: Residents present journal clubs, patient cases, and disease state reviews to residents and preceptors. The resident will present minimum of two times throughout the year. Other opportunities for oral and written presentations are available.

Clinical instructor status: This program is associated with the University of Wisconsin—Madison School of Pharmacy, where residents serve as clinical instructors in pharmacotherapy lab with the option to present a didactic lecture.

Our commitment to Diversity, Equity, and Inclusion:

At the William S. Middleton Memorial Veterans Hospital, we are committed to fostering and sustaining an environment which celebrates diversity, provides equitable opportunities for employment and promotion, and supports inclusiveness in pharmacy culture. We embrace our differences as individuals and unite as a pharmacy team toward a common goal: to deliver optimal, patient-centered care for our nation's Veterans.

PGY-2 Pain Management and Palliative Care Pharmacy Residency Application Process:

Applicants must be a graduate of an American Council of Pharmaceutical Education accredited School of Pharmacy with a Pharm.D. degree, must be a U.S. citizen, and participate in an on-site interview. They must also have completed or currently be enrolled in an ASHP accredited PGY-1 residency. Applicants must have an aptitude and motivation for pain and/or palliative care. Some of the criteria considered in choosing residents include knowledge of professional practice, communication skills and ability to apply theory to practice, leadership ability, interest in the program, confidence, and maturity.

This program participates in the National Match Program and applications are submitted through PhORCAS. Please see PhORCAS for deadline information.

The application should include:

- A personal letter of intent
- Three professional references
- A copy of the curriculum vitae
- An official copy of pharmacy school transcript(s)
- VA form 10-2850D (Application for Health Professional Trainees- available upon request)



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