

Innovative Strategies to Increase Your Volume of Residency Training

Experience from the Field

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Methodist University Hospital (MUH)

- Flagship of the Methodist Le Bonheur Healthcare System (7 hospitals)
 - 500-bed facility
- Primary adult teaching hospital for the University of Tennessee
 - One of the largest Neuroscience programs in the nation
 - Transplant Institute specializes in solid organ transplants of the kidney, liver and pancreas
 - Regional Cancer Center



MUH Dept of Pharmacy

- Centralized distribution/ Sterile Products
 - Robotics for 24 hour cart fill
 - ADC for narcotics/ PRNs
- Integrated clinical/distributive decentralized services
 - Pharmacy satellites
 - PCAP (Patient Care Area Pharmacy Services)
- Clinical Pharmacy Specialists – 12 practice areas

MUH-Residency Programs Offered

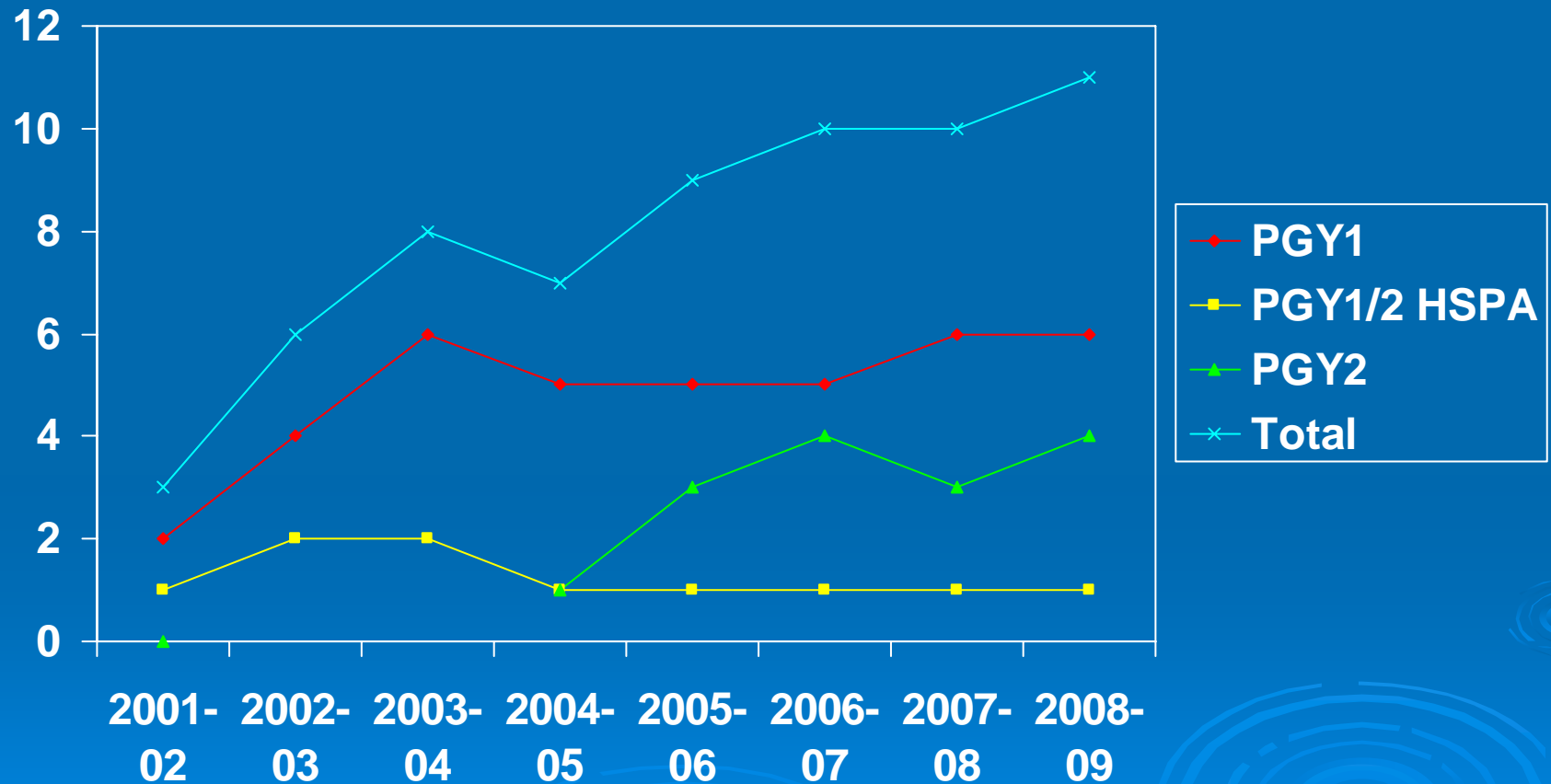
Programs in 2001-2002

- Pharmacy Practice
- Pharmacy Practice Management
- Drug Information

Programs in 2008-2009

- PGY1
- PGY1/2 Health-System Pharmacy Management
- PGY2 Internal Medicine
- PGY2 Solid Organ Transplantation
- PGY2 Oncology
- PGY2 Critical Care (Candidate status)

MUH – Number of Residents



How Have We Approached Increasing our Residency Programs and Positions?

➤ Funding

- CMS Funding - Grow PGY1 Program
- Industry Sponsored Grant – 1yr for PGY2 program

➤ Affiliation with College of Pharmacy

- Transition of college based programs to MUH
- Combined residencies (Drug Information)
- Funding options
 - Share Funding (PGY2)
 - Full Funding (PGY2)

➤ Addressing Organizational Needs and Priorities

- Patient care service needs
- Show value – Clinical Scorecard
- Recruiting - track retention of residents within system

Transition of College-Based Programs to MUH

- UT Bowld Hospital Closing
 - Solid Organ Transplantation
 - Internal Medicine
- Recruited hospital-based clinical specialists in TP supplemented by full-time faculty
- Addressed residency programs in contracts between hospital and college
 - Program oversight lies with the DOP of MUH
 - RPD can either be FT faculty or MUH specialist

Combined Two Residency Programs (DI)

- Two DI Programs in Memphis
 - UT College of Pharmacy Program
 - Traditional DI with no formal hospital affiliation
 - MUH Program
 - Med Policy with no formalized DI service
- Combined into 1 program
 - 1 RPD (MUH)
 - Residents split time between sites
 - 2 available positions (1 funded by each site)
 - Shared other program costs

Collaboration with COP for Funding

- Opportunities to collaborate to meet needs of both organizations
 - Experiential training needs - clerkships
 - Patient care needs of the hospital
- Share funding
 - Share the cost of the residents
- Full University funding
 - Enables college to obtain ongoing funding
 - Moved FTEs from hospital to college

Resident Clinical Scorecard (example)

	Dec	Jan	Feb
ADE Mgt	0	9	7
Protocol Mgt	26	33	2
Code Team	0	12	20
Med Rec	0	8	8
Rounds	0	21	20
DI	11	11	19
CMS	0	38	2
Opt Therapy	1	22	12
LOS Impacted	12	0	74
Money Saved	\$250	0	\$9803

Be Flexible

- Fill all available positions but mix may vary from year to year
 - Desires of current PGY1 residents for PGY2 training
 - Applicant Pool
 - RPD and preceptor turnover
- Periodically reconsider programs offered
 - Based on applicant pool
 - Based on organizational strengths
 - Based on patient care needs

Affects of Residency Growth on MUH

- PGY1 applicant pool has grown
- Increased % of PGY1 residents going on to PGY2 programs
- Deploy more resources in times of financial belt tightening
- Allowed us to move towards requiring residency training for new staff

Pharmacist Recruitment Requirements (2008)

- Clinical Decentralized Pharmacists
 - Minimum PGY1 Residency or significant experience
- Clinical Pharmacy Specialists
 - Minimum PGY1 + PGY2 Residency or significant experience
- Centralized Staff Pharmacists
 - Residency preferred

So for you to ponder.....

- Have you reached your PGY1 training capacity?
- Do you have opportunities to start PGY2 programs or grow your PGY2 programs?
- Are you requiring new pharmacists to be residency trained?