Starting a PGY–1 Pharmacy Practice Residency Program

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Disclosure

I have no relevant financial relationships pertinent to this presentation.

Learning Objectives

- List at least three (3) considerations that should be determined in the assessment phase when determining readiness to start a PGY1 Pharmacy Practice Residency Program.
- Describe the importance of developing support for a PGY1 Pharmacy Practice Residency Program from the four target groups necessary to achieve a successful program.
- Describe the ASHP accreditation process for accreditation of a PGY1 Pharmacy Practice Residency Program.
First Polling Question:

- What percentage of growth of new PGY1 pharmacy residency positions is needed annually to keep up with the annual increase in demand?
  - A. 3%
  - B. 5%
  - C. 7%
  - D. 9%

**ANSWER: 5%**

2015 Resident Match Day Results

- A total of 2811 PGY1 positions were matched in 2015, or a 6.5% increase over the previous year.
- There was an increase of 8%, or 219 PGY1 positions, this past year exceeding the 5% annual increase in demand.
- In the past three years there has been a growth of 1000 new PGY1 residency training sites, or a 25% growth spurt.
- However, 1,547 pharmacy students seeking a PGY1 residency did not match in 2015.
- With 270 positions remaining post-match, this leaves 1277 pharmacists without an opportunity to complete a PGY1 residency for 2015/16.


The Challenge for You

"Starting a residency program is a significant undertaking requiring a lot of hard work. However, the end result will be one of the most professionally rewarding experiences achievable."
Initial Assessment

- Determine if the necessary elements for training resident pharmacist practitioners are present at your practice site.
- Do your homework:
  - Review the ASHP residency resources including ‘How to Start a Residency Program’ and ‘Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs’.
  - Complete the On-line Residency Readiness Self-Assessment Tool.
  - Discuss your plans with key pharmacists (future preceptors) from your practice site and identify key challenges and barriers.


Early Decisions

- Timing is important; give yourself enough lead time and consider a planning calendar with important milestones that must be completed.
- Consider what else is going on in the department or in the hospital that can impact the start of your program or the time that you can spend.
- How many residents should you plan for?

Early Decisions

- Is ASHP accreditation your goal? This should be part of your timing strategy for matching purposes.
- What is the primary purpose of your residency program?
- Who will serve as residency director, coordinator, preceptors, Residency Advisory Committee, etc.?
Second Polling Question:

- What are the primary reasons that hold you back from beginning a PGY1 Pharmacy Residency Program?

Purpose of a Residency Program

- The purpose of a PGY1 pharmacy residency program is to build upon the Doctor of Pharmacy (PharmD) education, contribute to the development of clinical pharmacists, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.
- Integrate the strengths and experiences of your practice site into your purpose statement so that the product will be clear to potential residents yet still reflects the intent found in the ASHP Accreditation Standard.
- Be careful to not falsely advertise programs or experiences that do not exist at the practice site.
- All aspects of your residency program should be reviewed yearly for any needed additional information or experiences, including reviewing the purpose of your residency program.

Resources

- On-line ASHP Residency Resource Center has a complete complement of “How to” information and background literature at http://www.ashp.org.
- ASHP workshops at the Midyear Clinical Meeting and Annual Meeting, “Residency Program Design and Conduct (RPDC)”, for new and existing Programs. Consider attending both programs.
- Residency program webinars, town hall meetings, the National Residency Preceptor Conference, state residency conferences and networking sessions.
- Local residency directors that are willing to share their expertise, experiences or answer questions.
- ASHP Accreditation Services Office (ASO):
  - Bruce Nelson, Director, Operations, ASO
Later Decisions

- Program Design—Involve your Residency Advisory Committee (RAC) and refer to the “Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies”.
  - Define rotations and types of experiences – rotational, longitudinal, extended or concentrated.
  - Draft individual learning experiences (rotations) that are associated with a set of learning objectives.
  - Be sure that you identify those required goals and objectives that must be achieved by the resident.
  - Evaluations and assessments – ResiTrak™/PharmAcademic™, a web-based tool from ASHP will be used by your residency director, coordinator, preceptors, and residents.
  - Service Commitment- Variable requirements by site.
- Call on your local experts for advice on your program design.

PROGRAM DESIGN—TRAINING MANUAL

- Serves as the “road map” for your residency program. This can be electronic or a binder of documents that define your program and serves as a repository for your key residency program materials.
  - Policies and procedures specific for your program.
  - Individual learning experiences.
  - Overview and description of the residency program
  - Resident schedules.
  - Other reference materials such as required goals and objectives.
  - Resident letters of acceptance, resident contracts, and other correspondence relevant the program.
  - Preceptor Academic and Professional Records.

Qualifications of the Program Director and Preceptors

- ASHP Accreditation Standard for Postgraduate year one (PGY1) Pharmacy Residency Programs
  - Standard 4: Defines the requirements of the residency program director and preceptors.
  - Detailed requirements for eligibility, qualifications, and leadership responsibilities.
  - All must demonstrate the desire and ability to precept residents by the use of the four clinical teaching roles, instructing, modeling, coaching and facilitating.
RESIDENCY LEARNING SYSTEM (RLS)

- Pharmacy Residency Standards requires that “the resident’s program be designed, conducted, and evaluated using a systems-based approach. Such an approach requires that there be a direct correlation among the expectations of resident performance, the type of instruction provided, and the evaluation of resident performance”.
- The RLS consists of tools to assist with residency program design and training delivery; these tools are categorized by the nine steps of the RLS process.
- RLS provides a systematic approach to pharmacy residency training.
- ASHP workshops will illustrate these nine steps.

Recruitment of Candidates

- Programs seeking ASHP accreditation are either in a Pre-Candidate Status, Candidate Status or Accredited Status and must participate in the Resident Matching Program (PMP).
- In Pre-Candidate status, the program is listed in the ASHP Residency Directory for interested resident applicants.
- Residency showcases at the Midyear Clinical Meeting and local professional organization meetings, or career days at local colleges of pharmacy are important opportunities to sell your program.
- Your first residents know that your program is not yet accredited so you may not match any residents the first time you participate in the match but a new program provides a unique opportunity for these residents.

Developing Support

- Draft a list of benefits that will occur because of your new residency program. Some of these benefits include:
  - Extending your pharmacy staff and managers to improve the quality of pharmacy services in the hospital or practice site especially in the area of direct patient care.
  - Initiating new pharmacy services and/or pilot projects.
  - Improving the overall quality, knowledge and skill level of your pharmacy staff.
  - Preparing for succession planning of pharmacy staff and managers.
  - Contributing to regulatory readiness by meeting or exceeding “Minimum Standards for Pharmacies in Hospitals.”
  - ROI- Residencies return the dollars spent on a Residency Program through Medicare pass through payments.
Developing Support – Target Groups

- Pharmacy Staff
  - Critical to success of your program.
  - Must brief your pharmacists and pharmacy technician staff on how important a pharmacy residency program can be for their professional growth and the growth of the department.
  - Contributions to the success of a residency program come from all of your staff and teaching moments will benefit all staff.

- Medical Staff
  - Physicians understand the resident training concept.
  - Discuss the contributions that residents will make for key Medical Staff Committees like Pharmacy and Therapeutics Committee (P&T), Investigational Research Board (IRB) and Antimicrobial Stewardship.
  - Meet with your Medical Education Director and Coordinator and explain your plans. Medical education has similar interests and knowledge about resident matching, experiential education, foreign graduates, research and have existing policies and procedures to share.
  - Ask to join your hospital’s Medical Education Committee and be a regular attendee with a standing report at each monthly meeting to report on the Program’s progress and accomplishments.

- Nursing Staff
  - Nursing will appreciate all of the additional pharmacy residents, resources and attention to improved pharmacy services, patient care, and education.
  - Nursing will be a huge advocate for your program and will be excited for the new pharmacy programs and initiatives.
  - Residents provide value to the nursing staff and to patient care while the nursing staff will provide equal value to the education of the pharmacy resident.
Developing Support– Target Groups

- Administration (hospital leadership) should be involved from the very beginning.
  - Include the CEO, CFO and your immediate boss in any discussions and proposal from the beginning.
  - Prepare and explain the list of the benefits that you expect from your pharmacy practice residency program as covered earlier.
  - An existing commitment to medical education at the institution will serve as a springboard for establishing a Pharmacy residency program.
  - All residency programs bring prestige to the Hospital through quality improvement programs and research.
  - Continued communication about progress and accomplishments of the program during the year and at year end through an annual report is essential. Be sure to include tangible accomplishments.

Funding

- The primary concern verbalized by senior leadership will be about funding and the additional full time equivalents (FTEs).
  - Prepare a cost impact analysis or “Proforma” in conjunction with your finance buddy to better explain the program costs and reimbursement to your CFO; talk their language.
  - See “Understanding Reimbursement for Pharmacy Residents” to help you prepare your “Proforma”.
  - Tap into your Medicare or corporate accountant for assistance with how they handle the medical education costs and get help with projecting your direct and indirect costs associated with your new residency program for your cost impact analysis.
  - Learn the reporting format needed for the hospital’s annual Medicare cost report.
  - Medicare pass-through funding dollars will usually offset the direct and indirect expenses associated with a residency program.

Accreditation Process

- ASHP has been accrediting pharmacy residency programs since 1963. Accreditation provides a consistent level of excellence that can be replicated at each site.
  - Future employers can expect a certain level of expertise from pharmacy residents that successfully complete an ASHP accredited residency program.
  - The accreditation process evaluates the residency program structure, the residents and the pharmacy services at a given site.
Accreditation Status

- Pre–Candidate Status
  - Allows the site to be listed in the “ASHP Residency Directory”.
  - Allows the site to use the ASHP Pharmacy Online Residency Centralized Application Service™ (phORCAS™) for recruitment and decision support purposes.
  - All programs must participate in the Resident Matching Program (RMP).
  - Allows the site to advertise a new program through residency showcase opportunities leading up to residency match day.
  - Two–page application to ASHP; not a mandatory step to get to Candidate status. Your CEO will need to sign off.

Application Status

- Candidate Status
  - Once a Residency Program has their first resident begin their training, the Residency Director can apply for “Candidate Status”.
  - Two–page application to ASHP along with Program Director’s CV and Academic and Professional Record. Your CEO will be required to sign off.
  - Clock starts ticking for the residency program site survey by ASHP usually within the next 12 months.

Site Survey

- Preparation starts with completion of ASHP Pre–Survey questionnaire. The completed questionnaire requires significant lead time with supporting documentation about your pharmacy services and new residency program.
- Ensure that you are meeting pharmacy residency accreditation standards when completing the pre–survey or will by survey time.
- The completed Pre–Survey Questionnaire must be submitted to ASHP a minimum of 45 days prior to the scheduled site survey.
- Pre–Survey documents are used by the ASHP accreditation team to focus their visit time.
Site Survey

- The survey team consists of at least 2 people. One individual from the ASHP Accreditation Services Office (ASO) and one member from the ASHP Commission on Credentialing or another pharmacist leader in the field.
- Usually entails a full two-day survey with interviews of your residents, pharmacy staff, nursing and medical staff, and pharmacy preceptors, and visits to various physical areas of the pharmacy department and nursing units.
- Closing summary is conducted with pharmacy leadership and the site’s CEO.

Site Survey

- Goal is to come out of this survey with conditional accreditation before the surveyors leave.
- Achieve a full 6 year accreditation by the ASHP Commission on Credentialing which occurs at a regularly scheduled meeting at a later date.
- Identified deficiencies will need to be addressed and a corrective action plan submitted with a specific timeline for correction.
- Accreditation is retroactive to the time that your residents begin their training.

Annual Residency Assessment

- Required standard of ASHP accredited residency programs.
- Residents, RAC, preceptors, the director and coordinator, along with the pharmacy, nursing and medical staff can give valuable input on various aspects of your residency program.
- Integrate formal and informal feedback from throughout the residency year and from designated annual evaluation feedback sessions.
- The goal is for continued improvement of the program and to be responsive to resident feedback.
- This is a good time to assess your preceptors and develop an annual preceptor improvement plan.
Program Growth and Development

- Annual assessment generates goals for improvement in all aspects of the residency program structure or need for new policies.
- Continued improvement brings about continued momentum to make it a better program including improving recruiting efforts and match results.
- Self assessment time is also a good time to develop a framework for expansion of your program perhaps doubling the number of residents that you can accommodate.

Conclusion

- Starting a residency program is hard work and mentally demanding but the impact on you, the hospital, pharmacy department, and your pharmacy staff will be significantly gratifying.

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- St. Joseph Mercy Oakland Pharmacy Specialists, Preceptors and Staff.
- Fifteen St. Joseph Mercy Oakland Residents that have completed the PGY1 Pharmacy Residency Program since 2010.
References

