

Saint Alphonsus Regional Medical Center
PGY1 Pharmacy Residency Program
Frequently Asked Questions

- **Why did you pick Saint Alphonsus?**
 - **Kyle** – I chose Saint Alphonsus because of the culture. I was a part of this team throughout school as an Intern and knew I wanted to continue here. Saint Alphonsus is also the only level 2 trauma hospital in the area which was important for me. Beyond that, the electives they offer are in my areas of interest such as emergency, oncology, and perioperative.
 - **Garrett** – I chose Saint Alphonsus because it was a great fit for everything I was looking for in a residency. When choosing residencies to apply to, I targeted programs in the Pacific Northwest, hospitals with ~300 beds, and level 2 trauma centers. More importantly, I knew I would only rank places that I felt would support me during this tough residency year and would offer the experiences that aligned with my career goals. I can wholeheartedly say that the preceptors and program leadership at Saint Al's have been nothing but supportive and have given me every opportunity to succeed.

- **Do you feel like you have a good work-life balance? Does your RPD support this?**
 - **Kyle** – The team at Saint Alphonsus has done everything they can to make sure I am successful. They place a large emphasis on preceptors knowing all projects you have going on so that they can adapt the rotations if needed to meet your needs. I feel supported by the residency team here and would have no concerns about going to them to express any issues I am having.
 - **Jamie** – I feel like the entire Saint Alphonsus team has created an environment that encourages both professional growth and personal well-being through a positive workplace atmosphere as well as a good work-life balance. The amount of support received has been helpful in managing my work responsibilities and making friends outside of residency with fellow colleagues.

- **How many hours do the residents spend working per week including rotation hours and time spent outside of rotations working on projects?**
 - This varies by time of the year and from resident to resident. Most residents typically spend between 50-70 hours per week on rotation and working on projects combined.

- **Does the residency program work to incorporate the residents' interests into rotations and projects?**
 - Yes! There are a wide variety of electives to choose from and preceptors on required rotations will also work with residents to help focus on areas of improvement or areas of interest to help the resident get the most out of their experience.

- **What rotation have you enjoyed (or are looking forward to) the most so far?**
 - **Jamie** – I found my antimicrobial stewardship rotation to be highly rewarding. This area of practice allows pharmacists to make significant contributions to patient care by optimizing antibiotic use, minimizing resistance, reducing adverse effects, and engaging in teaching opportunities. Infectious disease requires critical thinking in developing therapy plans and emphasizes the importance of ongoing learning to remain current with guidelines and research. One of the most fulfilling aspects was the transition from initially treating infections based on the providers' diagnosis to independently managing patients through my own workup and offering alternate therapy plans during daily infectious disease rounds. At St. Alphonsus, the opportunity to practice at the top of our scope in managing infectious diseases is both admirable and fun.
 - **Lauren**- I really enjoyed my medical/surgery rotation. This area allows pharmacists to play an integral role in the patient's interdisciplinary team. Attending rounds allows pharmacists to make meaningful interventions to enhance patient care. Providers are also very pharmacy friendly and welcome input and inquire about interventions often. Pharmacists also play a significant role in direct management of therapies received by patients. We handle all vancomycin, heparin, warfarin, and TPN dosing through pharmacy consults. I also found it incredibly helpful that our program has residents complete this rotation within the first two clinical blocks as it provided a great baseline understanding of the processes and procedures pharmacists are responsible for.

One rotation I am really looking forward to my emergency medicine rotation. Saint Alphonsus Regional Medical Center is a Level II Trauma Center – and the only one in the region. The ability to provide this heightened level of care allows for a variety of learning opportunities. Additionally, this rotation allows residents to learn critical management skills under high intensity situations, providing invaluable experience.

- **What do you feel like you have gained from your residency experience so far?**
 - **Jamie** – Through my clinical experience thus far, I have improved my critical thinking and professional communication skills. I have also developed a stronger foundation in primary literature and guideline directed care which has improved my patient care and overall confidence in practicing pharmacy.
 - **Garrett** – Since the start of residency, my ability to analyze a patient case and individualize care based off patient specific factors has improved dramatically. I have had ample opportunities to build on my prior knowledge and apply my clinical skills in a setting where I am able to work at the top of my license. One of the most rewarding experiences has been the opportunity to participate in team-based care through daily rounds, offering recommendations to the providers of the hospital, and utilizing institutional protocols to optimize patient care.

- **What do your staffing shifts look like? Do you feel well supported while staffing?**
 - Staffing is required every fourth 3-day weekend during which the resident works in the central pharmacy in the first quarters of the residency and then on a satellite for the last quarter(s). Staffing starts out with training in the central pharmacy while working to learn the policies, procedures, and processes. Additionally, staff are readily available to help support the residents and to answer questions, particularly in the first few months.
 - **Kyle** – Staffing happens every fourth week. When we staff it's a Saturday, Sunday, and then Monday. When staffing you work in the central pharmacy and help verify orders, batches from the IV room, and generally facilitate the flow of medications from the main to the floors. The nice thing about staffing here is you get a trainer for your first few weekends, so you have someone who is there to support and help you become competent and comfortable before you start staffing on your own.
 - **Garrett** – The staffing schedule at Saint Al's is very resident friendly. It offers us multiple weekends off in a row to stay ahead, work on projects, or just decompress after the many duties and expectations trusted to us during our rotations. Although we are expected to staff independently after our first several training shifts are completed, we can feel comfortable knowing that we are never alone and will always have multiple pharmacists there to support us if needed.

- **What are resident longitudinal projects like?**
 - The residents' projects are focused on departmental process improvement and institution initiatives. We use a flipped research model where the incoming residents work on project data collection, analyzing and presentation at a National Conference and then during the second half of the year they develop a project and complete the IRB process for the next year's class to finalize.

- **Do the residents have scheduled time outside of rotations to work on projects?**
 - Residents do not have scheduled time outside of rotations to work on projects. However, most rotations offer time to complete project work assigned during that block. For example, both the MUE and monograph are completed during the required Pharmacy Administration rotation.

- **Are there opportunities for residents to precept and teach student pharmacists?**
 - There are opportunities for residents to work with the Idaho State University College of Pharmacy for guest lectures. Residents also have opportunities to precept pharmacy students on APPE rotations at Saint Alphonsus.

- **What types of presentations will be given throughout the year, and what type of audience do you typically present to?**
 - There are various opportunities for presentations. All the pharmacy residents from around the Boise area (~20) participate in the Boise Learning and Teaching forum where they present to each other on teaching/learning styles. This forum also helps facilitate additional teaching opportunities with Idaho State University (ISU) and with local pharmacy organization CE events. Presentations are also done at ASHP Midyear and Mountain States Conference. Each rotation may also require smaller presentations. There are also committee presentations required for select project work and many informal topic discussions and journal club opportunities with various rotation preceptors.

- **How does the program support residents that want to go on to do a PGY2?**
 - The program is very supportive of residents that want to apply to PGY2 programs. The director and coordinator work with residents to arrange their schedules and choose their projects based on their areas of interest to help them prepare for PGY2 applications. Several past residents have gone on to complete PGY2 programs in areas including oncology, infectious disease, ambulatory care, emergency medicine, and critical care.

- **Are there any changes to the residency program for next year that I should know about?**
 - The Saint Alphonsus residency program is dynamic and always working to incorporate feedback from preceptors and residents. Recent changes based on feedback include shifting rotation length from 5 to 6 weeks, continuing with the flipped research model and moving more of the program requirements for completion into select rotations (ex. Pharmacy Administration). No major changes have been identified for this next year but we did add a new elective rotation this year and a new required rotation this year based on resident and preceptor feedback.