



THE COMMUNIQUÉ

Serving Residency and Technician Program Directors
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All Residency Programs to Participate in the Resident Matching Program for the 2007-2008 Residency Year

Why is the resident matching program being considered for all accredited, applications submitted, and provisionally accredited programs?

Competition between programs has become great. There have been numerous reports of pressure being placed on applicants, premature decisions being made, and commitments broken. It is time to implement a program that will make the process fairer and to help ensure the best fit between programs and applicants. Additionally, for program directors who have not participated in the matching process in the past there are many less obvious benefits for the program.

When will the proposal go into effect?

The 2007 match process has been targeted as the date to have all accredited, provisionally accredited, and programs that have applied for accreditation participate in the match. This would affect candidates and programs that begin in July 2007. The matching process occurs in March, with programs identifying their types of programs and number of positions in late summer or early fall of 2006.

What are the benefits to me as a program director?

Optimizes Resident Selection

The match ensures that you will receive the best choices of interested applicants. It was designed to optimize the best placement for both the program and applicants. You will only match with an individual who is interested in your program. If you do not list applicants, they will not match to your site. ASHP has used a matching program for 26 years and medicine has used the process for nearly all its specialty areas for over 50 years.

Reduces Pressure

You don't need to worry that applicants will be taken early by other programs. The matching program does not allow programs to pressure applicants for quick or early decisions. All programs have the same defined amount of time to interview candidates.

Compete with Certainty - Not Guesswork

Some applicants may exaggerate the level of their interest during an interview. With the matching program you do not need to second-guess applicant intentions. Ranking applicants who are not interested in your program won't affect your program's match results in any way, regardless of how you rank them. Your program will still match only with those applicants who truly want to be in your program.

Ensures the Best Fit

Without a matching program, offer and acceptance strategies are critical factors for whether a program fills its positions. Early offers sometimes place undue pressures on candidates. Both candidates and programs may make premature decisions, not always leading to the best fit. With the matching program your reputation and program will determine the best fit, not your tactic in presenting the offer. Only informed candidates who are truly interested in your site will rank you, thus ensuring your program's success in securing the best candidate.

Maintain Your Edge

Your program needs to fill with the best candidates available to maintain its competitive edge. By listing the accredited programs by specialty type in the matching list as well on

other professional directories, candidates will have more opportunities to learn about your program and contact you if they are interested in interviewing. This helps attract more candidates to look at your program. You will be able to interview candidates up to the date the ranking lists are due, allowing you to find the best fit with your program and maintain your competitive edge.

Enhances Professionalism

Program directors pressuring applicants to make quick and early decisions in a non-match process do not present a professional image to new practitioners or allow either party enough time to evaluate all choices. Applicants in a non-match environment often panic and accept the first offer or renege on earlier offers once they receive an offer from the site they really want, leaving the first program unfilled. This process encourages less than professional behavior in both program directors and candidates: the result may be a less than optimal fit for either the applicant or the program.

Compete Efficiently

The matching process provides an efficient, fair and easy way to match candidates by providing:

- A defined period to conduct all interviews
- An easy on-line ranking system
- Information to applicants of their match
- Information to all candidates and programs at the same time
- A process by which unfilled positions can revert to another program at the site, if specified by the site
- Post match assistance if your position is not filled

Experts Help Ensure the Process

The National Matching Services, Inc. (NMS) specializes in matching programs to ensure the process is fair, effective, and confidential. ASHP has used NMS since 1994 to run the pharmacy resident matching program. NMS runs matching programs for the U.S. and Canadian medical residencies, dental residencies in most specialties, psychology residencies, and osteopathic residencies.

What can I as a program director do to make sure the matching process works for me?

- Take advantage of interviewing all eligible, potential candidates to ensure the best fit for your program and organization, since you know the amount of time you have to interview.
- Rank your candidates in order of your preference, without consideration for how the applicant would rank your program.
- Only rank candidates you truly want at your site. Do not list candidates you feel do not fit with your program and you do not want at your site.
- If your site offers multiple residency programs, discuss with the other program directors if any open positions will be “reverted” to another program so that can be registered with the NMS and occur during the matching process.
- Make sure you adhere to the deadline dates. The match date is firm and all rank order lists must be in by that time if you are to participate.

What if I run a 2-year residency program?

If your program is run over two years and it is advertised as a two-year program, the candidates match once, in the first year and are committed to your place for the two-year period. Examples of these programs include the 2-year pharmacotherapy residency programs and the 2-year combined masters and management/leadership residency programs. The process is being defined for programs accepting their own PGY1 residents into their PGY2/specialized programs.

What programs will be included in the matching program for the 2007 residency year?

All accredited, application submitted, and provisionally accredited residencies (PGY1 and PGY2)

- Pharmacy practice
- Pharmacy practice with any emphasis (e.g., community care, homecare, long-term care, managed care)
- Managed care pharmacy practice
- All specialized programs

The only exceptions will be for public health and the military programs that require individuals to be commissioned officers. These programs have their own deadlines and have more stringent criteria for placement.

I have heard that ASHP makes money off of the matching program. Is that true?

ASHP does NOT make money off of the matching program. On the contrary, ASHP pays the National Matching Service to run the match. The amount is transparent to the programs because ASHP pays NMS directly for the programs that participate. Part of program’s annual accreditation fees pay for the match.

Additional questions can be directed to asd@ashp.org

ASHP Research and Education Foundation Supports Residency Research Efforts

A new service for directors and preceptors of ASHP-accredited residency programs from the ASHP Research and Education Foundation was launched this summer. As a part of its mission, the Foundation has identified young investigator development as a priority and is formulating a set of tools to facilitate the development of pharmacists who are interesting in practice research. These tools include several grant programs geared toward new investigators, programming at the ASHP Midyear Clinical Meeting, web-based resources, and an email-based program – **Tips for Conducting Quality Pharmacy Residency Research**. Tips will be emailed each week to residency program directors and preceptors of all ASHP-accredited pharmacy practice and specialized residency programs from June 20, 2005 until September 26, 2005; these dates correspond to the ASHP Foundation's Pharmacy Resident Health Services Research in Medication Use grant program.

Email tip topics include timeline development, writing specific aims and hypothesis statements, power calculations and statistical analysis, working with the IRB, and grant development. Tips for the first four weeks included the following:

- Creating a list of potential resident projects
- Establishing Reasonable Timelines
- Maintaining Focus: Asking only One Question
- Defining the Research Question

If you have questions, or would like to suggest topics for this innovative new service, please contact Dan Cobaugh at dcobaugh@ashp.org.

Completed applications for the ASHP Foundation's Pharmacy Resident Health Services Research in Medication Use grant program must be received in the ASHP Foundation offices no later than the close of business October 3, 2005. Four \$5000 grants will be awarded. Specific information about the program, including all requirements, criteria, and the application can be obtained by visiting the ASHP Foundation website at the following link:

<http://www.ashpfoundation.org/research/showFundingOpp.cfm?id=61>

ASHP Health-System Pharmacy 2015 Initiative

This is ASHP's landmark initiative to significantly improve the practice of pharmacy in health systems. Officially launched in September 2003, it includes six key goals and 31 objectives to be achieved by year 2015, centers on themes that health-system pharmacists can do to help make medication use more effective, scientific, and safe, and will contribute meaningfully to public health. Some residency program directors and preceptors have begun to integrate the 2015 goals into their residency programs through practice management learning experiences and through resident projects.

ASHP has prepared a crosswalk of the objectives of the 2015 initiative to other health-care national priorities, organizations, and policies. Have you incorporated the 2015 initiatives into your program? You may see evidence of the 2015 initiative in residency surveys as teams review pharmacy practice and pharmacy services provided to patients in hospitals and health systems. Information can be found at: <http://www.ashp.org/2015/>

Choosing Goals and Objectives

Residency program directors and preceptors sometimes express frustration regarding the use of educational goals and objectives in their residency programs – knowing which ones to use, how many to use, and how often should written evaluation be required are common concerns.

Using a systematic approach to residency training, such as the Residency Learning System, offers program directors and preceptors opportunities to support program outcomes utilizing educational goals and objectives that are integrated into learning experiences, feedback provided to residents, and written evaluation. Sometimes too many goals and objectives are chosen; other times they are evaluated with greater frequency than may be needed. The accreditation standards require that sufficient objectives be selected in each goal area to assure that the mastery of the sum of the objectives in that goal area assures achievement of that goal. In other words, not all of the objectives listed in support of each goal must be included in your program and/or learning experiences; a sufficient number of them must be included such that the intent of the goal is maintained.

For pharmacy practice programs, there are 22 goals that lead surveyors have identified that are referenced directly in the accreditation standard; each of these goals should be included in your program. For specialized residency programs, residency program directors are accountable for including all goals outlined by that program's supplemental standard. The program director must include all of them into required and elective learning experiences unless evidence exists that the resident has met the intent of that goal **at the level of a specialist** through previous residency experience or pharmacy practice experience. Pre-assessed attainment of the required goals, if not addressed in the evaluations, must be provided in the resident's customized individual plan.

Linking your Residency Website to the ASHP website

Currently, ASHP has website links with a number of ASHP-accredited pharmacy residency programs and technician training programs. These links serve as an excellent source of information for prospective residents and pharmacy technician training program students. The ASHP on line directory now provides an opportunity for individuals to access your web site from your information page of the on line directory. If your link exists in our accreditation database, the link appears in your program's record in the on-line directory, just below the address of the site. This new URL does not interface at this time to the list of accredited residency web site links <http://www.ashp.org/links.cfm#residency>; therefore we need you to confirm which URL you would like on your online directory page. While reviewing your information check out your web page to see if there is any other information you would like to edit. <http://www.ashp.org/direcoryies/residency/>. If you do not have a link, or would like information changed about your program, please send an email request with your residency or site's URL or change in information to asd@ashp.org.

Offering an Innovative Training Program or Pharmacy Service?

Are you offering a non-traditional **pharmacy residency program**? Are you offering a pharmacy informatics residency program? Or offering a pharmacy residency in emergency medicine? Have you developed clinical pharmacy services in the emergency department of your institution? We are seeking opportunities to meet with these component groups to discuss current and future methods of offering current and future residency programs.

For technician training programs are you offering a distance-learning pharmacy technician training program? Have you identified innovative ways to develop partnerships for experiential training of pharmacy technician students? Have you found innovative ways to obtain equipment for your laboratory component of your program?

Please let us know at asd@ashp.org

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