



THE COMMUNIQUE

Serving Pharmacy Residency
Program Directors

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Commission on Credentialing News

The spring Commission on Credentialing (COC) meeting was held on March 6-8, 2009. The Commission took action on 241 programs; of those, the following 75 programs were surveyed for initial accreditation:

PGY1 Pharmacy	34
PGY1 Community Pharmacy	3
PGY1 Managed Care Pharmacy	2
PGY2 (various specialties)	26

Length of accreditation granted for surveyed pharmacy residency programs (new & reaccredited):

1 Year	22 programs	17%
3 Years	56 programs	43%
6 Years	47 programs	36%
Defer	2 programs	2%
Not Accredited	3 programs	2%

The Commission reviewed and approved the credentials of **99** new program directors for pharmacy residency programs.

Frequent Findings from surveys

The frequent findings results below are for programs with on-site surveys reviewed at the March 2009 COC meeting:

Service Issues at the site (PGY1 Programs) n=68

- 76% Pharmacy facilities are not adequate to meet the needs of patients served (includes IV room)
- 60% Pharmacists do not prospectively help develop individualized patient treatment plans
- 49% Unit dose system does not extend to all patient care areas
- 47% Pharmacists do not adequately design and implement medication therapy monitoring plans for patients
- 46% Professional/technical staff complement is not adequate to provide level of service

Residency Program Issue (PGY1 Programs) n=68

- 68% Preceptor development is inadequate
- 66% Preceptors do not adequately apply clinical teaching roles or provide criteria based feedback
- 65% Preceptors have not made adequate contributions to the total body of pharmacy knowledge
- 56% Preceptors have not adequately developed and documented descriptions of learning experiences
- 46% Preceptors have not documented effective summative evaluations of resident performance (timeliness and appropriate feedback) to demonstrate resident skill development
- 45% Customized plans for residents are not documented and implemented adequately
- 43% Resident documentation of summative self-assessment is not adequate

Service Issues at the site (PGY2 Programs) n=52

- 96% Pharmacy facilities are not adequate to meet the needs of patients served (includes IV room)
- 81% Pharmacists do not prospectively develop individualized patient treatment plans
- 69% Pharmacists do not adequately design and implement medication therapy monitoring plans
- 59% Pharmacists do not prospectively identify medication-related problems
- 59% Floor stock control is not adequate
- 50% Documentation of patient care services in the medical record is not adequate

Frequent Findings Continued

Residency Program Issues (PGY2 Programs) n=52

- 73% Preceptors have not adequately developed and documented descriptions of learning experiences
- 71% Resident documentation of summative self-assessments is not adequate
- 63% Preceptors do not adequately apply clinical teaching roles or provide criteria-based feedback
- 54% Preceptors have not documented effective summative evaluations of resident performance (timeliness and appropriate feedback) to demonstrate resident skill development
- 50% Preceptor development is inadequate
- 46% Customized plans for residents are not documented and implemented adequately

Important Commission Voted Actions:

1) **Program Removal from RMS:** The ASHP Board of Directors authorizes the COC to take action to remove programs from the Residency Matching Service (RMS) if a program has accreditation withdrawn or is not awarded initial accreditation at the March meeting of the Commission on Credentialing as the program does not meet criteria for participation. If necessary, this action would begin with the March 2010 COC meeting.

2) **Site Visit-No Follow Up Report:** In the event that a new or reaccredited program does not submit a report response on how it will address deficiencies in time for the Commission meeting it has been assigned to, the Commission will take action based on the information from the survey report of the on-site visit.

3) **Report Not Received:** In the event that a special case or midterm (progress report) is not received in time for the Commission meeting it has been assigned to, the Commission will defer action until the next meeting, and a warning letter will be sent to the residency program director. **If no report has been received by the second Commission meeting, the program will be placed in Conditional Accreditation status.**

4) **Report Offers No Substantial Information:** In the event that a report is received and it does not offer substantial information to help the Commission make an accreditation decision, the Commission can defer action and ask for additional information. If the requested report is not received or if it is received but is not useful in determining resolution of deficiencies, the Commission will make a decision based on information they have.

New PGY2 Pain Management & Palliative Care

Members of ASHP's Commission on Credentialing and Board of Directors recently approved new educational outcomes, goals, and learning objectives for postgraduate year two pharmacy residencies in pain management and palliative care.

Designed to transition PGY1 pharmacy residency graduates from generalist practice to specialized pharmacy practice focused on the pain management and palliative care needs of patients, the educational materials were developed by a working group of the following pharmacy specialists in pain management and palliative care and ASHP staff: Mary Lynn McPherson, Pharm.D., BCPS, CDE, Professor, University of Maryland School of Pharmacy, and Director, Postgraduate Year Two Pharmacy Residency in Pain Management and Palliative Care; Mitchell Nazario, Pharm.D., Clinical Pharmacy Specialist, Pain Management, and Director, Postgraduate Year Two Pharmacy Residency in Pain Management and Palliative Care, West Palm Beach VA Medical Center; Suzanne A. Nesbit, Pharm.D., BCPS, Clinical Pharmacy Specialist, Pain Management, and Director, Postgraduate Year Two Pharmacy Residency in Pain Management and Palliative Care, The Johns Hopkins Hospital; Jennifer M. Strickland, Pharm.D., BCPS, Director, Department of Pharmacy, and Clinical Pharmacy Specialist, Pain/Palliative Care, Lakeland Regional Medical Center, Lakeland, FL; David Chen, Director, Pharmacy Practice Sections, ASHP; Deborah G. Perfetto, Pharm.D., Director, Section of Home, Ambulatory, and Chronic Care Practitioners, ASHP; Marcus Williams, Project Manager, Pharmacy Practice Sections, ASHP; and, Bruce A. Nelson, R.Ph., M.S., Director, Operations, Accreditation Services Division, ASHP.

See the following URL for the Required and Elective Educational Outcomes, Goals, Objectives, and Instructional Objectives for Postgraduate Year Two (PGY2) Pharmacy Residencies in Pain Management and Palliative Care: <http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/RegulationsStandards.aspx>

Next Commission on Credentialing Dates

The next meeting of the ASHP Commission on Credentialing occurs August 21-23, 2009. Programs that were surveyed between December 1, 2008 and May 31, 2009 will be reviewed at this Commission meeting. All of the Commission's recommended actions will be submitted to the ASHP Board of Directors for their endorsement by September 25, 2009. Letters and email correspondence will be sent

to residency and technician program directors after the September Board of Directors meeting.

National Match Results 2009

PGY1

2,508 individuals participated in the match
1,873 positions were offered
1,651 individuals were matched with positions

PGY2

296 individuals participated in the match
292 positions offered
209 individuals were matched with positions
88 additional positions were filled through the early commitment process

ASHP Education and Foundation News Applications Available for Pharmacy Residency Excellence Awards

The ASHP Foundation is accepting applications for the 2009 Pharmacy Residency Excellence Awards. The program, supported by Amgen, Inc., honors excellence and leadership in the training and mentoring of pharmacy residents. Three awards are offered – the Preceptor Award, New Preceptor Award, and Program Award. These awards recognize the achievements of residency programs and practitioners who have demonstrated excellence and leadership in the training of pharmacy residents. The deadline for applications is July 1, 2009. For more information and to download an application, visit the Pharmacy Residency Excellence Awards Web page at <http://www.ashpfoundation.org/MainMenuCategories/Awards/PharmacyResidencyExcellenceAwards.aspx>

Applications Now Available for Pharmacy Resident Practice-Based Research Grant

The ASHP Foundation is now accepting applications for its 2009 Pharmacy Resident Practice-Based Research Grant. This grant supports practice-based research in medication use conducted by residents in ASHP-accredited pharmacy residency programs and residents in pharmacy residency programs that have submitted an application for ASHP accreditation. Practice-based research affects a wide range of medication-use topics, including patient education; patient outcomes and effectiveness of medication therapy; health care quality; medication use in minority, elderly and other special populations; medication costs and financing; information for health care policymakers; and access to medications. The application deadline is October 31, 2009. Applications will be posted in May and can be found on at <http://www.ashpfoundation.org/MainMenuCategories/ResearchResourceCenter/FundingOpportunities/PharmacyResidentPracticeBasedResearchGrant.aspx>

2008-2009 Pharmacy Resident Practice-Based Grant Program Winners

Five \$5000 grants were awarded to:

Principal Investigator: Erica Konopka, Pharm.D.
Senior Investigator: Tien M.H. Ng, Pharm.D.
University of Southern California
Los Angeles, CA
Study Title: “Comparative Efficacy and Safety of Refractory Diuretic Regimens in Acute Heart Failure”

Principal Investigator: Kelly A. Lempicki, Pharm.D.
Senior Investigator:
Mary Ann Kliethermes, B.S., Pharm.D.
Midwestern University Chicago College of Pharmacy
Downers Grove, IL
Study Title: “Differences in Clinical Outcomes Between Young and Old Elderly Patients Taking Warfarin”

Principal Investigator: Stephanie N. Baker, Pharm.D.
Senior Investigator:
Elizabeth Dodds Ashley, Pharm.D.
University of Rochester,
Rochester, NY
Study Title: “Evaluation of Emergency Pharmacist Services on Antimicrobial Stewardship for Ambulatory Patients Discharged from the Emergency Department”

Principal Investigator: Jennifer R. Lee, Pharm.D.
Senior Investigator: Jane M. Forde, Pharm.D.
VA Boston Healthcare System
Boston, MA
Study Title: “Investigating Risk of Suicide Attempt in Veteran Patients Being Treated for Bipolar Disorder with Antiepileptic Drugs”

Principal Investigator: Jennifer A. Colby, Pharm.D.
Senior Investigator: Fei Wang, M.Sc., Pharm.D.
Hartford Hospital and University of Connecticut,
School of Pharmacy
Hartford, CT
Study Title: “Predictors of Poor Medication Adherence Among Urban Latinos: A Cross-Sectional Analysis of Patients Enrolled in the Diabetes Among Latinos Best Practices (DIALBEST) Trial”

Abstracts of each of the research studies funded by this year’s Pharmacy Residency Practice-Based Research Grant Program can be found at the ASHP Foundation’s online Research Resource Center at www.ashpfoundation.org

CONGRATULATIONS TO ALL THE WINNERS!

PRECEPTOR CONTINUING EDUCATION

Are your residency preceptors keeping up with the latest information in their practice areas or need more information on a particular topic? Use some of these webinars for a CE lunch and learn gathering of preceptors, an easy preceptor development activity.

ASHP provides members with access to many online web-based continuing education products which are free—what could be better than that?

<http://www.ashp.org/Import/CONTINUINGEDUCATIONCE/SelfStudyCEActivities/WebActivities.aspx>

National Residency Preceptors Conference 2008 Slides available

Presentations from the conference are available at <http://www.ashp.org/meetings/preceptors/presentations.cfm>

Pearls slides from the conference are available at <http://www.ashp.org/meetings/preceptors/pearls.cfm>

PRECEPTOR SKILLS DEVELOPMENT NETWORKING SESSION AT SUMMER MEETING

The Section of Clinical Specialists and Scientists will be conducting a networking session at the Summer Meeting in Chicago to discuss ideas on developing a residency preceptor skills program within your health system. Members of the Section of Clinical Specialists and Scientists, ASHP Accreditation Services Division, and residency program surveyors will facilitate a dialogue among attendees on innovative activities that can be incorporated into an overall program.

The networking session will be held on **Sunday, June 14, 2009, 12:00 PM - 1:30 PM. RM 32, Level 2**
Facilitator: Kelly M. Smith, Pharm.D., BCPS, FASHP, FCCP, Assistant Dean, Academic Affairs
University of Kentucky College of Pharmacy
Lexington, Kentucky

For more information on the Summer Meeting, go to <http://www.ashp.org/summermeeting2009>

ASHP CONNECT

Residency Program Directors, Preceptors, Technician Program Directors, and Educators Finally a way to “talk” to other programs seeking information or advice for your program!

Accreditation Services Division is announcing the availability of a new forum for open discussion among **ASHP members** who are residency program directors, preceptors, pharmacy technician program directors, and educators through the web-based ASHP Connect. Members will be able to post

questions and submit attachments for others to read, use, and reply to. It will be live by June 1st. Look for Residency Program Directors and Preceptors or Technician Training Program Director and Educators. PGY1 and PGY2 residents are also encouraged to chat through the use of the New Practitioner’s Forum which is already up and running—Sign in using your ASHP password, and begin posting your own question! www.ashp.org/ashpconnect/

RESITRAK: ACCESS BY SURVEYORS

The Accreditation Services Division has been working with the McCreadie Group to allow ASHP lead surveyors and guest practitioner surveyors limited, read-only access to a residency program’s ResiTrak records in a set time range surrounding a residency site accreditation survey. **The pilot study will begin on June 1, 2009 and possibly end by November 30, 2009.**

ASHP lead surveyors will request access only to programs that have been assigned to them for survey through the ResiTrak computer system. ResiTrak will send an email to the residency program director for the program being surveyed. The residency program director will then approve or deny access. If access is approved, ResiTrak will send an email to the lead and guest surveyor and access will begin on the dates that have been requested. If access is denied, ResiTrak will send an email back to the lead surveyor and ASD. Sites may offer comments as to why access is being denied. Denial does not penalize a program in any way.

*****Programs being surveyed in this window (6/1/09-11/30/09) must still submit all paper copies of requested pre-survey materials during this pilot process.*****

A determination as to the value of this paperless process of ResiTrak review by surveyors will be made that may reduce the amount of pre-survey material required by ResiTrak users in the future.

RESITRAK: Training

To sign up for an upcoming ResiTrak training programs the list of available dates can be found at: <http://resitrak.mccreadiegroup.com/resitrak/login.aspx>

RESITRAK: End-of Year Considerations

- (1) Update your residency program outcomes, goals, and objectives (through “residency setup”) before enrolling new residents.
- (2) Update the residency program director in ResiTrak at the point in time you want it to take effect.
- (3) Update goals for your learning experiences after current residents have completed their evaluations.
- (4) To view a quick summary of which goals have or have not been achieved, go to the customized training

plan page, pick the resident, and click the link for "mark goals as achieved/not achieved".

(5) Make use of your overdue tasks list (there is a link to it on the residency program director's home screen) to address overdue tasks before the end of the year, where possible.

(6) If you need to co-sign an evaluation in place of a preceptor (e.g. if the preceptor has left the institution), please contact support@mccreadiegroup.com for assistance.

(7) Close out your residents' information when all tasks are completed. You cannot go back and change things later.

RESIDENT ROSTERS

Each June, the Accreditation Services Division will email the residency program director two **Resident Roster Forms**. One form identifies the incoming residents to your program and the other form identifies your graduates. Indicate the type of residency program next to each name if you have multiple residency programs at your site. These forms are used by ASD to keep records of all graduates of accredited programs. If you have any questions about these forms, please contact ASD at asd@ashp.org.

Deadline for receipt of rosters this year is July 31, 2009.

On-Line Residency Directory

Have you checked your on-line directory description on the ASHP web site lately? Do you provide a link to your own web site? Is the contact information correct? Is the description up to date? This directory is widely used by potential residency candidates. Get ready for next recruitment season early, and have your information up dated.

This directory can be accessed by state or program type at:

<http://accred.ashp.org/aps/pages/directory/residencyProgramSearch.aspx>

To update information in the directory, send your requests to asd@ashp.org

Residency Posters for ASHP Midyear RESIDENT POSTER ABSTRACT SUBMISSION DATE: October 1, 2009

Add this date to your new resident's planning calendar if they are expected to present a poster at the ASHP Midyear Clinical Meeting in Las Vegas. The online submission deadline will be October 1st, 2009. The link will be posted on the ASHP website at a later date.

Thanks to the many residency program directors and preceptors who answered the call to be resident poster mentors last year and provided feedback to the residents about their posters and projects. The

response by residents was overwhelmingly positive and a similar call for poster mentor sign up will occur again this fall for MCM 2009. We look forward to your support and participation! Stay tuned for more information.

Moonlighting

A recent survey conducted by Michael DeCoske, resident at MUSC, provided the following information on residents working extra hours (moonlighting). The survey was sent to all residency program directors and had a 52% (520) response rate. (Internally means they work at their institution where the residency is conducted, externally is outside of the residency site)

- 3% work internally only for emergency situations
- 35% work limited amount of time internally
- 24% work limited amount of time externally
- 29% work some internally and externally
- 18% do not recommend any extra hours worked

Of those residents that work at their own residency site, they were paid the following

5% hourly at resident's salary

79% hourly at full RPh pay

5% paid overtime pay

4% not paid, allowed time off

9% had other ways of reimbursing them

The part of the Residency accreditation standard that relates to this topic is section 2.2 & 3.1:

2.2 The residency program director must ensure that neither the educational outcomes of the program nor the welfare of the resident or the welfare of patients are compromised by excessive reliance on residents to fulfill service obligations. Providing residents with a sound academic and clinical education must be planned and balanced with concerns for patient safety and resident well-being. Programs must comply with the current duty hour standards for the Accreditation Council for Graduate Medical Education.

3.1 Residents' primary professional commitment must be to the residency program.

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