Community-based Pharmacy Residency Directors & Preceptors Open Forum

Washington State Convention Center
2019 APhA Annual Meeting
Saturday March 23, 2019
4 pm – 5 pm
Open Forum Agenda

- Welcome/Introductions
- Residency Program and Accreditation Snapshot
- Community-based Pharmacy Residency Education and Training Programs
- Community-based Pharmacy Residency Update
- Resources
- 2019 APhA Community-based Residency Events
- Targeted Discussion
- Open Forum Discussion
Session Presenters/Moderators

James A. Owen, PharmD, BCPS
APhA Vice President, Practice and Science Affairs

Akilah F. Strawder, PharmD, BCACP
ASHP Senior Accreditation Services Associate
Community-based Lead Surveyor
Thank you to the generous supporter of this session!
Residency Programs and Accreditation Snapshot
As of 3/18/2019

ASHP Accredited Pharmacy Residency Program Growth

As of 3/18/2019

45%
2019 Residency Program Distribution

- PGY1: 1329
- PGY2: 1038
- COMBINED PGY1/PGY2: 90

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 3/19/2019
2019 PGY1 Residency Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 3/18/2019
<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 Community-based</td>
<td>164</td>
</tr>
<tr>
<td>PGY1 Community-based/PGY2 Community-based Pharmacy Admin and Leadership w/ Masters</td>
<td>4</td>
</tr>
<tr>
<td>PGY1 Community-based/PGY2 Community-based Pharmacy Admin and Leadership</td>
<td>2</td>
</tr>
</tbody>
</table>

* Programs in this category will transition to the PGY1/PGY2 Community-based Pharmacy Administration and Leadership Competency Areas, Goals, Objectives for the 2019-20 residency year.
Distribution of PGY2 Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 3/19/2019

Highest growth
2019 Phase I Match Results
Applicants vs Positions
PGY1

Since 2010  Applicants up 92%
Positions up 96%

# applicants
# positions

Applicants: 1,753
2019 MATCH: Increases in both the number of applicants and positions offered

• PGY1
  • 5% increase in positions offered
  • 7% increase in applicants

• PGY2*
  • 10% increase in positions offered
  • 12% increase in applicants
  • There were 473 early commits in 2019 compared to 401 in 2018

* Includes early commitment process
### Community-based Match Results (Phase 1)

<table>
<thead>
<tr>
<th>Type</th>
<th>Positions</th>
<th>Matched</th>
<th>Unmatched</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 Community-based</td>
<td>281</td>
<td>227</td>
<td>54</td>
</tr>
<tr>
<td>PGY1 Community-based/PGY2 Community-based Pharmacy Admin and Leadership w/ Masters</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>PGY1 Community-based/PGY2 Community-based Pharmacy Admin and Leadership</td>
<td>2</td>
<td>0</td>
<td>2</td>
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### PGY1 Community-based Match Results
#### PHASE 1  (2015-19)

<table>
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<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Positions Available</strong></td>
<td>281</td>
<td>267</td>
<td>241</td>
<td>216</td>
<td>193</td>
</tr>
<tr>
<td><strong>Positions Filled</strong></td>
<td>227</td>
<td>209</td>
<td>188</td>
<td>169</td>
<td>153</td>
</tr>
<tr>
<td><strong>Percent Filled</strong></td>
<td>81%</td>
<td>78%</td>
<td>78%</td>
<td>78%</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Percent Unmatched</strong></td>
<td>19%</td>
<td>22%</td>
<td>22%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Unmatched</strong></td>
<td>(54)</td>
<td>(58)</td>
<td>(53)</td>
<td>(47)</td>
<td>(40)</td>
</tr>
</tbody>
</table>
Pre-enrollment of Residents in PharmAcademic

• Residents matched during Phase 1 of the ASHP Resident Matching Program were pre-enrolled in PharmAcademic™ (PA).

• Residency program directors (RPDs) must complete the enrollment process in PA.

• For detailed instructions, review the "Enrolling Pre-Enrolled Residents" on the Help Page in PA.

• Residents matched during Phase 2 will be pre-enrolled, as well
Match 2019 Schedule

- **Nov. 1, 2018**: List of ASHP match programs available and PhORCAS opens.
- **March 1, 2019**: Rank order lists submission deadline for Phase I Match.
- **March 15, 2019**: Results of Phase I Match are released to applicants, program directors. The list of programs with available positions for Phase II of the Match will be provided on the Match web site beginning at 12:00 p.m. Eastern Time.
- **March 19, 2019**: Applicants who either did not obtain a position in the Phase I Match or did not participate can submit applications to programs participating in Phase II Match (0900 ET).
- **April 3, 2019**: Rank order lists submission deadline for Phase II Match
- **April 10, 2019**: Results of Phase II Match are released to applicants and program directors
UPDATES FROM ASHP ACCREDITATION SERVICES
March 2019 COC Actions

• Any program that received full cycle (six years) on initial accreditation or on their last reaccreditation visit had two (2) years added to their length of accreditation.

• Residency programs currently scheduled for an onsite survey in 2019 will undergo their accreditation surveys as scheduled.

• The elimination of the midterm report does not affect other progress reports requested by the COC at any time or interval.

• The Annual Residency Accreditation Survey replaces the midterm report for full cycle programs (8 years)

• Programs receiving less than full cycle will receive either a one year or four year length of accreditation
Other COC Actions

**NEW** Academic and Professional Record (APR) form

- Available on ASHP Website under the “Residency Accreditation Survey Readiness” link
- Updates to sections #1 (4.3.b.3) and #3 (4.3.b.6)
Changes to APR (Section #1) – 4.3.b.3

• **Certificate of Completion** from a **state or nationally** available-program that **relates to the area of practice precepted**
  - e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates).
  - Health-system/local residency site based programs are excluded.

• **Post-Graduate Fellowship** in the advanced practice area

• Subject matter **expertise** as demonstrated by **ten or more years of practice experience** in the area of practice precepted
Changes to APR (Section #3) – 4.3.b.6

• Active community service related to professional practice
  • e.g., free clinic, medical mission trips

• Active involvement on committees within an enterprise
  • e.g., work impacts more than one site across a health-system
Address need to prevent burnout and depression

- **Have discussed but not implemented a program**: 1152, 53%
- **Have implemented a program**: 587, 27%
- **Have not discussed**: 441, 20%

Wellness and Resiliency
Other COC Actions

• Wellness and Resiliency
  • **Short-term**: Contact programs with established policies/procedures to determine ‘Best Practices’
  
  • **Long-term**: Include an item(s) in the next revision of the Standard focused on Wellness and Resiliency to ensure incorporation into residents’ training
Other COC Actions

• Diversity and Cultural Competence
  • Review of Match data to identify opportunities to improve diversity in residency training
  • Add a question(s) to the Annual Residency Survey related to cultural competence
  • Development and incorporation of educational objectives related to cultural competence with the next iteration of the CAGOs
Community-based Pharmacy Residency Education & Training Programs
**LEVEL 1**

**APhA SCDI**

To help with systematic program design, this program is a combination of **2.75 hours online** and **8 hours live** training. This program is the starting point for programs to initiate, thoughtfully plan and implement a new program. Program is appropriate for all primary preceptors, coordinators, designees, program directors and anyone involved in the design and implementation of a program.

**LEVEL 2**

**APhA Meeting the Requirements of Residency Accreditation Online Training Program**

To assist with attaining accreditation as a quality assurance mechanism, this program provides an online **10-hours of on-demand training**. To assist with providing quality assurance through achievement of accreditation, regulations, standards, goals, and objectives and explains how these materials can be used as a quality assurance mechanism for a community-based residency. This program provides knowledge and understanding for participants on creating a quality program and achieving accreditation recognition. The program is appropriate for all preceptors, coordinators, designees and program directors.

**LEVEL 3**

**APhA MTR Quality Improvement Series**

Providing knowledge and skills in the quality improvement of your program, this program provides a combination of **2 hours of self-directed information and exercises and 2 hours of live application**. This program is for current, existing programs looking to evaluate and improve their program materials. The program is intended for individuals from programs that are preparing for an accreditation survey (initial or reaccreditation) or for accredited programs that are seeking to engage in effective quality improvement strategies and activities. The program is appropriate for all coordinators, designees, program directors or any other individuals involved in the administration and coordination of an existing community-based residency program.

For more information on the APhA Community-based Pharmacy Residency Program Education Offerings, contact James Owen, APhA Vice President of Practice and Science Affairs @ jowen@aphanet.org.
ASHP Community-based Residency Training

• ASHP Residency Program Design and Conduct (RPDC) for Community-based Pharmacy Residency Programs
  • Providing training in the design, build, and conduct of a community-based pharmacy residency training program
  • Typically offered yearly at the National Pharmacy Preceptors Conference
Updates to Guidance Document for PGY1 Community-based Pharmacy Residency Programs

Updated August 2018
Updates to Standard 1: Requirements for Resident Selection and Resident Completion of the Program

• Standard 1.1
  • Documented, formal procedure should reference attachments used to evaluate applicants (e.g., screening or scoring forms).

• Standard 1.6
  • Programs’ list of requirements and expectations now also needs to include list of work products requiring completion and list of required presentations including the number of presentations and the audience for each presentation.
Updates to Standard 2: Responsibilities of the Program to the Resident

• Standard 2.4
  • Letter of offer must reference the program’s website or attachments for any required info not contained in letter.
  • Residents sign and return offer letter within 30 days of match day.

• Standard 2.8
  • Candidate status programs must provide a draft of current resident certificate and also a draft of certificate to be issued once accreditation is conferred.

• Standard 2.9
  • Program’s compliance may be surveyed by reviewing records of past residents to determine if they have been maintained for the appropriate length of time as specified in the regulations.
Updates to Standard 3: Design and Conduct of the Residency Program

• Standard 3.3a
  • Examples are now provided for rotational and longitudinal experiences.

• Standard 3.3.b, 3.3.c, and 3.3.d
  • Program’s structure should include at least 2/3 of residents’ time being spent in patient care.

• Standard 3.3.e
  • Expectation requirements include progression of the resident over the period of the learning experience. If learning experience is repeated, expectations should be elevated. Progression timelines should be documented in each learning experience.
Updates to Standard 3: Design and Conduct of the Residency Program (continued)

• Standard 3.4
  • Initial self-evaluation should include professional strengths and weaknesses in terms of educational background as well as knowledge, skills, and abilities related to residency objectives.
  • Programs may use customized assessment methods or use tools available in PharmAcademic®. The initial assessment is completed during orientation, and the RPD incorporates relevant findings in the initial development plan for each resident.

• Standard 3.4.a
  • Specifics are now provided for qualitative written comments in summative evaluations.

• Standard 3.4.b
  • Quarterly updates should include adjustments based upon review of residents’ performance, including effectiveness of the previous plan.
  • Quarterly updates will be surveyed by reviewing initial assessment information for each resident.
Updates to Standard 3: Design and Conduct of the Residency Program (continued)

• Standard 3.4c
  • Samples are now provided for beginning residency self-reflection questions and end of residency self-reflection questions.

• Standard 3.5
  • An additional example is now provided for developing processes for quality improvement -- obtaining input from involved stakeholders/partners (e.g., college of pharmacy and pharmacy management)
Updates to Standard 4: Requirements of the Residency Program Director and Preceptors

• Standard 4.2.c.3
  • During program surveys, may review completed documentation used by the RPD to appoint and reappoint preceptors.

• Standard 4.3.b
  • Duration of accreditation will be impacted only if greater than 2/3 of preceptors are not fully compliant with 4.3.b.
Updates to Standard 5: Requirements for Organizational Structure of the Residency Program

• Standard 5.3
  • During program surveys, may review services provided at each location used to train the resident
Updates to Standard 6: Pharmacy Practice

• Standard 6.1.b
  • Clarified that written policies and procedures may be maintained electronically.

• Standard 6.1.b.5
  • During program surveys, may review:
    • Policies and procedures detailing scope of practice, safety, efficiency, and effectiveness of patient care
    • Current evidence-based guidelines used in policies and procedures.

• Standard 6.1.c
  • During program surveys, may review short- and long-term goals for each pharmacy location used for greater than 25% of the residents’ training
Updates to Standard 6: Pharmacy Practice (continued)

• Standard 6.3.b and 6.3.c
  • Future updates of the guidance document will include more guidance on services (6.3b.1-5). The home base location where the resident spends a minimum of 40% of their time, provides all the patient care services listed under 6.3.b. The location where the patient-centered dispensing learning experience is taught, meets all the requirements listed under 6.3.c.

• Standard 6.5.a
  • Continuous quality improvement should also include appropriate patient care documentation
  • During surveys, may review documentation of assessment of quality of services; minutes of meetings where error rates, patient data outcomes and other quality measures are discussed; documentation of improvement initiatives and resulting changes implemented; and patient care documentation.
Community-based Residency Program Resources
Community-based Pharmacy Residency Resources

• APhA Website (www.pharmacist.com) provides information on community-based practice and all necessary reference materials for implementing the new Standard, including:
  • PGY1 Community-based Standard
  • PGY1 Community-based Standard Guidance Document
  • PGY1 Community-based Competency Areas, Goals, and Objectives

• ASHP Website (www.ashp.org)
Upcoming Community-based Residency Program Events at APHaA2019
Additional Community-based Pharmacy Residency Program Events at APhA2019

• **Community-based Pharmacy Residency Networking Reception**
  - Network and mingle with your Community-based colleagues as we honor Dr. Edith Mirzaian.
  - Immediately following this event, Washington State Convention Center 3AB Lobby

• **How to Turn Your Clinical Practice into Publications That Make A Difference**
  - Sunday, March 24th 7:30am-8:30am, Washington State Convention Center, Room 3A

• **Assessing the Well-Being and Resilience of Residents in Your Residency Program**
  - Sunday, March 24th 1:00pm-2:30pm, Washington State Convention Center, Room 210

• **Developing Leadership Skills in Residents and Program Personnel**
  - Sunday, March 24th, 3:30pm-5:30pm, Washington State Convention Center, Room 3AB
Community-based Residency Programs
Targeted Discussion Topics
Open Forum Discussion

What are your issues, needs or concerns?
Thank you for attending the Directors and Preceptors Open Forum and for your contributions and commitment to Community-based Pharmacy Residency Training!

Enjoy the remainder of the APhA2019 Annual Meeting!

Remember to join us for the Community-based Pharmacy Residency Networking Session this evening at 5:15pm in the 3AB Lobby (Washington State Convention Center).