



# The COMMUNIQUÉ

## Serving Pharmacy Residency Programs

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**August 20 - 22, 2014**

**Washington Hilton, Washington DC**

**Today's Learners, Tomorrow's Leaders**

The National Pharmacy Preceptors Conference, (formerly the National Residency Preceptors Conference), is the only national event focused on education and networking for pharmacy preceptors. This popular and must-attend conference offers critical skills for not only residency preceptors and program directors, but also for those who have dedicated their time and energy to the precepting of pharmacy students. Whether you're an experienced director or a first-time preceptor, you're sure to take away practical tips that you can implement right away!

Registration is now open! Take advantage of early bird registration on or before July 11<sup>th</sup>.

For full conference details visit: <http://connect.ashp.org/nppc14/home>

For conference schedule visit:

<http://connect.ashp.org/nppc14/generalinfo/scheduleatagance>

Pre-meeting RLS workshops for all types of residency programs including PGY1 new programs, PGY1 existing programs, PGY2 new and existing programs, PGY1 managed care and PGY1 community practice programs will take place on Wednesday, August 20<sup>th</sup> from 8:00 am - 5:00pm.

Two half-day workshops will also be presented that day:

“Expanding your Residency Program” will take place from 8:30 am - 11:30 am.

“Leadership Skills to Grow Pharmacy Services in a Drought: A Clinical Leader's Workshop” will take place from 1:00 pm to 5:00 pm.

We look forward to seeing you and your preceptors there!

## Submit a Poster for the NPPC

Posters Presentations:

Share your success stories. Submit an abstract for a poster presentation about successful student, resident, or residency-related concepts and issues. Accepting abstracts now through June 1, 2014, 11:59 pm (Pacific).

<http://www.ashp.org/DocLibrary/NPPC14/Instructions-for-Abstract-Submissions.pdf>

## 2014 National Match Results

Results from the 2014 Pharmacy Resident Match were released on March 21st. More than 4,799 graduating pharmacy students and new practitioners participated in the Resident Matching Program seeking PGY1 and PGY2 residencies. An additional 260 PGY1 residents participated in the early commitment process to stay on at their site to complete a PGY2 residency.

Here's how Match Day 2014 looked compared to last year:

- 2,640 PGY1 positions matched, 5.8% increase in filled positions over last year (2495)
- 706 PGY2 positions matched, 17.5% increase in filled positions over last year (601) - includes early commitments
- 5.3% increase in participating PGY1 applicants overall
- 20.1% increase in participating PGY2 applicants overall

Obtaining a residency continues to be competitive. This year 1,502 individuals seeking PGY1 residencies did not match, and only 222 PGY1 positions remained unfilled post match. Pharmacists seeking PGY2 residencies saw less competition, with 211 unmatched individuals seeking to fill 86 PGY2 open positions.

PhORCAS will remain open to candidates seeking to fill open unmatched or new positions posted by programs. Programs who have received funding to expand their residency program this year can post open positions. PhORCAS will close May 31, 2014.

## Transitioning from Pre-Candidate to Candidate Status

Congratulations to those new programs that were in the pre-candidate phase of the accreditation process and matched with your first resident(s) in March or filled positions in the post-Match scramble! When your resident(s) begin the program in July 2014, you must submit an application for accreditation to Accreditation Services (to transition to candidate status). The application forms are listed by types of programs and are located on our website under "Applying for Accreditation". <http://www.ashp.org/menu/Accreditation/ResidencyAccreditation.asp>

The receipt of this application into the ASD office lets us know that your program has its first resident(s) and is ready to be placed on the wait-list for an accreditation survey visit in 2015. The receipt date also is the date that programs are able to retroactively go back to for CMS pass-through funding of PGY1 residency programs once accreditation is achieved.

## ASHP Residency Showcase™ Information: 2014 MCM Anaheim California

MARK YOUR CALENDAR! Booth Selection for your residency showcase will be open on July 29, 2014 at 2:00 pm EDT. Be sure to check your email in June, July, and August for Residency Showcase related newsletters that will be sent to residency program directors from the Educational Services Division of ASHP.

Information regarding dates and prices of booths can be found:

<http://www.ashp.org/menu/Events/Conferences/MidyearClinicalMeeting.aspxFor>

## Update on PGY1 Standard Revision

The new PGY1 standard will be submitted to the Commission on Credentialing (COC) for possible approval at the August meeting (August 17-19). If approved, a timeline will be established for implementation, which historically has been a year after its approval. An update will be given after the COC meeting at the National Pharmacy Preceptors Conference (August 20-22).

## Pharmacotherapy, Ambulatory Care Certification, and CPHIMS Review Courses from ASHP at the Summer Meeting in Las Vegas, Nevada



### Ambulatory Care Specialty Review Course and Recertification Program

May 31 - June 1, The Mirage, Las Vegas, NV

This two-day course provides a robust preparatory curriculum for the ambulatory care pharmacy professional preparing for the examination and is designed based on the domains, tasks, and knowledge statements developed by BPS. [Learn more](#)



### Pharmacotherapy Specialty Review Course and Recertification Program

May 31 - June 1, The Mirage, Las Vegas, NV

This two-day course provides a robust preparatory curriculum for the pharmacy professional planning to take the examination, or those seeking recertification or a refresh in therapeutics. [Learn more](#)



### Certified Professional in Healthcare Information & Management Systems

[CPHIMS](#) is a professional certification program for healthcare information and management systems professionals. Many organizations require candidates have this certification and are encouraging existing employees to obtain the certification. [Learn more](#)

### Additional Programming at the Summer Meeting for Residency Programs Preceptors

In addition to numerous clinical, medication use safety and management topics of interest, take advantage of programming that will assist you and your residency program such as "Precepting for Multiple Levels of Learners" on Wednesday June 8<sup>th</sup> from 2:00 pm - 3:15 pm.

### ASHP Resource Center: Items for your Preceptor Development Plan Toolbox

<http://www.ashp.org/menu/MemberCenter/SectionsForums/SICP/Resources/ASHPPreceptorsToolKit.aspx>

and

<http://www.ashp.org/menu/PracticePolicy/ResourceCenters/PreceptorSkills>

Don't recreate the wheel! This resource center has numerous presentations to use for preceptor development.

### Preceptors Playbook: Tactics, Techniques & Strategies

An effective pharmacy preceptor requires a broad skill set to coach and develop students and residents. In addition to the more traditional instructing skills of precepting, there are a host of softer, interpersonal skills that are necessary for pharmacists to master in order to manage the experiential learning setting. This ACPE activity was developed by the American Society of Health-System Pharmacists in partnership with the University of Kentucky College of Pharmacy. Thirty one modules will provide 7.75 hours of ACPE credit. <http://elearning.ashp.org/products/1950>

### ACPE and CE Credit Processing Information

ASHP recently learned that ACPE now requires that all pharmacy continuing education (CE) credits must be processed and claimed no later than 60 days from the date of the live activity or completion of an on-demand activity. Customers and members must process and claim all outstanding ASHP credit (meetings, workshops, webinars, recorded webinars, on-demand, print, etc.) **IMMEDIATELY, but no later than June 30, 2014, 11:59 p.m. CDT.** This includes all ASHP activities participated in to date. After June 30, 2014 CE credits earned from ASHP activities will NOT be accepted by CPE Monitor beyond 60 days from the date of the live activity.

If you and/or your colleagues are unsure if you have processed any workshop or meeting-related CE, you should check your profile at NABP-CPE Monitor at <http://nabp.net> to view your transcript. Customers may contact NABP customer Service with questions about CPE Monitor profile at [custserv@nabp.net](mailto:custserv@nabp.net).

This deadline has been established in accordance with ACPE/CPE Monitor directed requirements.

## ASHP Research and Education Foundation

### 2014 Pharmacy Residency Expansion Grant Recipients

Eleven programs were recently awarded pharmacy residency extension grant (PEG) funding for an additional residency program at their institution. Congratulations to the awardees!

For an entire listing of awardees, please read the ASHP Foundation press release:

<http://www.ashpfoundation.org/MainMenuCategories/ProgramNews/PressRoom/2014-Press-Releases/4242014-ASHP-Foundation-Continues-to-Support-Pharmacy-Residency-Training-by-Increasing-Available.pdf>

This year, the ASHP Foundation awarded \$440,000 in grants to 11 institutions for use in establishing additional pharmacy residency positions. Since 2011, the program has awarded more than \$2.28 million to 57 institutions total. The program is supported by Amgen, Inc., and proceeds from 20 health care corporations who made donations or attended the Pharmacy Residency Expansion Grant Corporate Benefit Dinners. (To see a list of these generous donors, please visit [www.ashpfoundation.org/PEGsponsors](http://www.ashpfoundation.org/PEGsponsors).)

### 2014 Pharmacy Resident Practice-Based Research Grant Program

Funding has been awarded to pharmacy resident researchers who seek to improve patient care by optimizing pharmacists' roles. These studies will address a number of critical health care issues, including pharmacy practice in the emergency department, organizational investment in medication management, smoking cessation and transitions of care.

Funding has been awarded to researchers who will address a number of critical health care issues, including transitions of care, preventing readmissions, and the role of genomics in care provision, The American Society of Health-System Pharmacists (ASHP) Research and Education Foundation recently announced. Congratulations to all the awardees!

<http://www.ashpfoundation.org/MainMenuCategories/ProgramNews/PressRoom/2014-Press-Releases/4212014-ASHP-Foundation-Announces-2014-Recipients-of-the-Pharmacy-Resident-Practice-Based-Resear.pdf>

### Apply to Pharmacy Residency Excellence Awards by July 18, 2014

The Pharmacy Residency Excellence Awards recognize excellence and leadership in the training and mentoring of pharmacy residents—training that is crucial to advancing pharmacy practice models and the development of future leaders. This awards program, which is sponsored by Amgen, honors leading practice facilities and pharmacy residency preceptors. The facilities that conduct residency training are the forerunners in excellence, leadership, innovation, and training in the United States. Key decision-makers in health-system practice are mentors for future leaders in pharmacy practice. The deadline for this year's awards is July 18<sup>th</sup>. <http://www.ashpfoundation.org/residencyawards>

## Commission on Credentialing Meeting Highlights

The following actions were taken by the Commission on Credentialing:

Length of Accreditation Granted at the March 2014 COC meeting

Residency Programs	Total #	Deny Accreditation	Conditional Accreditation	1yr	2yr	3yr	4yr	5yr	6yr	Continue Accreditation	Defer Action
New	82	0	0	13	0	37	0	0	32	X	0
Reaccreditation	57	0	0	4	0	19	0	0	34	X	0
Midterms	48	0	x	x	x	x	x	x	x	48	0
Special Cases	80	0	0	19	12	46	3	0	X	X	1
<b>TOTAL residencies</b>	<b>267</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>12</b>	<b>102</b>	<b>3</b>	<b>0</b>	<b>466</b>	<b>48</b>	<b>1</b>
Technician Training Programs											
New	22	0	0	3	0	4	0	0	14	X	1
Reaccreditation	6	0	0	1	0	2	0	0	3	X	0
Midterms	4	0	0	0	0	0	0	0	0	4	0
Special Cases	13	0	0	1	2	9	1	0	X	X	0
<b>Total Technician</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>1</b>	<b>0</b>	<b>17</b>	<b>4</b>	<b>1</b>

The next meeting of the ASHP Commission on Credentialing occurs on **August 17-19, 2014**. Programs surveyed for accreditation between December 1, 2013 and May 31, 2014 will be reviewed at this meeting.

The **frequent findings** listed below are for PGY1 and PGY2 programs with on-site surveys reviewed at the March 2014 Commission meeting. **CF** after the finding – denotes a critical factor that can impact the length of accreditation.

#### **March 2014 Top Areas of Partial Compliance with PGY1 Pharmacy Residencies (n=74)**

##### ***Residency Program Issues:***

- 77% Not all preceptors have made adequate contributions to the total body of pharmacy knowledge & meet 4/7 preceptor criteria- **CF**
- 76% Preceptors have not adequately developed & documented descriptions of learning experiences to meet objectives– **CF**
- 64% Residents do not complete evaluations of preceptors & learning experiences (at least quarterly for longitudinal) - **CF**
- 62% Not all programs learning experiences include sufficient practice to achieve goals and objectives (including project)
- 61% Preceptors do not complete all aspects of the assessment plan (e.g. self-evaluation, summative plans at least quarterly for longitudinal) – **CF**

##### ***Service Issues at the site:***

- 45% Services are not of a scope and quality commensurate with identified patient needs. - **CF**
- 34% Pharmacists do not prospectively help develop individualized patient treatment plans – **CF**
- 34% Automated medication use system & SW do not support a safe medication use system - **CF**

#### **March 2014 Top Areas of Partial Compliance with PGY2 Pharmacy Residencies (n=43)**

##### ***Residency Program Issues:***

- 85% Preceptors have not adequately developed and documented descriptions of learning experiences - **CF**
- 67% Not all preceptors have made adequate contributions to the total body of pharmacy knowledge & meet 4/7 preceptor criteria) - **CF**
- 63% Preceptors do not ensure all aspects of the assessment plan are completed (e.g. resident self-evaluation) - **CF**
- 63% Customized plans for residents are not documented/implemented/updates adequately – **CF**

##### ***Service Issues at the site:***

- 58% Pharmacists do not prospectively develop individualized patient treatment plans – **CF**
- 44% Services are not of a scope and quality commensurate with identified patient needs - **CF**
- 42% Pharmacists do not adequately design and implement medication therapy monitoring plans for patients - **CF**
- 37% Automated systems do not support a safe & effective medication use system. - **CF**

### **The following voted actions by the COC were recently approved by the ASHP Board of Directors:**

VOTED: To approve the new ASHP International Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs

### **Accreditation Services Office News**

Accreditation Services Office is pleased to announce the hiring of four new contract lead surveyors who will assist with the accreditation surveys in these respective areas:

#### **Pharmacy Technician Training Programs:**



**Sheri Roumell** received her B.S. in Management from the University of Mary in North Dakota in 2010. She is a graduate from the Pharmacy Technology program at Casper College and has been a certified pharmacy technician since 2003. Sheri started teaching for the pharmacy technology program at Casper College in 2004 as an adjunct instructor. She became the program director for that program in 2006 and still holds this role today as well as full time instructor. At Casper College she develops and maintains curriculum and laboratory facilities for on campus students and for distance learning classes. She also is responsible for maintaining the accreditation of that program. Sheri has presented several presentations for continuing education for both pharmacy technicians and pharmacists. She also presented a proposal to the Wyoming legislature to include a pharmacy technician on the board of pharmacy. Sheri has been participating in ASHP accreditation surveys for pharmacy technician training programs since 2011 across the United States.

## Pharmacy Residency Programs:



**Alison Apple** is currently the Director of Pharmacy for Methodist Le Bonheur Healthcare holding both a system pharmacy role as well as serving as the Director for Methodist University Hospital. She holds faculty positions as Associate Professor at the University of Tennessee College of Pharmacy and as a Clinical Assistant Professor at the University of Mississippi College of Pharmacy and Union University College of Pharmacy. She is a residency program director for a PGY1/ PGY2 Health-System Pharmacy Practice Administration Program. Alison is a B.S. Pharmacy graduate of the University of Rhode Island and a M.S. Pharmacy graduate of the University of North Carolina where she also completed her hospital pharmacy residency. Alison has also served as the Chair, Commission on Credentialing.



**Marialice Bennett** is a Professor Emeritus of Clinical Pharmacy and Residency Director for the Ambulatory and Community Care Residency Programs at the Ohio State University College of Pharmacy. She served as a co-founder and pharmacy director of University Health Connection, an innovative interprofessional health care clinic for faculty and staff of the university, from 1999 to 2011. She earned her BS degree from The Ohio State University College of Pharmacy. Marialice is recognized as a practice innovator. Her contributions to the development of the OSU College of Pharmacy Clinical Partners Program were recognized by the 2004 ASHP Best Practice Award and her contributions to the development of University Health Connection resulted in the 2005 ASHP Best Practice Award. She received the 1999 APhA Daniel B. Smith Practice Excellence Award and the 2011 OPA Beal Award for contributions to pharmacy. She has been involved with several national practice-based research projects including Project ImPACT:Hyperlipidemia and Patient Self-Management: Diabetes and is an APhA Fellow. Marialice's service includes 2011-12 APhA President; 2007-2009 President of APhA-Academy of Pharmacy Practice and Management and member of the APhA Board of Trustees; member of the APhA Community Residency Advisory committee from 2002-2007; and member of numerous MTM advisory panels and task forces. Marialice served on the ASHP Commission for Credentialing representing APhA from 2002-2007.



**David J. Warner, Pharm.D.** joined Duke University Hospital in Durham, North Carolina, in March 2010 as the Associate Chief Pharmacy Officer, Clinical and Patient Care Services (clinical pharmacy services for adult patients), and the Director of Pharmacy Education. For the 12 years prior to that, Warner was Director, Residency Program Development and Accreditation Services Associate at The American Society of Health-System Pharmacists in Bethesda, Maryland. At ASHP, his primary responsibilities included leadership of residency survey teams for accreditation of pharmacy residency programs, support of the Commission on Credentialing, and residency program development activities for new and existing residency programs. Dr. Warner received his doctor of pharmacy degree from the University of Nebraska Medical Center College of Pharmacy in 1987 and completed a clinical pharmacy residency there in 1988. Following residency, he was a clinical pharmacist at University Hospital at the University of Nebraska Medical Center and an adjunct faculty member at the College of Pharmacy at UNMC, teaching didactic courses in applied therapeutics, professional practice, and applied pharmacokinetics on cardiovascular and critical care topics. He precepted clinical clerkships in cardiology, critical care, and hospital pharmacy practice, and was recognized as teacher of the year and preceptor of the year. During his tenure there, he was a residency program preceptor and residency program director until 1998 when he left to join ASHP.

## **Biographies of all ASD Lead Surveyors: (2014)**

<http://www.ashp.org/DocLibrary/Accreditation/AccServicesSurveyorBiographies.pdf>

## **Contact Information for the ASD Staff:**

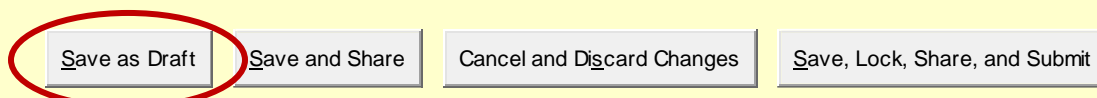
Phone            301-664-8840  
ASD fax        301-664-8867  
Email            asd@ashp.org

## RESITRAK™ CORNER: On the Help and Support Page in ResiTrak

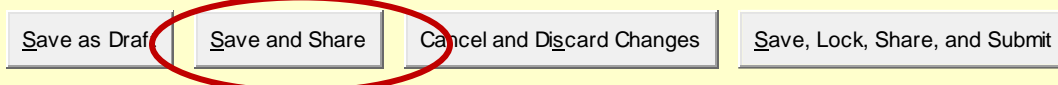
- Video Training for ResiTrak: Six new educational videos are available with step-by step demonstration and narration of the use of the six key features/processes of ResiTrak
- Under the RESOURCES heading, a presentation entitled “Meeting the Intent of the Accreditation Standard: Making ResiTrak Work for Your Program”, along with associated appendices, have been posted from the 2013 National Pharmacy Preceptors Conference (NPPC)
- The ResiTrak NPPC 2013 presentation is also on the **ASHP website** in 2 places: 1) ResiTrak link on 'Residency Accreditation' page and 2) 'Additional Resources' page, under 'ResiTrak-Related Online Education'

## ResiTrak™ Corner: Customized Plans Part 2

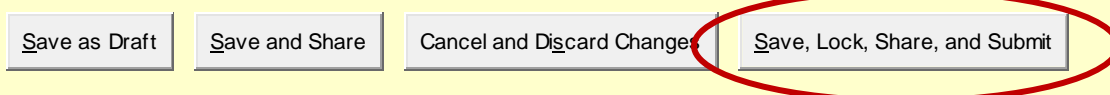
New features have been added to the Customized Plan (CP) section in ResiTrak™. The last edition of ResiTrak™ Corner discussed utilization of the new templates for development of CPs. In this issue, the available actions (buttons) for submission of the CP will be reviewed.



The process for submission of the CP is initiated when an entry is created or the previous plan is edited by an RPD or designee. A resident may also enter or edit text for the CP, however the resident submission is not a required step for completion. When the “Save as Draft” option is used, no one other than the CP entry author may view the information.



If the RPD utilizes “Save and Share”, the entry will become visible to the resident. If this option is chosen, the resident may start or continue editing their portion of the CP. (Note: “Save and Share” does not generate an email alert to the resident, RPD or designee that the CP is ready for review.)



To initiate the signature process, use “Save, Lock, Share, and Submit”. This will notify the resident of the CP entry and will prevent additional revision of any portion of the CP unless the “Reopen” option is used. The resident then can choose to “Submit” the CP which acts as the resident’s signature or may choose to “Reopen” the CP for editing.

## Manage Tasks and Evaluations

Use this screen to manage tasks related to a resident as well as move completed evaluations to edit mode.

--Select Resident--

(Customized Plans)

	Scheduled Date	RPD/Designee Entry	Resident Entry	RPD Cosign
<a href="#">View</a> <a href="#">Delete</a> <a href="#">Reopen</a>	7/1/2013	7/3/2013 by XXX Pharm.D., FCCP, BCPS	7/3/2013	

The “Reopen” function of the CP preserves all entries and allows modifications but erases previously recorded submission history and signatures, thus requiring new signatures from all parties. The option “Save, Lock, Share, and Submit” acts as the RPD’s signature for the CP unless a designee completed the plan in which case the resident’s submission will prompt the RPD for co-signature. Additionally, if a designee completed the CP the RPD will have the option to “Reopen” the customized plan, if needed, prior to co-signature.