



Frequently Asked Questions (FAQs) PGY1 Pharmacy Residency Program

1. What makes your program unique?

- a. Our coworkers! Our pharmacy department has a family (#pharmily) vibe. We care about each other and enjoy working together and spending time with one another even outside of the hospital. There is very little turn-over with pharmacists at CHI St. Vincent. We have had multiple pharmacists in our department retire after 40+ years of service.
- b. Our preceptors! We have two strong groups of preceptors at our organization. The core group has been with our organization since the inception of our program. They are dedicated to the success of our residents and our program since they helped build it from the ground up. We also have a large group of PGY2 trained pharmacists that contribute to the success of our program. Each PGY2 trained pharmacist was hired specifically to help our organization grow in their specialty (critical care and cardiology patient populations).
- c. Our program is truly focused on resident learning and success.
 - i. We very rarely (if ever) pull residents off rotation for immediate department needs, such as call-ins or staffing. Even in the height of COVID, our residents remained on their clinical rotations without interruption.
 - ii. Required rotations reflect this – we ensure that our residents are fully prepared to practice pharmacy independently in a community hospital.
- d. Our cardiology experiences! CHI St. Vincent has the largest group of cardiologists in Arkansas - We require Cardiology and Cardiovascular Critical Care learning experiences and highly recommend our Advanced Heart Failure and Pulmonary Arterial Hypertension elective to expose and train residents to care for the state's most complicated cardiology populations.
- e. Our high acuity patients! As a regional transfer center, (and according to Centers for Medicare Services, 2023) our organization takes care of the highest acuity patients in the state. We accept transfers every day from surrounding hospitals that lack the capacity to care for patients requiring high level care with complex disease states. After a year in our program, resident pharmacists are not only well equipped to take care of adult patients with the most complex disease states, but they are confident in doing so. That is something that not all programs can say.

2. How is your hospital different than a large academic medical center?

- a. Most hospitals in our nation are community-based hospitals, so the skills you learn at CHI St. Vincent will easily be put into play anywhere you choose to work, including large academic medical centers.
- b. Community hospitals allow for more interaction with attending physicians rather than residents/fellows.
- c. Multidisciplinary rounding groups are usually smaller in community hospitals.
- d. Community hospital pharmacists typically have a larger patient responsibility/load. Our residents are well prepared in time management and excel in busy nursing units and high stress environments as a result of their time at CHI St. Vincent.
- e. After completing our residency, our pharmacists are very high performing and need very little training to transition into a new organization. We receive regular feedback from organizations that have hired our residents about their high performing abilities. Past residents have also shared how much more prepared they are to work independently in an acute care setting as compared to their peers.

3. What are your staffing requirements?

- a. One evening per week 1730-2100
- b. One weekend per month
- c. No major holiday staffing (only Memorial Day and Labor Day are required)
- d. Residents staff for 4 weeks during high PTO time frames across the year.
 - i. One week around Thanksgiving.
 - ii. One week around Christmas.
 - iii. One week around New Year's Day.

iv. One week during Arkansas Spring Break.

4. What changes do you anticipate for the coming year?

- a. We just added a Transitions of Care elective so we are really excited to offer that to residents!
- b. We now require our Cardiovascular Critical Care rotation and we have extended our Antimicrobial Stewardship rotation to 4 weeks.
- c. As pharmacists retire, we are looking to hire more preceptors so that we can expand the residency program to provide more opportunities for electives and hopefully further down the road, expand to 3 resident positions.

5. What do you feel are the strengths of your program?

- a. Approachable Supportive Preceptors – students regularly say that our preceptors are the kindest, most helpful preceptors in the state. Our residents agree!
- b. Quiet office space for residents (with a window)!
- c. Exposure to unique patient populations – Pulmonary Arterial Hypertension and Advanced Heart Failure patients (especially those requiring a left ventricular assist device). Highest acuity patients in the state (according to Centers for Medicare Services, 2023).
- d. Decentralized model – clinical pharmacists have desk space on or near nursing units and in all critical care areas including the ED.
- e. Residency Program Director – Our RPD helped to start our program and she is very engaged in the success of our program and our residents. She makes time to regularly check in with our residents (weekly) to ensure their well-being both personally and professionally. Resident feedback is incorporated into the changes to our program from year to year.

6. What do you feel are the weaknesses of your program?

- a. No ambulatory care experiences. Although our pharmacists have regular interactions with patients and we have some LVAD clinic exposure in our Advanced Heart Failure and Pulmonary Arterial Hypertension learning experience, if ambulatory care is your passion, we will not be a good fit for your residency. That being said, one of our past residents is a Clinical Pharmacist Specialist in an Ambulatory Care setting at the VA in Oklahoma and she has done quite well in this setting so far.
- b. No Pediatric Patient Populations – CHI St. Vincent is an all adult hospital. If pediatric patients are your passion or you are interested in a PGY-2 in pediatrics, we will not be a good fit for your residency.

7. How do research projects work?

- a. RPD and Preceptors provide a list of projects for residents to choose from during the first week of the program.
- b. If residents have an idea for another project that would be feasible and beneficial to our patients, department, and/or organization, the RPD and Pharmacy Clinical Manager will explore the possibility of this project.
- c. A preceptor orients residents to the IRB process and helps them complete all the training necessary to participate in research.
- d. Depending on the project chosen, a research preceptor will be assigned who is familiar with the project scope and patient population.
- e. The assigned preceptor will also help to ensure that you complete your Research Certificate through UAMS College of Pharmacy. Participating in the Research Certificate program helps you stay on task with a timeline that allows for publication.
- f. Your project mentor/preceptor along with the RPD will be your co-investigators.
- g. You will present your results at a pharmacy residency conference (MidSouth in Memphis).

8. What teaching opportunities exist?

- a. Residents participate in the UAMS College of Pharmacy teaching certificate which requires multiple levels of teaching.
- b. Through the program, you will teach one lecture at the college of pharmacy of your choice.
- c. Residents are also required to serve as the primary preceptor for one APPE student (with additional opportunities if requested by the resident)
- d. Residents have longitudinal topic discussions with students allowing them to build their knowledge from month to month. Residents will have other opportunities to have topic discussions with students during rotations, as well.

- e. Residents will have teaching opportunities to multiple disciplines (nurses, respiratory therapists, etc.) during clinical rotations.

9. What presentations do residents do during your residency program?

- a. Two educational presentations for pharmacists (lunch-n-learn type presentations)
- b. Residents facilitate two journal clubs.
- c. Residents present a poster during AAHP Fall Seminar and ASHP Midyear Clinical Meeting
- d. In-services to Nurses
- e. Research plans and results are presented multiple times locally and at a pharmacy residency conference.

10. What are you looking for in a residency candidate?

- a. We are looking for someone who is an eager learner and who wants to be the best possible clinical pharmacist that they can be. It is easy to recognize these people by their interactions in showcases but that can be harder to see on a paper application.
- b. We want someone who is interested in our program and our experiences. We like to see that candidates have done their research on our program based on the questions they ask.
- c. We want a candidate that was very involved in school, maybe has some leadership experience, and overall appears well-rounded.
- d. Pharmacy work experience is a definite bonus as this shows that the student can maintain their GPA while working (and that they have real-world pharmacy experience).

11. How do required rotations and electives get scheduled?

- a. Residents' schedules are based on their goals and interests. Schedules are flexible and can change throughout the year based on your needs and desires.
- b. Electives are typically chosen early on in residency but they are scheduled toward the end of the residency so they can be altered based on residents interests as the year progresses.
- c. If you know you want to do a PGY2, we will stack your schedule to your benefit so that you will have good experience to speak from during interviews. If you want to do a PGY2 in critical care, for example, we will want to put you in critical care and possibly ED in the first half of your residency.

12. Does your program offer a mentor program? How does your program address burnout during the residency year?

- a. Yes! Residents rank preceptors based on preference for their mentor and we match them with a mentor for the year. The mentor and resident meet monthly. Those meetings are typically informal such as over a meal or coffee. A few times throughout the year, mentors/mentees meet to discuss specific topics that are beneficial to the resident such as career opportunities, death/dying, and second victim syndrome.
- b. Our residents meet one on one with our RPD every week to check in as to how clinical rotations and longitudinal projects are going. The RPD also chats with residents about how they are doing personally to gauge their level of resiliency or burnout and to address and intervene when necessary. Our RPD is a member of the pharmacy leadership team and she dedicates time weekly to ensure that adequate face to face time can occur with residents to ensure resident success.
- c. Co-residents almost always become best friends. You share an office and work together on projects.
- d. Your project preceptor or your orientation preceptor often naturally take on the role of unofficial mentor for our residents, but everyone in the department is truly so approachable and wants to see you succeed.
- e. Every month the residents and RPD plan a dinner or on/off campus activity for the residents and preceptors to participate in. Our residents and preceptors love this time together and we have some staple events that we do every year: End/Beginning of the Year Residency Dinner (Hello, Good Bye), Resident Scavenger Hunt, Escape Room, Christmas Party at RPD's House, and multiple dinner events.

13. Where do your residents end up post-residency? How many residents work at your organization after residency?

- a. Over 50% of past residents are still on staff within the market due to open positions from retirees and implementing new clinical services.
- b. RPD will help you find a job in your desired location.
 - i. Past residents have worked as: Clinical Pharmacy Specialists (ICU, ED, Ambulatory Care, and Oncology), Clinical Coordinator/Managers, Clinical Pharmacists, College of Pharmacy Faculty, Clinical Pharmacist Preceptors, and Residency Program Coordinators.