

CLEVELAND CLINIC
DEPARTMENT OF PHARMACY
PGY-1 COMMUNITY-BASED PHARMACY RESIDENCY #44045

Amy Gustafson, Pharm.D, BCACP
Residency Program Director

330-888-4122
gustafa@ccf.org

PGY1 Community-Based Pharmacy Residency Program Purpose: To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

Individualized Program Description

The Cleveland Clinic PGY1 Community-Based Pharmacy Residency Program offers advanced training in optimizing the care of diverse patient populations as they transition from a health system setting. Graduates of the program are prepared to provide advanced patient care services in the community pharmacy with independent, chain, and integrated health systems pharmacies. Completion of the teaching certificate program through NEOMED qualifies the residency graduate for assistant or clinical professorship through joint faculty with a college of pharmacy.

Program Structure

Training is concentrated on main campus Cleveland Clinic with exposure to regional outpatient pharmacies, anticoagulation clinic, and Employee Health Plan. The resident's hours are scheduled Monday through Friday 8:00 am to 6:00 pm with a Saturday staffing rotation and one major and minor holiday. Resident participation at after hour meetings is required for some learning experiences including EHP P&T Committee meeting. The program includes a teaching certificate through Northeast Ohio Medical University (NEOMED) College of Pharmacy with scheduled small and large group teaching environments at the Rootstown campus.

The residency is a longitudinal experience with focus on optimizing patient care through medication therapy management. Residents have regular weekly dispensing responsibilities alongside other clinical patient care experiences. The resident is expected to supervise, train, and direct technical staff and/or students to provide exceptional customer care and evidence-based medication plans.

Requirements for successful completion of residency

- Projects
 - Large project (Research or Quality Improvement)
 - New drug monograph & formulary recommendations (3-4)
 - Business plan for a new or enhanced service (1)
 - Collaborative practice agreement, standing order, or state-based protocol (1)
- Presentations
 - Resident conference (6): 3-25 minute, 1-50 minute, protocol defense & results
 - Community service/health events (8, divided quarterly)
 - Ambulatory Care Monthly (3, divided quarterly)
- Completion of Teaching & Learning Certificate Program (NEOMED)
- Meeting attendance & Large Project Presentation
 - State: Ohio College of Clinical Pharmacists (OCCP): Fall & Spring
 - National: American Society of Health-Systems Pharmacists (ASHP) December Midyear meeting or American Pharmacists Association (APhA) March Midyear meeting (resident's choice)

- The resident must achieve for residency (ACHR) all goals in R1. A resident may have only 1 goal in any one of the following domains (R2, R3, and R4) that is not achieved for residency. By the end of the program, there cannot be objectives that are rated as Needs Improvement. Resident must submit a manuscript suitable for publication and have completed all evaluations in PharmAcademic.
- See Successful Completion Checklist for itemized requirements for completion

Evaluation Strategy

- Beginning of residency: resident completes Pharmacademic entering interests and initial self-reflection
- Scheduled, written evaluations are conducted within Pharmacademic and include resident self-evaluation, preceptor evaluation of the resident, and resident evaluation of preceptor and learning experience
 - All evaluations are discussed in person between resident and preceptor, then cosigned by the residency program director
- End of residency: Pharmacademic final self-reflection and program specific exit interview documents are completed by resident and reviewed with program director

Program Structure

Residency program experiences include a combination of concentrated and longitudinal rotation experiences.

| Learning Experience | Duration (minimum) | Designation | Sequence during residency year |
|------------------------------------|---|-------------|--------------------------------|
| Orientation | 6 weeks | Required | June - July |
| Drug information | 2 weeks | Required | July |
| Introduction to Community Practice | 4-5 weeks | Required | August or September |
| Anticoagulation | 11 weeks | Required | First half of year |
| Primary Care | 14 weeks | Required | First half of year |
| Advanced Community Practice | Longitudinal, 1 day per week | Required | September through June |
| Specialty Pharmacy: Oncology | 5 weeks, 2 days/week | Required | First or second half of year |
| Employee Health Plan | 12 weeks, 1 day/wk | Required | Second half of residency year |
| HIV Ambulatory Care Clinic | 9 weeks ; 1.5 days/wk | Required | Second half of residency year |
| Transitional Care Management | 13 weeks, ~2 days/wk | Required | Second half of residency year |
| Ambulatory Management | Longitudinal, 2 days/month | Required | n/a |
| Teaching & Education | Longitudinal, 1-2 da/month | Required | n/a |
| Staffing | 15 Saturday shifts | Required | n/a |
| Large project | Longitudinal, 3-5 hrs/week ¹ | Required | n/a |
| Heart Failure Clinic | 9 weeks, 1 day/wk | Elective | Second half of residency year |

¹ Please note: projects, presentation preparation, and certain other activities will require you to invest time outside of a normal workday. This time is not scheduled as learning experience time.