THE COMMUNIQUÉ

Serving Residency Program Directors
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2008 National Residency Preceptors Conference
August 14-16 Washington DC
Omni Shoreham Hotel

Mark your calendars now! The 2008 National Residency Preceptors Conference (NRPC) will be conducted at the Omni Shoreham in Washington, DC on **August 14-16, 2008**. The conference presentations will focus on preceptor development and include sessions focusing on generational differences; adult learning, dealing with difficult people, leadership, clinical teaching roles, mentoring, and managing preceptor burnout are just some of the topics that will be offered right down the street from the National Zoo! Pre-meeting Residency Learning System Workshops will be offered. Details regarding the conference registration are currently posted on the web.
http://www.ashp.org/meetings/preceptors/index.cfm

Don't miss out and sign up early for the NRPC!
Are you interested in submitting a "Pearl" to present to your fellow residency program directors and preceptors during the NRPC? Submit innovations regarding residency training for consideration for presenting at the meeting. Information about submitting a Pearl can be found at the web site listed below. Deadline for submission is April 30, 2008.
http://www.ashp.org/s_ashp/cat1c.asp?CID=4257&DID=7709

NATIONAL MATCHING SERVICES REMINDERS FOR RESIDENCY PROGRAMS

Changing the number of positions to be filled?
If your program wishes to increase or decrease the number of positions to be filled in the Match, you must submit these changes online through the Rank Order List Input and Confirmation (ROLIC) system any time before the deadline of March 7, 2008.

I have no applicants to rank, what do I do?
You still need to use the ROLIC system to indicate your intentions. If you want to recruit residents after the Match, you must select the option in the ROLIC system for "No applicants to rank" - your program will then be included on the list of positions available post match for candidates still seeking positions. If you do not wish to fill the position(s), and you do not want your program listed for candidates that did not match, then select the option in the ROLIC system to "Withdraw" the program from the Match. If you would like to move the position(s) to another program, withdraw the program and change the number of positions to be filled in the other program, see the note above about changing the number of positions prior to the match.

Planning on reverting unfilled positions between programs?
If your site offers multiple residency programs, you may want to use the option to revert unfilled positions between programs. With this feature, a program that submits ranks in order to fill available position(s), but is not successful in filling the position(s), can move (revert) the unfilled position(s) to another program within the match process, so that the position(s) may be filled in the other program through the matching process. To request this option you must submit the necessary documents to National Matching Services (not through the ROLIC system) by March 7th. See "Reverting Positions" on the NMS web site at http://www.natmatch.com/ashprmp/

Important Resident Matching Program dates:

- March 7, 2008: final date for submission of position changes and program rank order lists. ROLIC system closes at 11:59 pm EST.
- March 19, 2008: results of the match are released. No action to fill open positions is to be taken prior to 12 noon EST.
- Post Match: information on unmatched candidates and open positions becomes available for all Match participants who are still seeking a position or a resident.
- March 19-April 18, 2008: programs must send letters of confirmation of Match results to matched applicants, who must sign and return the letters of confirmation

CONDITIONAL ACCREDITATION

At the August 2007 meeting, the Commission on Credentialing approved criteria and procedures for granting **conditional accreditation** to residency programs. **Anticipating infrequent use,** conditional accreditation is similar to probationary status, whereby, if identified findings are not resolved within a designated time period, a program will lose its accreditation. Programs may be granted conditional accreditation at any time during a survey cycle, and a subsequent site visit may be required to determine if accreditation will be continued for a program. As with other accreditation status, this status will be posted on the ASHP on-line residency directory to maintain transparency to residency candidates. The severity of non-compliance or partial compliance finding will determine if a program is granted conditional accreditation. Factors that might lead to conditional accreditation include the following:

Patient safety concerns:

1. The medication system does not support safe medication use **AND** policies and procedures do not effectively outline safety measures and and/or are not implemented effectively to ensure safety of the patient, such as:
   - **high-risk medications** are not adequately controlled and/or medications are not adequately controlled for **high-risk populations** (e.g., ICU, oncology, NICU, pediatrics, transplant),
   - for items that are **floor-stock** or commonly available as **multi-dose vials,** adequate procedures are not used to ensure safe use (e.g., insulin, heparin, narcotics, emergency medications, with appropriate considerations for patient populations),
   - other safe medication practices are not employed in appropriate settings (e.g., community pharmacies, outpatient pharmacies, ambulatory care clinics)

2. Information systems do not support adequately patient care needs:
   - pharmacy information system-generated printed medication administration records or electronic medication administration records (eMAR) systems that are interfaced with the pharmacy database are **not** used, **AND** manual systems with adequate reconciliation procedures **do not exist, OR** are not implemented sufficiently where needed to assure patient safety.
   - adequate patient information is not available for or is not routinely utilized by pharmacists to evaluate medication therapy orders (e.g., age, weight, laboratory values, diagnosis).

3. In the ambulatory care setting, patient education is not provided for new medication therapies and policies and procedures for this service are not developed or utilized.

Pharmacy service concerns (relating to patient care and to the residency program):

1. Clinical pharmacy services are not adequate in scope, depth, and consistency to provide residents with adequate opportunities to develop skills at the appropriate level expected for the residency (whether it be PGY1 or PGY2)
   - includes insufficient types of services needed to support residency training program
   - includes inadequate numbers of patients needed to gain the depth and breadth of patient populations for review by the resident
   - includes inadequate medication distribution services (as applicable).

Residency program issues:

- The complement of preceptors is not sufficient in number and scope (per type of program) to provide adequate opportunities for residents to develop skills to meet the requirements of the standard.
- Preceptors do not consistently employ clinical teaching roles effectively.
- Preceptors do not have training and experience in the area of pharmacy practice for which they serve as preceptors, or do not maintain continuity of practice in that area (in PGY2 programs), or do not practice in that area at the time residents are being trained
- Residency program design does not integrate required outcomes, educational goals and objectives.

Other issues:

- Organization or participating organization suffers loss of accreditation or licensure by appropriate body – (e.g. JC, NCQA, ACPE, board of pharmacy),
- Failure to meet procedural requirements as outlined in the ASHP residency accreditation regulations

Conditional accreditation may be granted beginning with the March 2008 meeting of the Commission on Credentialing.

Other accreditation status include: pre-candidate, candidate, preliminary and accredited. Full explanations of these terms can be found in the *ASHP Regulations on Accreditation of Pharmacy Residencies.*
http://www.ashp.org/s_ashp/docs/files/RTP_ResidencyAccredRegulation.pdf

ACCREDITATION FEES

Invoices for annual accreditation fees were sent to each residency and technician program in early February for calendar year 2008. There are no additional fees on the year a program has a site visit. Sites are responsible for payment of fees even if they do not have resident(s) or technician trainee(s) in their program in the current year but anticipate filling in future years. Programs that choose to discontinue their programs entirely must notify Accreditation Services in writing.
http://www.ashp.org/s_ashp/docs/files/accreditation/RTP_AccredFeeSchedule2008.pdf

ASHP EDUCATION AND FOUNDATION NEWS

Leading practice health systems and preceptors were recognized again in 2007 through the **ASHP Foundation's Pharmacy Residency Excellence Awards Program**. The national awards recognize excellence and leadership in the training and mentoring of pharmacy residents, as well as those programs that foster innovations in residency training.

Sponsored through an educational grant by Amgen, Inc, recipient(s) of the Pharmacy Residency Excellence Awards were honored at the ASHP Midyear Clinical Meeting in Las Vegas.

The winners of the 2007 residency in excellence awards are:

2007 Preceptor Award

Art Schuna, R.Ph., M.S., FASHP
William S. Middleton VA Medical Center
Madison, WI

2007 New Preceptor Award

Eric. W. Mueller, Pharm.D.
The University Hospital
Cincinnati, OH

2007 Program Award

University of Kentucky HealthCare
Postgraduate Year One Pharmacy Residency Program
Lexington, KY

The deadline for the next award is July 1st. All information about this important award process can be found on the ASHP Foundation website (www.ashpfoundation.org).

WHY SHOULD I DO A RESIDENCY?
Now goes live on You Tube!

If you have students who are thinking about considering a pharmacy residency – you can direct them to "You Tube" and look at the ASHP video "Why Should I do a Residency?" It helps address the basic questions of why someone should consider a residency. www.youtube.com

Copies of brochures "Why Should I do a Residency?" can be obtained from ASHP or are available on the web site at:
http://www.ashp.org/s_ashp/docs/files/RTP_ASHPResidencyBrochure.pdf

RESITRAK UPDATES AND QUESTION AND ANSWER

ResiTrak™, a new software tool for residency programs, was released in 2007 to assist in the management of preceptor evaluations, resident evaluations; and customized plan development and revisions. It is available free of charge to all residency programs that are ASHP-accredited or are in the process of becoming accredited (pre-candidate or candidate).

The McCreadie group will be emailing all residency program directors in March information about updating your ResiTrak system to prepare for the incoming class of 2008. Watch your email!

The remaining areas of PGY2 training outcomes, goals and objectives will be reviewed at the March ASHP Commission on Credentialing meeting. Once approved these new outcomes, goals and objectives will be forwarded to the McCreadie group – so they can be incorporated into next years ResiTrak system. The McCreadie group will keep you posted when these become available.

Assistance with using the ResiTrak online program is available by contacting support@mccreadiegroup.com or by calling 1-866-722-1096.
Access requires a username and password and information can be found through this link and updates are posted continuously:
http://resitrak.mccreadiegroup.com/resitrak/login.aspx

A link to their frequently asked questions and answers are also posted on the ASHP website:
http://www.ashp.org/s_ashp/doc1c.asp?CID=2028&DID=7115

Here's an example of a recently asked question:
What is the customized training plan for?
In ResiTrak, the customized training plan does a couple of things, all related to customizing the residency program to a particular resident.
#1: Select/deselect objectives: This feature allows the Residency Program Director (RPD) to customize the outcomes, goals, and objectives to a specific resident. By default, the residency outcomes, goals, and objectives are used for each resident. Any changes that are made will generate a comment in the text box on the main customized training plan page.
#2: Mark goals as achieved/not achieved: This feature allows the RPD to change the achieved flag on goals without the need for an evaluation. Any changes will generate a comment in the text box on the main customized training plan page.
#3: Text comments: The customized training plan page includes a place for comments. These comments may be generated by #1 or #2 above, or may be typed in by the RPD. This is the place to put your comments describing why you made changes to the objectives, any changes to the resident's schedule, your quarterly evaluation of the resident, etc.

Note: The customized training plan will be routed back and forth between the RPD and the resident until no further changes are made to the RPD's comments and the resident's comments. As soon as both the RPD and resident sign the identical training plan entry, it will be submitted as final.

ACCREDITATION SERVICES DIVISION (ASD) FREQUENTLY ASKED QUESTIONS

Are ASHP accredited residency programs required to have staffing or service commitment hours? Is there a set number of hours required?

All PGY1 Accredited Pharmacy Residencies must meet the required Outcomes (see section 4.1b of the PGY1 Pharmacy Residency Standard).
http://www.ashp.org/s_ashp/cat1c.asp?CID=3531&DID=5558
Two of these outcomes - manage and improve the medication-use process and provide evidence-based, patient-centered medication therapy management with interdisciplinary teams relate to staffing. The ASHP-accreditation standards do not dictate the number of hours required of a resident to staff. However the standards do imply that a resident should be able to function as a pharmacist when they leave the residency program and meet the above outcomes. Different models help the resident learn about the medication use process and providing patient-centered care, it is difficult to draw the line between what is providing a service versus when the resident is actually learning to integrate their knowledge to take care of patients. Clinical knowledge and information can be used to improve patient care when approving medication orders, contacting other health care providers, dispensing medications, providing information to other health care workers, whether on rounds or when calling from a pharmacy location. As a pharmacist, one should be able to intervene on the patient's behalf at any time in the process to help improve the patients care. Part of the service role for residents is to understand all aspects of pharmacy and see how information can either be obtained or given at the various points of the medication use process. PGY2 programs should refer to their individual set of goals and objectives to see what is required.

If my resident covers some shifts with us, are they included in calculating out duty hours?
Yes, any hours that a resident works that you are aware of whether it is at your place or moonlighting at another pharmacy must be considered when evaluating duty hours. The intent of duty hours is to make sure the resident does not work an excessive amount of hours that may compromise the welfare of a patient. Providing residents with a sound educational training program must be planned and balanced with concerns for patient safety and resident well being. Both PGY1 and PGY2 ASHP Accredited Pharmacy Residency Programs must comply with the current duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). The link to the July 1, 2007 ACGME duty hour guidelines is:
http://www.acgme.org/acWebsite/dutyHours/dh_Lang703.pdf
(Please note many of the recommendations are based on an average over a four week period: for example 80 hrs/week, one day in 7 free)

What resources are available to help my resident prepare their residency project in manuscript form?

The International Committee of Medical Journal Editors publishes a great resource called: "Uniform Requirements for Manuscripts submitted to Biomedical Journals: Writing and Editing for Biomedical Education" recently updated in October 2007.
http://www.icmje.org/#prepare

AJHP also has guidance materials located on its website: www.ajhp.org
http://www.ajhp.org/misc/ifora.dtl

We have a new residency/technician program director. Who do we notify and what is needed?

Contact the Accreditation Services Division by emailing to ASD@ashp.org.
Provide a CV and completed copy of the Academic and Professional form located on the accreditation web page specific to your program (technician or residency program)
http://www.ashp.org/s_ashp/cat2cn.asp?CID=2&DID=2
Note: all new residency and technician program directors must be approved by the Commission on Credentialing.

My report is being submitted to the next Commission meeting. When will I hear the results?

The next meeting of the ASHP Commission on Credentialing occurs on March 6-9, 2008. All of the Commission's recommended actions will be submitted to the ASHP Board of Directors for their endorsement by April 18, 2008. Letters will be sent to the residency program directors after the April Board of Directors meeting.

For more information, contact ASD Services
asd@ashp.org
301-657-3000
www.ashp.org