Professional Development Experience: 
A learning activity for pharmacy residents

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A structured, planned visit of other residency training programs to expand the perspective of residents and practitioners can be a valued residency experience. The University of Kentucky is committed to providing time and resources to the Professional Development Experience (PDE), a visitation program that is a long-standing feature of our pharmacy residency training program. Although in the past this residency experience has been referred to as a road trip or residency trip, the PDE has evolved from simply time away from the primary residency site to a well-designed program that can enrich the experiences of residents from our institution and those of the host sites.

PDE goals. The PDE allows for the development of numerous pharmacy practice and practice-management skills and provides an extension of each resident's personal network in the pharmacy profession. Another PDE goal is facilitation and identification of other residency training and practice models suitable for integration into the home institution. This extramural educational opportunity is an essential component of our residency training program.

PDE process. Our institution provides ASHP-accredited postgraduate year-one (PGY1) and postgraduate year-two (PGY2) training in a variety of areas, including pharmacy practice, critical care, oncology, pediatrics, and primary care. On average, a total of 14 residency positions are offered each year. Separate PDEs are planned for the PGY1 and PGY2 classes. The separation of classes facilitates a bonding experience for the residents and minimizes the burden at host sites. Planning for the PDEs begins in August of each year, with travel dates occurring later in the fall. For each PDE, the residents are off-site for four to five days (two to three weekdays ending in a weekend).

While all PDE activities must be approved by our residency executive committee (REC), the residents are responsible for developing proposals for each visit. Each class (PGY1, PGY2) chooses two residents to serve as the PDE coordinators, who will lead in proposal development and planning. The initial proposal includes PDE dates and destinations and identifies a preceptor to accompany the residents. The final proposal is expanded to include travel details, daily agendas, and any necessary patient-care coverage or schedule alterations. PDE scheduling and site selection are important early steps in the planning process. Routine resident responsibilities, which include direct patient care, staffing, on-call coverage, and teaching, require careful planning to ensure these activities are successfully completed during each residency class's absence. The two PDEs cannot be scheduled for the same time period or conflict with other commitments, such as professional meetings, that may limit resident availability. Each PDE is planned for the fall, which is early enough in the residency year to allow sufficient time for residents to conduct planning and proposal development and to begin building professional relationships with other practitioners they may encounter at future meetings and professional functions (e.g., ASHP Midyear Clinical Meeting, American College of Clinical Pharmacy Annual or Spring Meeting).

Site selection. Traditionally, three sites to visit are selected, which may include teaching institutions with small or large residency programs, specialty hospitals, and private or public institutions. The choice of sites is largely influenced by the residents' practice interests. The programs usually chosen are those with

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innovative practice models or technology and medication safety advancements. The location of potential programs is also evaluated, since the sites should be within an eight-hour driving distance, if possible. The two current classes of residents should not visit the same site or those recently visited by previous residents (within the past two years). Residency programs or institutions in which the current residents were educated or trained are also discouraged from consideration.

Accompanying preceptor. In addition to identifying the dates of travel and destinations, each residency class selects a preceptor to accompany it on the PDE. This preceptor facilitates discussion and assists the residents in identifying aspects of host-site-specific practices that are unique and may advance pharmacy services at our institution. A resident group accompanied by a preceptor is often treated with higher esteem by host sites and conveys the commitment our program has to the PDE process. The preceptor selected should not have accompanied a PDE group in the previous two years, thus enabling a variety of preceptors to participate in the activity, network, and build stronger relationships with the residency class.

Developing the agenda. The residents typically depart for their PDE on a Wednesday, with the afternoon and evening spent traveling to the first site. Thursday and Friday are the site visitation days, with approximately half of the day devoted to each of the three sites. Before contacting the programs to develop the visitation schedule, the PDE coordinators discuss with the residency class site-specific aspects they wish to experience during the visit. Initial communication with each of the three sites is then made by either the director of pharmacy or a preceptor with a contact at the host site. Once the host sites have agreed to the visit, detailed planning ensues.

Though the final PDE agenda is developed by each respective host site, in conjunction with our PDE coordinators, a proposed itinerary is sent to each host program before the visit. This makes the host site aware of any time constraints surrounding the visit and aspects of the program that the residents would like to discuss or experience. In addition, the proposed itinerary is constructed to allow for adequate time to interact with the current residents, preceptors, and staff at the host site. Specific agenda items common to the PDE include, but are not limited to, background and features of the residency programs, a facility tour, patient-care operations dealing specifically with pharmacy (whether distributive or clinical provisions of pharmaceutical care), and the use of technology (e.g., bar coding, robotics, decentral automation). Another beneficial activity is a roundtable discussion that allows participants to talk about contemporary pharmacy practice issues. These discussions usually center around drug-use policy, pharmacy operations, and cost-containment initiatives. This proposed agenda is reviewed internally by the REC before its distribution to the host sites. The REC may suggest any pertinent changes in the agenda; those made in the past generally were based on the knowledge its members had of host programs. The final proposal is typically submitted to the REC in early September for review and to allow for suggested changes in time for travel in late October or early November, with a detailed final agenda submitted to the committee prior to travel.

Ensuring coverage. To provide time away from our institution during the PDE, yet still adhere to the requirements of the program, two days of professional leave are allocated to each resident. Each resident works with his or her preceptor to determine if another pharmacist is needed to provide patient care during the resident’s absence. The resident on-call schedule may also need to be altered to ensure that residents not attending the PDE are scheduled to provide on-call services for those participating in the PDE. Pharmacy residents’ operational duties must also be planned well in advance of the actual PDE because resident shifts are incorporated into the entire departmental staffing schedule. Therefore, coordinators of the resident staffing schedules must be informed of the PDE dates approximately eight weeks in advance of travel.

Funding. Funding for the PDE, which includes travel expenses for all participants and other expenses the preceptor incurs, is allocated annually from the departmental budget. However, other expenses the residents may incur (e.g., lodging, meals) are not reimbursed by the department. This practice follows the departmental philosophy of professional-leave cost sharing, which contends that participants in activities requiring professional leave are more likely to be committed to the activity and their personal development if they are financially invested. Traditionally, PDE transportation has been provided through university car rentals. However, air transportation was used for a recent PDE, as the destination was more distant (i.e., more than 500 miles or eight hours of driving time). Residents may augment departmental reimbursement for these additional travel expenses by completing additional distributive shifts (within duty-hour limits5) or they may personally pay the extra costs. An estimated budget for expenses and for airline tickets and automobile rentals must be made by the PDE coordinators. The coordinators must also identify and reserve suitable lodging at every destination.

Sharing experiences. Upon return from the PDE, each residency class must share its experiences with other residents, pharmacy staff, and preceptors. This is primarily ac-
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complished by delivering a formal pharmacy grand rounds presentation, complete with photographs taken during the PDE and personal accounts. The presentation lasts approximately 30–45 minutes and focuses on each host program’s residency structure, pharmacy operations and resource allocation, and the use of technology in patient care. By sharing these PDE experiences and how these aspects of pharmacy practice at the host site facilitate patient care, discussion and reflection on current practices at the University of Kentucky may lead to suggestions for further implementation of technology or other practice changes.

PDE evolution. The structure of our PDE has evolved during the past 10–15 years. In the past, our residency training was offered as a two-year program. At that time, only PGY2 residents engaged in an off-site visitation, which was known as a residency road trip. The program generally lasted seven days and had no defined requirement for idea dissemination or presentation upon the residents’ return. As the residency model changed to stand-alone pharmacy practice and specialized residencies, the residency trip was maintained for the latter group. However, a few years later, a visit to a single residency site was incorporated for pharmacy practice residents. As our residency programs continued to evolve, so did our philosophy toward the residency class trip. The term PDE was introduced, the structure of the activity changed, and its duration was shortened to maximize the benefits to the residents and department while eliminating the perception that the activity was merely a road trip.

Benefits of the PDE. Incorporating an activity similar to our PDE may be of value to other residency programs. Several practice management skills are needed for the residents to plan and coordinate the learning experience. Proposal development, budget preparation, and communication with pharmacy professionals at each host site are but a few of the activities residents will engage in. The planning timeline must be followed, necessitating residents to proactively identify and assemble key components of their PDE proposal. Because each PDE is attended by a number of residents, those participating must gain consensus on their desired site destinations and proposed travel itinerary.

Onsite visitation of other health-system pharmacy practices offers our residents the opportunity to identify other models of pharmacy practice and approaches to integrating pharmacy operations and residency training. Exposure to other institutions’ pharmacy departmental goals and philosophy of practice, as well as medication-use policies and drug-delivery systems, is also of value. Residents often directly observe the approaches pharmacy practice leaders take to integrate technology into pharmacy operations to ensure a safe and effective medication-use system. They particularly enjoy discussing key professional matters with practice managers. These and other interactions throughout the PDE process further promote the development of advanced communication skills. In addition to contacting host sites and preparing written proposals and itineraries, residents must effectively exchange ideas with practitioners at each site and follow up with expressions of gratitude to the hosts. The oral summary presentation of the PDE, which includes observations and potential ideas for integration at our practice site, is the culminating communication activity for the PDE. A review of recent PDE programs at our institution can be found on our residency Web site: www.mc.uky.edu/pharmacy/residency/PDE/trips.html.

Through the group PDE activity, our residents gain a greater sense of camaraderie and improve their teamwork abilities. They also generally return enthusiastic and energized from a break in the residency training routine.

Our residency training program and practice site also benefit from the PDE. The residents gain insight and make observations after interacting with other practice leaders, promoting the identification of other approaches to health care dilemmas. We have made several drug-policy changes because of ideas our residents have brought to us following their PDEs. Residents also often identify residency training approaches that could be incorporated into our own program.

We also see benefits of the PDE process in recruiting future residents. The opportunity to visit other training sites and engage practice leaders in meaningful discussions is an attractive feature for many residency candidates. In addition, a number of our candidates were recommended to us by their preceptors or by faculty members who served as site hosts and interacted with our residents in previous PDEs. Such recommendations are helpful in affirming the value of the PDE to our current and future residents.

Conclusion. Structured visits to other residency training programs help expand the professional perspective of residents and practitioners and benefit their residency training sites.

References