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- ## Why are you here?
- How many know what a residency is?
 - How many have heard about them before? Know their benefits?
 - How many know that you want to do a residency?
 - How many didn't have anything else to do today?

- ## Overview
- Postgraduate training opportunities
 - Recruiting: The Midyear Clinical Meeting and the CSHP Seminar
 - Navigating the Residency Showcase
 - CareerPharm's PPS
 - The ASHP Matching Program
 - Conclusions and Questions

Pharm.D. Pharm.D. Pharm.D. graduates

DEPTH of Knowledge, skills, abilities, experience

Broad ← Patient/Practice FOCUS → Narrow

A	Experience or PGY1 Generalist (wide variety of patients)	Experience or PGY1	B
C	PGY2 Advanced Practitioner (e.g. Pharmacotherapy)	PGY2	D
			Advanced Practitioner in Focused Area of Practice (e.g. oncology, nuclear, psychiatry, infectious diseases etc. - credentialed Specialist)

- ## PGY1 Residency
- Trains resident to be competent general practitioner or prepares for advanced training **accelerating growth beyond entry-level professional competence**
 - Resident develops competence in the application and management of medications in the treatment of a broad range of patients
 - Acute care, ambulatory care, community care, managed care

PGY2 Residencies

- Concentrate exclusively on a specific area of pharmacy practice
- Occurs after and builds upon PGY1 program
- Focuses greater depth and breadth of experience in managing more complex patient populations and drug therapies
- New opportunities – emergency medicine, transplant, cardiology, informatics, and more
- New standards, terminology – PGY2

Value of Accreditation

- What's the difference between accredited and non-accredited programs?
- Peer review process
- Compliance with standards developed by practitioners
- Demonstrated institutional commitment to quality and education
- Ensuring public safety
- Quality is the foremost consideration

Fellowships

- Focus on developing advanced research skills
- Generally limited to specific practice types
- Minimal service requirements
- Duration 1-2 years
- Limited number of preceptors/mentors
- No accreditation process

Why are we talking about this?

- American College of Clinical Pharmacy's Vision of the Future: Postgraduate Pharmacy Residency Training as a Prerequisite for Direct Patient Care Practice: *Pharmacotherapy* 2006; 26(5): 722-733.
- ASHP Position Statement 0701 approved June 2007: http://www.ashp.org/s_ashp/doc1c.asp?CID=512&DID=7319#0701. Accessed May 26, 2008.
- ASHP Long –Range Vision for the pharmacy workforce in hospitals and health systems: *Am J Health-Syst Pharm* 2007; 64: 1320-1330.

ACCP Vision of the Future

“Formal, postgraduate residency training will become mandatory before one can enter practice”

- Written by 2004 ACCP Task Force on Residencies
- Approved by the ACCP Board of Regents on July 29, 2004; final revision received on July 18, 2005.

ACCP Vision of the Future

- Provision of direct patient care by virtually all pharmacists will be the standard of pharmacy practice in all patient care settings by 2020.
- Pharmacists will be recognized as health care providers and will be compensated for direct patient care services.
- Contemporary ... Pharm.D. curricula do not produce graduates with the ability levels necessary to manage complex drug therapy [with autonomy and accountability].
- All residencies will be accredited.

ASHP Policy Position

To support the position that by the year 2020, the completion of an ASHP-accredited postgraduate-year-one residency should be a requirement for all new college of pharmacy graduates who will be providing direct patient care.

ASHP House of Delegates Resolution Approved June 2007

ASHP Long-Range Workforce Vision

- Developed through the ASHP Council on Education and Workforce Development and approved by the ASHP Board of Directors on January 11, 2007.
- Medication use in hospitals and health systems is a prominent therapy for virtually all patients, and it is inherently complex and dangerous.
- Interdisciplinary teams will rely on pharmacist leadership for the safe use of medications.
- Licensure alone will be insufficient.

Am J Health-Syst Pharm 2007; 64: 1320-1330.

ASHP Long-Range Workforce Vision

- Pharmacy will be a differentiated workforce
- Pharmacists are only health professionals to focus on medication-use matters across the entire enterprise
- Most pharmacists will focus most of their attention to direct, interdisciplinary, collaborative drug therapy to ensure effective, evidence-based, safe, and cost effective medication therapy.

ASHP Long-Range Workforce Vision

- Clinical pharmacists: accredited PGY1 program and have appropriate experience.
- Advanced clinical practice pharmacists: accredited PGY2 and board certification

Am J Health-Syst Pharm 2007; 64: 1320-1330.

ASHP Vision for Pharmacy Residency Training in 2015

- All residency programs are accredited
- Completion of a residency program is a necessity for new pharmacy graduates entering direct patient care roles.
- Significant growth has occurred in community programs.
- Residencies continue in PGY1 (generalist)-PGY2 (advanced level) sequence pattern
- Residency-trained individuals are recognized among all health-care professionals

APhA Position

- APhA encourages continued growth in the number of accredited pharmacy residency positions in all practice settings
- APhA advocates for the allocation of adequate funding for accredited residencies in all practice settings
- APhA supports post-graduate training for new PharmD graduates

APhA House of Delegates March 14-17, 2008

Clinical Maturity in Pharmacy

- To pursue the purpose and direction of the pharmacy profession, pharmacists must be able to:
 - ❖ Become and remain competent
 - ❖ Assume personal responsibility and accountability for the outcomes of drug therapy
 - ❖ Build appropriate relationships with patients, other health care professionals, third-party payers, and the public
 - ❖ Communicate well
 - ❖ Demonstrate clinical maturity

Clinical Maturity in Pharmacy

- Pharmacy residency training is a bridge between formal education and pharmacy practice.
- Acquired through rigorous, disciplined training
- Accrues gradually through repetition
- Involves experience with a wide-range of patients
- Requires dedication to patient care

Pharmacotherapy 2006; 26(5): 594-596

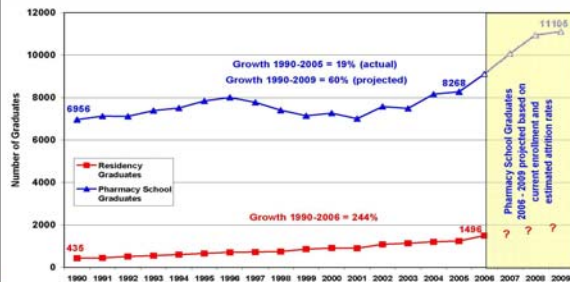
Editorial Commentaries

- Residency programs advance practice...and better prepare pharmacists to address the challenges of increasingly complex drug therapy.
- All employers will require candidates for pharmacy generalists and specialists to have completed appropriate residency education and training.

Editorial Commentaries

- The abilities of pharmacists needed for the future will continue to become more complex, requiring even more education and training than is currently needed.
- The most fundamental purpose of residency training is to be the development of clinical maturity.

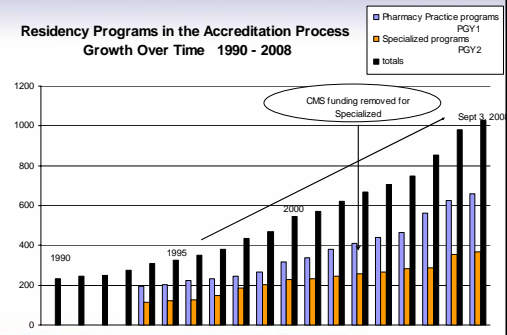
Pharmacy School and Residency Graduation Trends

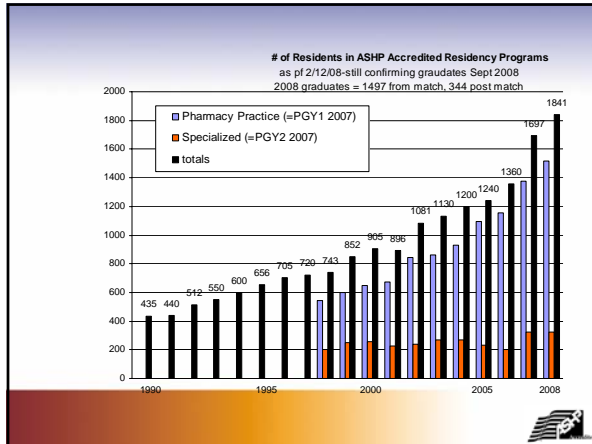


Source: AACP & ASHP Data



Residency Programs in the Accreditation Process Growth Over Time 1990 - 2008





Why Complete a Residency?

- A competitive advantage in the job market: by 2015, a residency may be required for direct patient care roles
- Networking Opportunities
- Career Planning - Mentorship
- Prerequisite for advanced training, specialization, academia

Why Complete a Residency?

- State of the profession
- Change in pharmacy curriculum
- Professional skills and life skills
- Meet the needs of patients we serve.
- What the residents tell me...

Why I think you should do a residency

- Skills for life
- Skill set for future opportunities: flexibility, adaptability
- Unparalleled opportunities
- Compensation vs. fulfillment
- Think about your career in the long term

Future Challenges: Sites will look for residency trained individuals

- Aging population
- Patient compliance issues
- New technology
 - > Automation
 - > Human genome project
- Emphasis on safety
- Changing roles - specialization
- Shortage of pharmacists now, however in the future?



Develop needed skills

- Developing relationships
- Learning about politics and how to get things done
- Balancing multiple responsibilities
- Keeping current during information overload
- Reflection

Future of Residency Training

- Leadership in improving the complex medication use process
- Shifts in the profession
- Continuing need for specialists
- Credentialing and reimbursement
- Requirement for practice

Frequently Asked Questions

- What are some key qualifications?
- How important are grades?
- Will I earn a salary?
- Can I only do a residency immediately upon graduation?
- How many residencies should I apply to?

Selecting a Residency

- Accredited vs. Non-Accredited
- Preceptor Complement
- Patient Population and Services
- Teaching Commitment
- Service Commitment
- Work Environment
- Is it the right place for you?

Where are they?

- Nice places: California, Puerto Rico, Hawaii, Arizona, Florida, Alaska, Nebraska, Iowa...all 50 states
- IHS, PHS, VA, Stand-alone pharmacies, clinics, MD offices
- Community pharmacies, Chains
- Managed care organizations
- It's only one year of your life...

Sources of Information

- ASHP's website: www.ashp.org
- Residency Directories on line
 - ✦ *Opportunities*
- ACCP: directories and website
 - ✦ www.accp.com
- APhA: www.apha.org
- AMCP: www.amcp.org
- Community programs: www.communires.com

The ASHP Midyear Clinical Meeting



Orlando
December 6-12, 2008

Residency Showcase

- **What is the Showcase?**
 - ❖ Informal Opportunity to Interact with Programs
 - Residents
 - Preceptors
 - Program Directors
 - ❖ Only ASHP-Accredited and Programs in Candidate Status
 - ❖ PGY1 and some PGY2 Residencies

Navigating the Residency Showcase

- Crowded gathering. Organized chaos.
- Do your homework. Bring Questions.
- Talk to your faculty and preceptors.
- Talk to preceptors, program directors and residents.
- Get invited to receptions.
- Take notes to keep everyone straight.
- Correspondence counts.
- Dress and act professionally.
- Watch and Learn.

CareerPharmPPS

- Program that brings together applicants and employers for on-site interviews
- Typical positions recruited:
 - ❖ Residencies
 - ❖ Fellowships
 - ❖ Health system positions
 - ❖ Industry positions
- Schedule: Sunday – Wednesday



More About PPS...

- Take the Virtual Tour!
<http://pps.ashp.org/>
- Talk with a Past Participant

Additional Midyear Information

- What to Wear
 - ❖ Business Casual Meeting
 - ❖ Professional Dress for Interviews and Showcase
- Networking vs. Socializing
- Get invited to receptions

The ASHP Residency Matching Program



The “Match”

- What is it?
- Timeline and Fees
 - ❖ Match Agreement by January 9, 2009
 - ❖ \$110 to NMS
 - ❖ Application agreement on-line
 - ❖ Rank Order forms due – March 6, 2009
 - ❖ Outcomes – March 18, 2009
- www.natmatch.com/ashpprmp

The “Match”

- Match Results
 - ❖ Matched and Unmatched
 - ❖ Good candidates
 - ❖ Good programs
- Going outside of the Match
 - ❖ “Free agency or the scramble”
 - ❖ My experience

Fall Activities

- Sign up early for the Match
- Start researching residency programs
- Make travel plans for MCM early
- Diversify yourself
- Create your CV
- Talk to faculty, advisors, friends

How Do I Make Myself Stand Out?

- Do research in advance
- Get involved with extracurricular activities
 - ❖ Professional pharmacy organizations
 - ❖ Diversify yourself
 - ❖ Relevant work experience
- Start networking

In Search of the Ideal Residency Candidate

- We want someone who...
 - ❖ Knows why they are seeking a residency,
 - ❖ Knows a little about us,
 - ❖ Has a vision of their career when they're done,
 - ❖ Actively contributes to practice of pharmacy,
 - ❖ Is a “good fit” with our staff
- William Yee, Pharm.D., FCSHP

Questions from the Floor



*Thanks.
Good luck.
Hope you enjoy your career.*

Contact Information

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