Postgraduate Training

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Disclosure and Conflict of Interest

Rebecca Young declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
Objectives

At the conclusion of this program, the pharmacist and technician will be able to:

1. Identify the different types of Post-Graduate Training opportunities
2. Describe the application process and the role of Pharmacy Online Residency Centralized Application Service (PhORCAS)
3. Distinguish a typical interview schedule
4. Explain the match process
The first residency, known as “internships” began in ______.

A. 1920’s
B. 1930’s
C. 1940’s
D. 1950’s
Which of the following is a resident responsibility?

A. Research
B. Patient care services
C. PharmAcademic
D. All of the above
Which of the following is a mission of a community hospital?

A. Emphasis on patient care
B. Emphasis on patient care, education and research
C. Provision of patient care and interest in improving patient outcomes, wellness and health
D. Provide patient care to veterans
Opportunities After Graduation

- Fellowships
- Advance Degree Programs
- Residencies
  - Post-graduate year 1 (PGY1)
  - Post-graduate year 2 (PGY2)
Fellowships

• Opportunities:
  – Traditional (2 yrs.)
  – Industry (1-2 yrs.)
  – Specialized
    • Pharmacoeconomics and outcomes research (2 yrs.)
    • Regulatory affairs
    • Others
      – Medical affairs, market access/managed markets and clinical research and development

• Affiliations

Advance Degree Programs

Interests in management and leadership in pharmacy or health care

• Masters of science in pharmacy administration (MS)
  – Degree varies based on institution

• Masters of business administration (MBA)

• Masters of healthcare administration (MHA)
  – Focused in health systems and health compared to MBA

• Masters in public health (MPH) or health policy
  – Focuses on conditions and services to protect the community

Residencies

- **Postgraduate Year One (PGY1)**
  - General pharmacy experience
  - Meets ASHP standards and outcomes

- **Postgraduate Year Two (PGY2)**
  - Builds upon competencies in PGY1
  - Focused in specific area of practice
  - Preparation for board certification
Residency History

“Internships” 1930’s

1948
Development of standards, ASHP involvement

Accreditation process, “Residency” 1962

1970’s
Clinical practice grows

1993
Pharmacy Practice Residency

2005
PGY-1/PGY-2

TYPES OF RESIDENCIES
PGY1 Pharmacy Practice Residency

- Experience in ICU, internal medicine, and ambulatory care
- Exposure to many disease states and pharmacotherapy issues
- Rotate through different experiences
- Opportunities to work with preceptors in many specialties
- Develop skills in drug information, drug-policy development, pharmacy administration, and/or practice management (staffing) absences

Community Pharmacy Residency Programs (CPRP)

- Chain, supermarket, independent, health-system pharmacies
- Many programs have longitudinal experiences
- Clinical Services
- Common disease states targeted
- Possible teaching commitment
- Projects (some longitudinal)
- Business opportunities

PGY2 Residencies

- Managed care
- Ambulatory Care
- Cardiology
- Psychiatry
- Nephrology
- Infectious Disease
- Internal Medicine

- Acute Care (ER, critical care)
- Oncology
- Pediatrics
- Veterinary
- Solid Organ Transplant
- Drug Information

Reasons to Complete a Residency

• Competitive advantage in job market
• Networking opportunities
• Improvement in clinical skills, confidence, and critical thinking
• Develop teaching skills, tools and teaching portfolio
• Build leadership skills
• Career planning
• Professional vision

Resident Responsibilities

- Patient care services
- Research
- Population-based care
- Education
- Service Responsibilities
- PharmAcademic

Program Characteristics

- Variety of Institutions
- Residency size
- Hospital size
Academic Medical Centers

• Three-part mission:
  – Patient care, education, research
• Affiliated with schools of pharmacy
• Variety of discipline practicing and learning in the medical center
• Focus on teaching and education
• Many healthcare professionals have dual roles
Community Hospitals

• Serve their surrounding communities
• Mission:
  – Emphasizes patient care, although education or research can be included (especially in community teaching hospitals)
• Could hold formal rounds
• Offer community service programs to patients
Hospitals Apart of Managed Care Organization

• Share aspects of community hospitals
• Focus on serving members rather than community
• Mission:
  – Provision of patient care, interest in improving patient outcomes, wellness and health prevention
• Teaching healthcare professionals, patient education classes, and experiential teaching of pharmacy students
VA Medical Centers

• Mission:
  – Provide patient care to men and women veterans
  – May include education and research
• Largest provision of residency training
• Often located near academic medical centers
• Share patient care, teaching and research opportunities with academic medical centers
• Large amount of pharmacist autonomy

Community Pharmacy

- Chain, grocery store, or independent pharmacies
- Chain and grocery store incorporate more managerial and corporate aspects
- Independent pharmacies and local chains have less complex business model and structure

Institution Size

• Hospital size: measured by number of beds
  – Typically licensed for a larger number of beds than they actually utilize at one time
  – Average census is more reflective of hospital size
  – Not limited by type or affiliation
    • Academic centers can be medium sized (300-500 beds) or very large (>1000 beds)
  – Very small hospitals and small hospitals usually in rural areas
  – Larger hospitals have > diversity of disease states and specialties
Program Size

- Large: 10+ residents
  - More colleagues
  - More rotation experiences
  - Less flexibility in scheduling rotations

- Medium: 5-9 residents

- Small: 1-4 residents
  - More one-on-one interactions
  - Greater flexibility in scheduling rotations or events

Accreditation

• Act of granting approval through an official process

• Allows program to partake in recruiting benefits
  – ASHP’s Online Residency Directory
  – Participates in National Residency Matching Program

• Rigorous process

• Granted for 6 years typically, may have 1-3 years based on compliance

• ASHP crediting body

Pre-Candidate

Request Pre-Candidate Status

Recruit Resident(s)

Candidate

Commence Residency; submit residency application

Conduct residency self-assessment; participate in site survey

Make improvements in response to survey team findings

Provide formal response to survey team findings

Graduate first resident(s)

Accredited

Receive notice of accreditation action

How Programs Evaluate Residency Applicant

• Number of different ways
• Core:
  – Experiential training
  – Professional organization involvement
  – Leadership activities
  – Community services
  – Academic performance
  – Scholarly activities
  – Professional work experiences
  – Other employment experience
  – Overall communication skills
APPLICATION PROCESS
Timeline

August
• Registration for ASHP match opens
• Attend ASHP MCM
• Final date for PGY2 early commitment
• Apply to residency

November
• List of programs in Match available
• PhORCAS opens
• Begin applications

December
• Final date for PGY2 early commitment
• Apply to residency

January/February
• Residency interviews
• Rank order opens

March
• RANK ORDER DEADLINE
• Match I results revealed
• Match II Begins

April
• Match II Rank order Due
• Match II results
• Post Match/Scramble
PhORCAS

- **Pharmacy Online Residency Centralized Application Service**
- Tool to manage applications
- Developed by ASHP accreditation services and Liaison International
- Opens in November
Application Process

Create account & register for match → Official transcript requests → Application information entry

Submit application ← Select 3 references ← Upload documents*

*CV, Letter of Intent for each program, supplemental material
On-Site Interviews

- All day (2-8 hrs)
- Aspects of the program
- Formal presentation
- Patient cases, clinical assessments or exams
- 1:1 interviews and/or group interviews
- Lunch sometimes dinner
- Facility tour

Interview

• Travel and hotel arrangements
• Attire
• Prepare list of questions
• Research program and preceptors
• Practice presentation, review CV, and disease states

MATCH
Match Process

• Links applicant’s highest preference with program’s highest preference
• Attempts to place applicant into program most preferred on applicant’s list
• Preference given to applicant not program
# Example Match

## Programs’ Rank Order Lists

<table>
<thead>
<tr>
<th>Voice (2 positions)</th>
<th>Show (1 position)</th>
<th>Winner (1 position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Adam Levine</td>
<td></td>
<td></td>
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</tbody>
</table>

## Applicants’ Rank Order Lists

<table>
<thead>
<tr>
<th>Adam Levine</th>
<th>Blake Shelton</th>
<th>Pharell Williams</th>
<th>Gwen Stefani</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Voice</td>
<td>3. Winner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UNMATCHED**

VOICE

SHOW

VOICE

Match Phases

- **Phase I:**
  - Programs and residents find out who was matched with particular programs
  - National Match Service send email around noon EST possibly sooner
  - Rank Order for Phase I due March 4, 2016
  - Results on March 18, 2016

- **Phase II:**
  - Unfilled programs offer positions to unfilled applicants
  - Programs with new funding/positions are added
  - Opens March 23, 2016
  - Rank Order for Phase II due April 1, 2016
  - Results on April 8th, 2016

- **Scramble**

Which of the following is an example of a postgraduate year 2 residency?
A. Industry fellowship
B. Ambulatory care
C. Masters of business administration
D. None of the above
Which month does PhORCAS open?
A. April
B. August
C. January
D. November
Post Test: Question #3

Which of the following is **FALSE** regarding on-site interviews?

A. Candidate may give a formal presentation
B. Candidate may have group interviews
C. Candidate may go on a facility tour
D. Candidates travel arrangements will be paid for by program
Post Test: Question #4

Which of the following is **FALSE** regarding the match?

A. Program and applicant must submit rank order in March

B. Attempts to place applicant into program most preferred by program

C. Attempts to place applicant into program most preferred on applicant's list

D. Consists of two phases; Phase I and Phase II
Take Home Points

• Start applications early
• Budget for the application and travel costs
• Determine your career goals
• Use professors, preceptors, pharmacists, books, and websites to help you
Resources & References

References:

Resources:
Additional Resources

• American College of Clinical Pharmacy (ACCP) (includes Fellowships and non-accredited residencies)

• Academy of Managed Care Pharmacy (AMCP) (includes fellowships and non-accredited residencies)

• American Pharmacist Association (APhA)

• Indian Health Service (IHS sites only)

• American Society of Health-System Pharmacy (ASHP) residency directories (accredited residencies only)
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