

# PGY1 Program Structure

Cone Health - The Moses H. Cone Memorial Hospital (program code 36300)

**Purpose Statement:** PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

The Moses H. Cone Memorial Hospital's PGY1 Residency Program structure incorporates the ASHP required competency areas as follows:

- R1: Patient Care—Orientation, Direct patient care learning experiences (Cardiology, Critical Care, Emergency Medicine, Infectious Diseases, Inpatient Medicine, Ambulatory Care), Pharmacy Practice, Practice Management, Medication Use Evaluation
- R2: Advancing Practice and Improving Patient Care—Research and Medication Use Evaluation
- R3: Leadership and Management—Practice Management
- R4: Teaching, Education, Dissemination of Knowledge—Direct patient care learning experiences, Teaching and Learning

Learning Experience	Duration	Comments
<b>Required Experiences</b>		
<b>Orientation</b>	<b>1 month</b>	Health System Orientation Residency Program Orientation Electronic Medical Record Training; Pharmacy Operations Training Drug Management Protocol & Clinical Staffing Training ACLS certification
<b>Cardiology</b>	<b>1 month</b>	
<b>Critical Care</b>	<b>1 month</b>	Medical Intensive Care Unit
<b>Emergency Medicine</b>	<b>1 month</b>	
<b>Infectious Diseases</b>	<b>1 month</b>	Antimicrobial Stewardship and ID Consult service
<b>Inpatient Medicine</b>	<b>1 month</b>	Internal Medicine Teaching Service or Family Medicine Teaching Service
<b>Ambulatory Care</b>	<b>1 month</b>	Resident will rank these options for the required Ambulatory Care rotation: Ambulatory Care: Cardiovascular Risk Reduction Clinic Ambulatory Care: Community Health and Wellness Clinic Ambulatory Care: Family Medicine Clinic Ambulatory Care: Heart Failure Clinic Ambulatory Care: Infectious Diseases Clinic Ambulatory Care: Population Health
<b>Pharmacy Practice</b>	<b>11 months</b>	Longitudinal for 11 months (August-June). Weekend staffing every 3 <sup>rd</sup> weekend with 8hr shifts on Saturday and Sunday starting after Orientation. Weeknight staffing one shift per week 5p-8:30p. Staff two major and one minor holidays. Staff six weekdays in December.
<b>Research</b>	<b>11 months</b>	Longitudinal for 11 months (August-June), including a dedicated research month in January or February, platform presentation at Southeastern Residency Conference, and 4hr scheduled research time every 3 <sup>rd</sup> Monday morning (after staffing weekend). Amount of time can vary throughout the year based on project scope but would expect a minimum of 16 hours/month in addition to dedicated research time.
<b>Teaching and Learning</b>	<b>12 months</b>	Longitudinal for 12 months (July-June). Amount of time can vary throughout the year based on presentation scope but would expect a minimum of 12 hours/month for presentation work and meetings with preceptors for evidence-based medicine curriculum and other educational presentations. Presentations include POEM, TOPIC, Grad Forum CE, UNCG Kinesiology Guest Lecture, and teaching at Pharmacy Tech Academy. Option available to complete UNC Teaching and Learning Certificate.
<b>Medication Use Evaluation</b>	<b>6 months</b>	Longitudinal for 6 months (July-December), including 1 week meeting attendance and poster presentation at ASHP Midyear Clinical Meeting. Amount of time can vary throughout the year based on project scope but would expect a minimum of 8 hours/month.
<b>Practice Management</b>	<b>11 months</b>	Longitudinal for 11 months (August-June). Includes dedicated office time during December to work on longitudinal assignments. Activities include leadership discussions, medication safety activities, Pharmacy & Therapeutics committee, CQI team participation, and resident administrative responsibility. Amount of time can vary throughout the year but would expect a minimum of 8 hours/month of project work, meeting participation, and preceptor discussions.

<b>Elective Experiences (3 total)*+</b>		
<b>Ambulatory Care Elective Options</b>		
Ambulatory Care: Cardiovascular Risk Reduction Clinic	1 month	
Ambulatory Care: Community Health and Wellness Clinic	1 month	
Ambulatory Care: Family Medicine Clinic	1 month	
Ambulatory Care: Heart Failure Clinic	1 month	
Ambulatory Care: Infectious Diseases Clinic	1 month	
Ambulatory Care: Population Health	1 month	
Hematology-Oncology	1 month	
Hematology-Oncology Advanced	1 month	May only be completed after Hematology-Oncology rotation is successfully completed.
Rheumatology Clinic	1 month	
<b>Inpatient Elective Options</b>		
Heart Failure Inpatient	1 month	Recommend not to complete until after required Cardiology rotation is successfully completed.
Heart Failure Stewardship	1 month	
Investigational Drug Service	1 month	
Internal Medicine & Advanced Precepting	1 month	
Neonatal Intensive Care Unit	1 month	
Neuro Critical Care	1 month	Recommend not to complete until after required Critical Care rotation is successfully completed.
Nutrition Support	1 month	
Obstetrics and Gynecology	1 month	
Palliative Care	1 month	Recommend not to complete until after required Critical Care and Inpatient Medicine rotations are successfully completed.
Pediatrics / PICU	1 month	
<b>Administration Setting Elective Options**</b>		
Medication Safety Elective	1 month	
Pharmacy Administration	1 month	
Pharmacy Administration Advanced	1 month	May only be completed after Pharmacy Administration is successfully completed.
<p><i>*If an elective is desired in another specialty area, consideration will be given to the development of such if preceptor availability, provider support, and other resources allow. A separate learning experience description will be developed for the rotation with the assistance of the resident. If the elective is to be in the same area of a required learning experience, the learning experience will be conducted at a more advanced level under a different learning experience description with different objectives and activities than the required learning experience. The resident will be expected to assist in developing this learning experience description.</i></p> <p><i>+No more than one-third (four months) of direct patient care learning experiences (required and elective) may focus on a specific disease state.</i></p> <p><i>**Residents are limited to two administration setting electives per year to ensure a minimum of two-thirds of the program is in direct patient care learning experiences.</i></p>		

**Sample Resident Schedule**

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Orientation</b>	X											
<b>Inpatient Medicine</b>		X										
<b>Infectious Diseases</b>			X									
<b>Elective #1</b>				X								
<b>Cardiology</b>					X							
<b>Critical Care</b>							X					
<b>Ambulatory Care</b>									X			
<b>Elective #2</b>										X		
<b>Emergency Medicine</b>											X	
<b>Elective #3</b>												X
<b>Pharmacy Practice</b>		X	X	X	X	X <sup>+</sup>	X	X	X	X	X	X
<b>Research<sup>**</sup></b>		X	X	X	X	X	X	X <sup>**</sup>	X	X	X	X
<b>Teaching and Learning</b>	X	X	X	X	X	X	X	X	X	X	X	X
<b>Practice Management</b>	X	X	X	X	X	X <sup>*</sup>	X	X	X	X	X	X
<b>Medication Use Evaluation</b>	X	X	X	X	X	X <sup>***</sup>						

**\*Dedicated longitudinal assignment time.**

**+Six additional weekdays of staffing.**

**\*\* Longitudinal for 11 months (August-June), including a dedicated research month in January or February.**

**\*\*\*Includes attendance at Midyear Meeting to present MUE poster.**