

Residencies 101



AUSSHP

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What is a Residency?

- A residency is a formal, educational, hands-on program that allows you as a pharmacist to participate in various patient care areas and sharpen your knowledge and skills.
- 1 year in length
- Salary and benefits offered

What is the Purpose of a Residency?

- Postgraduate year one (PGY1) pharmacy residency:
 - To prepare pharmacists for practice with experience in a variety of areas
- Postgraduate year two (PGY2) pharmacy residency
 - To prepare pharmacists to practice in a specialty area

What Will a Residency Do for You?

- Provides you a competitive advantage in the job market
- Aids in promotion
- Provides networking opportunities
- Assists with career planning
- Helps you achieve your professional vision

History of Residencies

- 1930s: Formation of pharmacy residencies
 - Primary purpose was to train pharmacists in hospital pharmacy management.
- 1948: ASHP developed standards for pharmacy internships in hospitals.
- 1962: ASHP established an accreditation process and standards for residencies in hospital pharmacy.

History of Residencies

- Early 1970s: Establishment of accreditation standards for clinical pharmacy and specialized residency training to ensure a quality training experience.
- 1993: The two types of programs were discontinued and replaced by pharmacy practice residencies with an emphasis on pharmaceutical care.

History of Residencies

- 2005:
 - ASHP established new residency accreditation standards
 - The replacement of pharmacy practice residencies with postgraduate year one (PGY1) pharmacy residencies and specialized residencies with postgraduate year two (PGY2) pharmacy residencies.
 - New standard of completing a PGY1 prior to a PGY2 starting in 2007

American Society of Health-System Pharmacists (ASHP)

- ASHP Long-Range Vision for the Pharmacy Workforce in Hospitals and Health Systems (2007)
 - Vision for all parts of hospital-related services (technology, credentials, quality improvement, patient care, etc.)
 - Vision for residencies: all entry-level pharmacists to have completed an ASHP-accredited PGY1

ASHP House of Delegates

RESIDENCY TRAINING FOR PHARMACISTS WHO PROVIDE DIRECT PATIENT CARE

- Optimal direct patient care by a pharmacist requires the development of clinical judgment, which can be acquired only through experience and reflection on that experience

-A goal that pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills through practice experience.

1999

American College of Clinical Pharmacy (ACCP) Position Statement (2006)

- Recommendation 1: By 2020, residency training should become a prerequisite for entry into pharmacy practice.

Table 2.
Projected Need for Pharmacists^a

Service Type	No. Pharmacists Employed in 2001	No. Pharmacists Needed in 2020
Order fulfillment	136,400	100,000
Primary services	30,000	165,000
Secondary and tertiary services	18,000	130,000
Indirect and other	12,300	22,000
Total	196,700	417,000

Benefits and Negative Aspects of Post-Pharmacy Degree Training

- Study conducted in early 2007 for AUHSOP Poster Project
- Conducted by Kathryn Mims, 2007 AUHSOP PharmD Graduate in conjunction with Drs. Cara Leos and Laura Smoot, AUHSOP Faculty Members
- **681** pharmacists completed the survey

Benefits and Negative Aspects of Post-Pharmacy Training

□ Top 4 Reported Benefits

- Provided opportunities that I would not otherwise have encountered (414 respondents)
- Enabled me to be a competent and confident pharmacist (392 respondents)
- Provided a solid foundation in the practice of pharmaceutical care (357 respondents)
- Provided essential skills to meet demands of a complex pharmacy practice (338 respondents)

Benefits and Negative Aspects of Post-Pharmacy Training

- Top 4 Reported Negative Aspects
 - Insufficient stipend for what was required (238 respondents)
 - Too much time away from family, friends, recreation, etc. (233 respondents)
 - Did not increase my salary (187 respondents)
 - Difficulty in scheduling personal appointments (doctor, dental, etc) (142 respondents)
- **131** respondents (19%) reported no negative aspects and/or viewed these encounters essential for personal/professional growth

Benefits and Negative Aspects of Post-Pharmacy Training

- Other observations from survey
 - 81.7% felt that they could NOT do their job without their training
 - 94.1% agreed/strongly agreed that they would still complete their training if they had it to do over again
 - 54.7% agreed/strongly agreed that their training increased their salary
 - 77.4% felt that the ideal time to complete post-pharmacy training was immediately after graduation

Types of residencies

- ASHP's terms:
 - PGY1 (Post-graduate Year 1)
 - A “general practice” residency
 - “Training for generalists in health systems, managed care or community settings”

Types of Residencies

- PGY2 (Post-graduate Year 2)
 - MUST complete a PGY1 residency first
 - A “specialized” residency
 - “Provide advanced training in a focused area of patient care”
 - Internal Medicine, Critical Care, Infectious Diseases, Pediatrics, Oncology, Nutrition, Drug Information, Cardiology, Ambulatory Care, Geriatrics, Informatics, Emergency Medicine, Managed Care, Med Safety, Nuclear, Pharmacotherapy, Administration, Psychiatry, Transplant

Types of Residencies

- 980 programs in the US, Jan 2008
- Some programs accept more than 1 resident per year
 - ~1800 PGY1 positions
 - ~340 PGY2 positions
- 2008 Match:
 - More than 2,300 applicants sought the approximately 2,000 available positions
 - Nearly 1,700 individuals matched with residencies across the United States
 - Record high

During the Residency

- What will you do?
 - Practice as a pharmacist in various areas (usually 4 week rotations), learn and strengthen skills and thought processes
 - Look at program rotations
 - Complete and present a resident project
 - Possibly precept students
 - Give educational talks
 - Work on other projects per residency requirements

Residency project

- Most programs require a major project
- Choose topic of interest to you
 - Examples:
 - Implementation of pharmaceutical services in a HIV clinic
 - Novoseven for off-label use in a pediatric intensive care unit
 - Increasing incidence of MRSA and implications for treatment
- Present results in spring, usually at a residency conference
 - Such as The Southeastern Residency Conference (SERC)
- Consider poster and/or publication

During your residency

- Learn as much as you can
- Emulate excellent pharmacists around you
- Get in your comfort zone
- Network
- Think about a PGY2 residency
- GET INVOLVED!!!
- Helpful reference:
 - Making the most of your residency. AJHP Vol 65 Feb 15 2008

How to apply for a residency

- Search for your perfect program
 - What kind are you interested in?
 - Program design and setting
 - Patient populations
 - Teaching opportunities
 - What are your personal preferences?
 - Geographic area
 - # of residents
 - Benefits

How to apply for a residency

- Get more information via:
 - Residency Conferences!
 - ASHP Midyear Meeting in December
 - Residency Showcase
 - Personal Placement Service
 - Your preceptors/faculty/ current residents
 - The internet...

On-line Residency Directories

- ASHP:

http://www.ashp.org/s_ashp/residency_index.asp?CID=1212&DID=1254

- ACCP:

<http://www.accp.com/resandfel/>

- APhA:

<http://www.pharmacist.com/ResidencyLocator/ResidencyLocator.asp>

ASHP Midyear

- Each December ASHP holds the Midyear Clinical Meeting with the:
 - Residency Showcase (Monday/Tuesday)
 - Many programs from all over the country set up booths with representatives for you to talk to about the program
 - Read about programs prior on internet/AJHP (Oct issues) and decide who you want to visit
 - Come with copy of CV/resume, questions and lots of energy!
 - Advantage: Free and easy to talk to lots of programs from all over the US
 - Disadvantage: Somewhat chaotic and may be hard to talk to more popular programs

So you have decided which programs to apply to...

- Contact programs for application, requirements and deadlines for:
 - Application form
 - Letter of interest
 - School transcripts
 - Reference letters
 - CV/resume?
- Interview
 - Most occur in winter (Jan/Feb)

“The Match”

ASHP uses the National Matching Service (NMS) (www.natmatch.com/ashprmp)

- You can see list of participating programs for 2009 by 11/1/09
- Both PGY1 and PGY2 programs go through the match

If you are interested in programs in the match, you must sign up for match

- Fill out applicant agreement and pay \$112 by January 08, 2010
- You will get a unique code number
- Apply to program(s) you wish and give them your unique code
- Submit your rank list by 3/5/10
- Get your match online 3/17/10

Questions about “The Match”

- What if I am married to a pharmacy student/medical student and we both want to do a residency?
 - *Match accommodations are made for these situations*

- What if I join the match and I decide I don't want to apply to any of those programs anymore?
 - *You lose your \$112*

- How many programs can I apply to and rank?
 - *No limit but keep in mind the time, \$\$, etc for all those interviews*

More questions about “The Match”

- What if I apply to a program inside and outside of the match?
 - *Most programs not in the match make their offers prior to rank date to get you prior to match, you decide which program you want the most*
- What if I don't want to go where I was matched?
 - *It is a binding agreement...do not rank a program that you do not want to accept*
- What if I don't match?
 - *NMS will make available to you all programs that didn't match, you may choose to apply to those... start calling!*
 - *Participants list who did not match will also be available to programs*

So, you matched!

- Congratulations!
- You will probably fill out acceptance letter and conditions
- Employment requirements
 - Urine/blood testing, TB tests, etc
- Find a place to live, etc
- Typically start July 1st
- Get ready for a great experience!