

PGY2 Pain Management and Palliative Care Pharmacy Residency

William S. Middleton Memorial VA Hospital in Madison, WI



PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, when available.

The resident will develop clinical skills to become a pharmacist provider in the areas of chronic pain management, acute on chronic pain management, palliative and hospice care, opioid stewardship, and pain management with comorbid mental health conditions. It is anticipated that future goals of prospective residents would include becoming a clinical specialist with board certification (when available). Additional teaching opportunities exist to become adjunct clinical faculty at the University of Wisconsin-Madison School of Pharmacy.

The resident will provide patient care as a member of several different interprofessional teams. The resident will assume responsibility for the care of patients and take an active, direct role in patient care. In addition, the resident will write progress notes for patients they assess and are granted prescribing authority under scope of practice protocol. Residents also have authority to order laboratory and other diagnostic tests, consult other services when indicated, and develop therapeutic and monitoring plans for patient follow-up.

This program is accredited by the American Society of Health-System Pharmacists, according to the ASHP Accreditation Standards for Pharmacy Residency Programs.

This residency is designed to develop skills in the following areas:

- Patient assessment
- Interprofessional relationship building
- Leadership skills
- Pharmacologic and non-pharmacologic treatment options for pain management, palliative care, and mental health
- Teaching and precepting skills
- Patient and interdisciplinary education
- Improve patient safety outcomes related to pain management and palliative care

To develop the above skills, the resident will have the following required learning experiences. The residency year is divided into three blocks, with each block 16-17 weeks (the first two weeks of the residency consist of orientation). The block may be divided in half into part A and part B to facilitate additional elective experiences.

Addictive Disorders: This learning experience takes place for one-half day per week for one block and is split between suboxone clinic and general outpatient substance use disorders clinic. The addictive disorders treatment program (or ADTP clinic) sees outpatients with mental health and addictions concerns to provide the appropriate medication and non-pharmacological treatments. There are many team members within the clinic including social workers, psychologists, psychiatrists, nurse practitioners, addictions counselors, occupational therapists, addictions fellows, second year psychiatry residents, a clinical pharmacist and the PGY2 pharmacy residents. As part of this team, the clinical pharmacist sees patients face to face to manage medications and perform appropriate assessments. The clinical pharmacist has prescriptive authority for controlled and non-controlled medications, labs and consultations. The purpose of the experience is to gain knowledge and understanding of addictive disorders and their treatment in the outpatient setting and the complexities of pain management in this population.

Chronic pain clinic This is a required learning experience that takes place over the course of the whole year. The number of days will vary based on the block, but will be one-half day to two days per week. The Chronic Pain Clinic is intended for the management of chronic pain that is unable to be resolved in the primary care clinics. There are three parts within this experience including multidisciplinary pain clinic team visits, Dr. Ebert clinic visits, and pain pharmD phone visits. The clinical pharmacist is responsible for managing medications and carrying out the treatment plan for patients that have been consulted to the multidisciplinary clinic or pain pharmD clinic. There is not currently a clinical pharmacist staffing with the Dr. Ebert clinic. Therefore, Dr. Ebert's clinic cannot be started by the resident until the program director and preceptors feel that the resident is ready for independence.

Chronic pain team clinic: The team atmosphere will facilitate learning and sharing of ideas, explaining the findings of imaging and physical exams, and rationale for treatment plans. The expectation is that patients are reviewed prior to the visit and that one team member will be the

“leader” during the visit. Each team member will contribute to the patient interview, assessment and clinical decision making. The plan will be presented to the patient in writing and each team member will document with a separate note in the patient chart.

Pain PharmD Phone visits: The pain clinic pharmacist receives consults from primary care, specialty clinics, or pain clinic. The pharmacist can provide recommendations and/or follow patients longitudinally to coordinate and manage their pain treatments. The pharmacist places medication orders, labs and other testing, consults and referrals for non-VA services. The pharmacist has phone/video appointments on Mondays, Wednesday afternoons and Fridays, in-person visits can be scheduled on these days as well, but visits are more rare and need to be coordinated with other clinic staff. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-risk opioids.

Dr. Ebert Pain Clinic: The pharmacy resident works directly with Dr. Jerome (Jerry) Ebert to see face to face visits. This clinic is for patients that are seen in follow-up or have fewer complexities that would not necessarily require the multidisciplinary clinic visit. Dr. Ebert is a physiatrist (a non-surgical orthopedics rehabilitation specialist) who sees patients for both initial and follow-up visits, for management of chronic pain that is unable to be resolved in the primary care setting. Because this is a consult service, only a few orders are placed (procedures, injections, therapies, and occasional medication orders), and the primary care physicians are responsible for implementation of most changes to the patient’s therapy. When approved for independent practice, the resident will order medications and schedule telephone follow-up with the pain clinic pharmD when indicated. Resident-led visits will involve an independent patient assessment, discussion with Dr. Ebert, then resident will observe Dr. Ebert completing the physical exam and in-clinic procedures and co-develop plan.

CLC and Acute Hospice: The Community Living Center (CLC) and acute hospice is a required learning experience that takes place one-half day weekly for one block. The purpose of this experience is to provide the resident with pharmacy experience for patients that have pain management concerns in the rehab-care setting and monitoring of patients nearing end of life in the acute hospice setting. The Madison VA Community Living Center (CLC) is a 26-bed facility that cares for patients who are no longer acutely ill, but have continued needs for skilled nursing, rehabilitation, or hospice care. This experience will allow the resident to gain skills in managing pharmacotherapy for the patients staying in the CLC, to develop independent judgment and accountability, and to improve the verbal and written communication skills necessary to be an effective clinical pharmacy practitioner part of an interdisciplinary team. The PGY2 pain and palliative care pharmacy resident will focus on acute pain, acute-on-chronic pain, and end-of-life situations. The resident will be assigned initial and 30-day medication reviews for appropriate patients. The resident will document pain consults and opioid stewardship activities that are completed. The resident will be a pain management resource for the other team members. Pain consults are completed via chart review, patient interview and provider input and communicated directly with the care team. When possible, the resident will round with the Nurse Practitioner and work in the office with the providers.

Formulary Experience: This is a required learning experience that ultimately takes place over the whole residency year. This experience provides projects for the resident related to the hospital formulary and electronic health record system (CPRS). The resident will ensure that current order sets and prescriber guidance tools for pain management are up to date and suggest needed changes to the formulary manager. The resident will also participate in a medication use evaluation regarding a pain or opioid related treatment and complete a formulary related project. The resident will become familiar with the formulary status of commonly used pain medications and ensure that providers utilize them correctly. The resident will monitor use of naloxone to assess for opioid ADRs such as sedation and respiratory depression. Any medication events that are related to pain medication use will be evaluated by the resident. Projects will be completed by the end of the residency year.

Inpatient Pain Stewardship and Consult Service: This is a required, year-long learning experience that takes place up to two days half-days per week, depending on the rotational block. Pain resource nursing staff and pharmacists meet one-on-one with patients in the acute care, inpatient psychiatry and CLC settings. The pharmacy resident will work alongside these team members to learn comprehensive assessments and to make pain management recommendations. Inpatient pain consults are completed on an as needed basis with informal referrals from the team physician, nurse practitioner, nurse, or pharmacist. The pharmacy resident will also work alongside the Elder Veteran’s Prevention team (EVP), which is a consultation service constituting nurse practitioners, RNs and other providers. When possible, the pharmacy resident will follow along for patients that have epidurals or nerve blocks in place, but are not expected to write notes. Inpatient pain management plans will be written and verbally communicated with the team as appropriate. The resident will facilitate outpatient follow-up for pain management when needed to ensure transitions of care. The resident is also expected to provide pain stewardship by reviewing patients that have high opioid usage, ensure appropriate monitoring is in place, and provide appropriate risk mitigation prior to discharge.

Inpatient Psychiatry: This is a required learning experience that takes place one half day weekly for one block. The purpose of this experience is to provide the resident with pharmacy experience for patients that have an acute psychiatric need that requires inpatient admission. The resident is responsible for contributing to daily sit down and working rounds, answering drug information questions, and completing pain assessments as indicated. Pain assessments are completed via chart view, patient interview and provider input. Notes should be completed the same day of the assessment. Specific recommendations should be communicated with the patient’s provider. The resident should be available as a pain management resource to the other team members. The resident will facilitate outpatient follow-up as appropriate for patients that

would benefit from ongoing contact with pain pharmacy service. The purpose of the experience is to gain knowledge and understanding of complex issues related to intensive psychiatric management of Veterans and how pain management fits in to this population. The recommendations will need to consider patient preferences, medical treatments, and possible side effects. With the limited experience, the pharmacy resident is not expected to become a psychiatric provider.

Outpatient Mental Health: This is a required learning experience that takes place over the course of the whole year that will be one-half to one and a half days per week, depending on the block and has three components. MH Pain clinic is primarily a phone clinic that follows patients with highly comorbid pain and mood disorders to develop pain management and mental health care plans. The Integrated Care (IC) service provides care for Veteran's mental health conditions in the primary care setting. IC is located at the West Clinic, where many Madison VA Primary Care providers are located, to allow for collaborative practice with the primary care team and seeing patient face to face, over the phone, or video. The resident will be involved in assessment of patients referred to these services, as well as the initiation and monitoring of pain management medications. In addition to addressing emergent pain and mental health issues, the resident will be involved in establishing treatment for alcohol use disorder and opioid use disorder within primary care. While not all patients in IC clinic have significant pain management concerns, the resident will develop a better understanding of how to treat common comorbid mental health conditions.

The third component of the Outpatient Mental Health experience is weekly, education seminars with the interdisciplinary team of trainees. Attendance and participation at each of the team seminars is required and if missed the resident will be responsible for completing the activities. Seminars will consist of didactic and case-based learning on topics relevant to primary care/behavioral health. Residents will additionally participate in role-playing activities, group discussions, and Wellness activities as a part of the weekly training.

Pain SUD Clinic: This is a required learning experience that takes place one-half day weekly for one block. The purpose of this learning experience is to provide the resident with the opportunity to manage patients that are high risk for traditional opioid use. This may include patients with co-occurring substance use disorders, substance use-related risk factors, or other health concerns that result in greater risk with the use of traditional opioids. In some cases, this may involve rotation to buprenorphine from traditional opioids, or using nonopioid strategies to manage pain in patients who are not candidates for buprenorphine or other opioids. As part of this team, the clinical pharmacist sees patients face to face, by phone, or by video to manage medications and perform appropriate assessments. The clinical pharmacist has prescriptive authority for controlled and non-controlled medications, labs, and consultations. The resident works alongside the clinical pharmacist to complete patient visits and order treatments per scope of practice.

Palliative Care Clinic: This is a required learning experience that takes place over the course of the whole year. The number of days will vary based on the block, but will be one-half day to one and a half days per week. The Madison VA Palliative Care Service consists of an interdisciplinary team of physicians, chaplains, pharmacist, nurse care manager, social worker, and psychologist. The outpatient palliative care service is intended for patients with life-limiting illnesses who are in need of symptom management, discussion of advanced care planning, goals of care, and help with placement/transition to hospice. The palliative care clinical pharmacist provider primarily works with patients in the outpatient service via telephone and clinic visits, contacting patients newly consulted to the service for initial medication reconciliation, deprescribing, and symptom management, and contacting patients for follow-up of symptoms for medication adjustments. The pharmacist may order medications for symptom management and consult with the palliative physicians regarding controlled medications. The pharmacist reviews and may make medication adjustments for other disease states, such as diabetes, hypertension, and hyperlipidemia, often involving deprescribing efforts for less aggressive control. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-dose opioids. During inpatient rounds, the pharmacist will assist with medication recommendations, particularly opioid conversions, management of acute on chronic pain, and deprescribing for patients transitioning to hospice care. The pharmacist is also responsible for hospice medication reconciliation and clinical review for deprescribing for all Madison VA veterans admitted to community hospice agencies. Lastly, the pharmacist manages an Opioid Dashboard to facilitate opioid prescribing within palliative care and oncology clinic, looking for therapeutic interventions with regards to opioids for pain management.

Peri-operative pain clinic: This is a required learning experience that may take place alongside inpatient consults or stand alone, one-half day per week for one block. The pharmacy resident will gain experience making pre- and post-op pain phone or video calls to veterans that are anticipating or have completed a painful surgical procedure, or patients who were hospitalized with acute pain and would benefit from a transitions of care visit. Visits include providing education to patients regarding pain expectations, risk mitigation, and developing patient-specific post-op pain management plans or following up on pain management following recent hospitalization or procedure. The pharmacist places medication orders, labs and other testing, consults, and referrals for non-VA services. Notes may also be completed via chart-review and communicated with the surgical team if patients cannot be reached with scheduled or unscheduled phone calls. The pharmacist is also involved in population management activities, including review of appropriateness to prescribe naloxone for patients on high-risk opioids.

PMOP (Pain management, opioid safety, and PDMP): This is a required learning experience that takes place over the course of 1-2 blocks, one-half day per week. The purpose of this learning experience is to provide the resident with the opportunity to function aside the facility PMOP

Coordinator to conduct chart reviews, opioid risk mitigation, review policy changes and lead team meetings. By completing this experience, the resident will be expected to fully understand the role of the PMOP coordinator, be familiar with population health tools, STORM dashboard and facility requirements set by the national VA, VISN Pain Committee, OIG and Joint Commission. The resident will work closely with the PMOP registered nurse, but will not be fully independent until RDP and preceptors agree that the resident is ready.

Practice Leadership: These are required learning experiences that serves as a place for documentation of leadership skills, professionalism, and personal reflection. While there is no set day or time for the “practice leadership” experience, the resident and RPD or preceptor will meet in person (or via tele-health/phone if not on site) on regular intervals. Meetings with RPD will include time to review clinical topics of interest, reflect on experience progress, and ask questions. This will also provide time for the resident and preceptor/RPD to reflect on the professional and personal challenges of pain and palliative care. Meetings with other preceptors and resident leadership series will focus on leadership/management/clinical topics relevant to pain pharmacy practice, required residency items for completion, emotional intelligence, billing/fiscal impacts and creating a business plan. The resident is expected to apply for and maintain a scope of practice (to order non-controlled medications, labs, and consults) as part of their professional development.

Professional Advancement and Leadership series: This is a required experience throughout the residency year which aims to cultivate PGY2 residents with personal, professional, and leadership traits to become inspirational mentors and leaders in the community of pharmacy. Residents will participate in 2-hour monthly sessions facilitated by preceptors, management, or their peers. Topics of discussion will fall under one of four domains including: foundations of leadership, wellness/resilience, career development, and pharmacy service advancement. A series of two half-day interactive workshops or one full day interactive workshop will focus on critical components of ambulatory care practice advancement, both within the VA and in the private sector. Residents who successfully complete the series will receive a PGY2 Professional Advancement and Leadership Series Certificate.

Research Project: This is a required experience that takes place over the course of the residency year. Successful completion of a research project is a requisite for attainment of a residency certificate. The purpose of the resident's project is to develop the resident's problem-solving skills, expose residents to research methodology, provide experience in oral presentation and manuscript writing. While it is not a requirement to submit for publishing, the manuscript should be written in the style of a medical journal. Research projects are expected to improve the pain and/or palliative care services that are provided at the facility. Residents will participate in the inverted research model for their project experience, which will require completion of a started project by January and starting a second project that will be handed off to the next residency class. For the second project, the resident will choose a primary preceptor for their residency project who will serve as the Primary Investigator for IRB approval if needed. Site Residency Research Coordinators will also support residents in identifying projects and staying on track with research deadlines.

Teaching: This is a required experience that will take place one to three times throughout the year depending on resident interest. The University of Wisconsin-Madison School of Pharmacy has as class size of approximately 120 students in each year of the Doctor of Pharmacy Program. The school also supports a bachelors in pharmaceutical sciences and dual Doctor of Pharmacy Program/Master of Public Health program. The resident will facilitate a minimum of one week (5 half-days) and up to three weeks (half days) of pharmacotherapy skills lab for second and third year pharmacy students, with the option of teaching a didactic lecture and other demonstrations for pain or SUD experiences. The preceptor for this experience is an associate professor at the University of Wisconsin- Madison School of Pharmacy. The PGY2 resident is responsible for coordinating teaching schedule with the preceptor and preparing for labs and lectures as needed. The resident will directly communicate with the school of pharmacy preceptor to ensure appropriate preparation. The purpose of this experience is to gain confidence in teaching pharmacy students, preparing/delivering lectures, and navigating pharmacy academia.

Other learning opportunities include:

- Elective learning experiences available in neurology clinic, rheumatology clinic, hematology and oncology clinic, or academic detailing. Other experiences may be available based on resident preference and preceptor availability. Duration of these experiences will be a maximum of once weekly for one block.
- Observations of physical therapy, occupational therapy, whole health, or wound care usually one day each.
- Participation at Controlled Substance Advisory committee, Pain Committee and Pain Resource Professional meetings which recur at regular intervals
- Participation in VA national Clinical Pharmacy Practice Office pain management subject matter expert workgroup

Special features:

Prescriptive authority: Residents will apply for and maintain a facility scope of practice to order non-controlled medications, laboratory and diagnostic tests, and consults to other services.

Education series: Residents present journal clubs, patient cases, and disease state reviews to residents and preceptors. The resident will present minimum of two times throughout the year. Other opportunities for oral and written presentations are available.

Clinical instructor status: This program is associated with the University of Wisconsin—Madison School of Pharmacy and has access to the resources at the University.

Our commitment to Diversity, Equity, and Inclusion:

At the William S. Middleton Memorial Veterans Hospital, we are committed to fostering and sustaining an environment which celebrates diversity, provides equitable opportunities for employment and promotion, and supports inclusiveness in pharmacy culture. We embrace our differences as individuals and unite as a pharmacy team toward a common goal: to deliver optimal, patient-centered care for our nation's Veterans.

PGY-2 Pain Management and Palliative Care Pharmacy Residency Application Process:

Applicants must be a graduate of an American Council of Pharmaceutical Education accredited School of Pharmacy with a Pharm.D. degree, must be a U.S. citizen, and participate in a virtual interview. They must also have completed or currently be enrolled in an ASHP accredited PGY-1 pharmacy residency. Applicants must have an aptitude and motivation for pain management and/or palliative care. Some of the criteria considered in choosing residents include knowledge of professional practice, communication skills and ability to apply theory to practice, leadership ability, interest in the program, confidence, and maturity.

This program participates in the National Match Program and applications are submitted through PhORCAS. Please see PhORCAS for deadline information.

The application should include:

- A personal letter of intent
- Three professional references
- A copy of the curriculum vitae
- An official copy of pharmacy school transcript(s)
- VA form 10-2850D (Application for Health Professional Trainees- available upon request)



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