Why Residents Complete a Residency: Residency Outcomes and the Need for Preceptors

In its Pharmacy Forecast: 2015-2019 report, the American Society of Health-System Pharmacists (ASHP) Foundation notes that an estimated 22% of hospital pharmacists have completed PGY1 residency training and by 2019 at least half of health-systems will require residency training for entry level clinical pharmacy positions. This, combined with greatly increased output of pharmacy school graduates sets the need for graduates to seek residency training to gain an edge over other recent graduates.

Additionally, the 2014 ASHP Resident match results indicated that more candidates participated in the process with more programs available since the match began in 1979. In 2014, 2640 positions for PGY1 residency training matched, but 1502 individuals seeking training did not match and 222 residency positions remained after the match. To add to the increase in pharmacists seeking residencies, there has been a decrease in “unmet demand” for pharmacists since the 1990s (Figure 1). This ultimately has resulted in an increase in pharmacists seeking residencies and additional training to set themselves apart from their peers.

With the demand for residency training established, the demand for preceptors has also increased over the last several years. It is important for preceptors to understand not only the motivating factors for why students seek residencies but also what outcomes ASHP expects of residency graduates. See ASHP residency outcomes listed below. These should all be met during the residency training year, and each outcome contains specific goals and objectives to guide preceptors in developing learning experiences.

Outcomes Required By PGY1 Standard

Outcome R1: Manage and improve the medication-use process.
Outcome R2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
Outcome R3: Exercise leadership and practice management skills.
Outcome R4: Demonstrate project management skills.
Outcome R5: Provide medication and practice-related education/training.
Outcome R6: Utilize medical informatics.

References:

Figure 1: Aggregate Demand Index (ADI) reflects the extent to which the available supply of pharmacists meets the demand of open positions or vacancies, also known as “unmet demand for pharmacists.” Source: University of California. http://www.ucop.edu/health-sciences-services/_files/pharmacy-an-era-of-growth-and-change.pdf. Retrieved February 16, 2015
Principle 5: The residency program director (RPD) and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents. The Preceptor Pages will highlight how residency preceptor Adam Harris meets these requirements.

Requirements of preceptors:

5.7 Preceptors must be licensed pharmacists who have completed an ASHP-accredited residency followed by a minimum of one year of pharmacy practice experience. Alternatively, licensed pharmacists who have not completed a residency may be preceptors but must demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY1 residency and have a minimum of three years of pharmacy practice experience.

- Adam completed an ASHP-accredited PGY1 residency at Alaska Native Medical Center (ANMC) from 2009 to 2010.

5.8 Preceptors must have training and experience in the area of pharmacy practice for which they serve as preceptors, must maintain continuity of practice in that area, and must be practicing in that area at the time residents are being trained.

- Although Adam is no longer integrated as a staff pharmacist, he is actively involved in the research approval process, quality care, literature evaluation, and best practices evidence. His involvement with Pharmacy & Therapeutics (P&T) Journal Club, and Drug Information peaks during the residency’s first half. He currently serves as a Clinical Quality Analyst for the ANMC Quality Department.

5.9 Preceptors must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following:

a. Documented record of improvements in and contributions to the respective area of advanced pharmacy practice.

- Adam has several documented contributions to advanced pharmacy practice including:
  - Implementing changes that increased vaccination rates greater than 3-fold for admitted patients
  - Creating mobile application to determine the availability of refills for prescriptions
  - Developing and implementing a Cardiology Clinic process change that positively impacted medication availability
  - Reviewing prescribing, monitoring, and outcome trends for erythropoietin stimulating agents resulting in changed hospital guidelines for safer medication use
  - Creating an electronic resource in Microsoft Excel® to consolidate all external resources used by the pharmacy to a localized and usable source to streamline the ambulatory prescription fill process

b. Appointments to appropriate drug policy and other committees of the organization.

- Adam serves on the following ANMC committees: Regulatory Readiness, Patient Safety Committee, Safety Committee, Health Records Committee, Safe Medical Alarms Workgroup, Restraints Committee, Clinical Quality Council, Interdisciplinary Plans of Care Workgroup, Hazard Surveillance Team,

c. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status)

- Adam maintains the following certifications: BCPS (Board Certified Pharmacotherapy Specialist), NCPS (National Clinical Pharmacy Specialist), CPHQ (Certified Professional in Healthcare Quality), CCMSCP (Certified CMS Compliance Professional).

d. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.

- Adam’s publications include: co-authorship of residency posters/presentations, presentations at national and state meetings as a resident, and lead author of publication in the Journal of the American Pharmacists Association (JAPhA) as a student.

e. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.

- Adam serves as a JAPhA Peer Reviewer and an ANMC Research, Abstracts, Manuscripts, and Proposal Committee reviewer.
Do you know principle 5?

ASHP ACCREDITATION STANDARD PGY1 PHARMACY RESIDENCY PROGRAMS

Preceptor Requirements

f. Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.

- Adam is an Alaska Pharmacists Association (AKPhA) general member, ASHP general member, and on the ASHP New Practitioner Forum. He participates in Public Health Service PharmPAC activities, serves as the University Point of Contact for the University of Iowa College of Pharmacy, and gives recurring USPHS presentations and recruiting presentations at universities.

g. Demonstrated effectiveness in teaching (through student and/or resident evaluations, teaching awards).

- Past resident comments regarding Adam’s teaching effectiveness include:
  - “I always come away from a meeting with Adam with ideas of where I need to focus my time and efforts to improve as a practitioner. I admire the fact he is not afraid to be blunt on my weaknesses, but also compliments me equally on my strengths.”
  - “Adam by far provides some of the best feedback that I really find timely and useful.”

5.10 Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills.

- Adam describes the drug information rotation as the most intensive longitudinal rotation and involves the most contact with the resident. He notes that the rotation clearly progresses from instructing to facilitating, and without a smooth and appropriate transition, the rotation would not be successful. Journal Club is a great example. When the resident arrives, they receive instructions on what is expected for Journal Club. This is then modeled for them as Adam leads Journal Club for the month of July. After July, the resident is in charge of leading Journal Club. Adam’s role is then to coach, evaluate, give suggestions, help aid in any situation that may arise. As the resident progresses in their comfort level and effectiveness to lead Journal Club, Adam’s coaching role is gradually reduced, and ultimately Adam transitions to a facilitating role.

5.11 To develop a resident’s practice competency it is critical that learning experiences be supervised by pharmacist preceptors who model pharmacy practice skills and provide regular criteria-based feedback. However, in selected learning experiences in later stages of the residency, when the primary role of the preceptor is to facilitate resident learning experiences, it is permissible to use practitioners who are not pharmacists. In these instances, a pharmacist must work closely with the non-pharmacist preceptor. These learning experiences must be conducted only when the RPD and preceptors agree that the resident is ready for independent practice. Evaluations conducted at the end of previous learning experiences must reflect such readiness to practice independently.

- Feedback is crucial to Adam’s rotation. He states that he “takes a blunt and honest approach to evaluations” but notes that “this approach is not appropriate for all residents and/or preceptors, but it works great for my rotation.” Adam stresses that he develops a relationship of openness with the resident over the course of the longitudinal rotation that allows for honest dialogue. Adam’s approach to feedback is to have detailed comments on every learning goal or objective.

- Adam offers good advice on how to accomplish this: “To make sure I have details and appropriate content to complete comments and support my evaluation score, I continuously document events or happenings (both good and bad) in a notepad on my computer. We all know it is fairly difficult to remember every single detail about situations if they happened weeks to months in the past. So to prevent this, I document it when it happens so I can reference it when the time comes to include the details in the resident’s evaluation. The key is to talk with the resident about these items you are documenting when they occur, and not save them to talk about during the scheduled evaluation. The evaluation reemphasizes your prior discussion and documents the progress.”
ACCOUNTABILITY
IS THE NAME OF THE GAME

Sara White, retired Director of Pharmacy at Stanford Hospital, discussed the book, "Indispensable: Becoming the Obvious Choice in Business and Life." She emphasized that to become indispensable and have opportunities to grow/develop while being challenged and satisfied at work, we must be clear with ourselves how we want to be perceived. We have to be able to answer tough questions, such as, "what about yourself would you like to improve?" or "what do you need to improve in your personal life?"

Answering these questions forces us to hold ourselves accountable. In "Accountability: The Key to Driving a High-Performance Culture," Greg Bustin argues that a lack of accountability is the single greatest obstacle facing even the most experienced leaders. Bustin explains that figuring out who you are is the natural first step in the accountability process. It is pretty easy for most of us to describe to others what we do. What about the being part of our lives? Who do you want to be that cause you to do what you do?

Try answering these questions:
What do I want out of life?
Is my work helping me get it or keeping me from it?

You must know who you are, what you want, and what you don’t want before you communicate clear objectives to your employees. If you are not clear about everything - vision, values, objectives, strategy, rewards and penalties - the likelihood of achieving your goals is slim.

Bustin lists seven pillars of accountability that high-performing organizations share:

- **Character** - Character is shaped by an organization’s values. The organization does what is right for customers (patients), employers, suppliers, and investors, even when it’s difficult to do so.
- **Unity** - Every employee understands and supports the organization’s mission, values, vision and strategy and knows his/her role in helping to achieve them.
- **Learning** - A commitment to continuous learning and invests in ongoing training and development
- **Tracking** - Use of reliable, established systems to measure the things that are most important
- **Urgency** - Decisions are made and acted on with a sense of purpose, commitment, and immediacy
- **Reputation** - Achievement is awarded and underperformance is addressed, earning the organization and its leaders a reputation both internally and externally as a place where behavior matches values
- **Evolving** - Continually adapting and making changes to the organization’s practices to grow its marketplace leadership position

You can remember these pillars by using the acronym: C.U.L.T.U.R.E. Each of these characteristics is a crucial part of effective leadership. Treat these characteristics as practical, actionable steps to building and growing a high-performance culture based on purpose, trust, and accountability.

**Consider:**
Which of these seven characteristics does your workplace have and which could it focus more on?
What about our profession as a whole? Which of these pillars or characteristics do we struggle to achieve?

**Reference:**
1. True/False
The number of pharmacy students seeking residency training has decreased over the last several years.

2. All of the following are outcomes required by the ASHP PGY1 Standards except:
   a. Managing and improving the medication-use process
   b. Exercising leadership and practice management skills
   c. Demonstrating project management skills
   d. Learning work-life balance

3. All of the following are ways preceptors can show record of their contribution to pharmacy practice except:
   a. Appointments to drug policy or other committees in the organization
   b. Publications in professional journals or presentations at local, state, or national meetings
   c. Working more than 40 hours in a work week
   d. Formal recognition by peers as a model practitioner (ex: Board Certification, fellow status)

4. What are the four preceptor roles in which preceptors must show mastery when teaching clinical problem solving?
   a. Instructing, modeling, coaching, facilitating
   b. Teaching, demonstrating, feedback
   c. Evaluations, instructing, coaching, teaching
   d. None of the above

5. Which of the following are pillars of accountability, according to Bustin, that high-performing organizations share?
   a. Unity, Learning, Reputation, Seeking
   b. Character, Learning, Urgency, Emergency
   c. Tracking, Reputatio, Spiritual, Character
   d. Character, Unity, Learning, Evolving

6. According to Greg Bustin in “Accountability: The Key to Driving a High-Performance Culture”, what is the single greatest obstacle facing even the most experienced leaders?
   a. Lack of planning
   b. Lack of experience
   c. Lack of accountability
   d. Lack of exercise

7. True or False
According to the pillars of accountability, achievement is not addressed and underperformance is rewarded.

8. You can remember the pillars of accountability by using the acronym:
   a. A.I.D.E.T.
   c. M.O.N.E.Y.
   d. W.I.N.N.I.N.G.

9. True or False
To develop a resident’s practice competency, it is critical that learning experiences be supervised by pharmacist preceptors who model pharmacy practice skills and provide regular criteria-based feedback.

10. True or False
To be a preceptor, one must have completed a PGY1 residency.

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Pharmacists and Technicians:
The Alaska Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

To obtain CPE credit for this lesson you must answer the questions on the quiz (70% correct required) return the quiz and evaluation tool. Should you score less than 70%, you will be asked to repeat the quiz. This activity is accredited for 1.0 hour CPE (0.1CEU). Upon satisfactory completion, AKPhA will report participant CPE to CPE Monitor within 60 days of completion.

Pharmacists and technicians may receive credit for completing this course if returned by April 29, 2018.


For ACPE Credit Mail or Fax to: FAX (907) 563-7880

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**If a particular objective was not met, please explain:**

Additional Comments

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