


The Road to Residency: Preparation Pearls for Pharmacy Students

Group 1



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CONNECTING THROUGH CARE




**Financial Well Being for
Pharmacy Students and
Residents**

Presented by: Brian Carlson, CFP®,
CLU®
Vice President – Wealth Management

*ICHP does not endorse any
specific financial consultant /
advising firms. This presentation
is offered as an educational
opportunity for attendees to the
ICHP Annual Meeting.*

Thank You


- We know your time is precious. The intention of this seminar is to provide you with an overview of the basic techniques you can employ during medical training that can keep assets creditor protected, guarantee you can maintain your future attending income and balance your ability to save for various goals while paying off any debts, school or otherwise, on the way to financial independence. We will illustrate the 6 fundamentals that address those issues now and hold true throughout the various stages of your medical education and career.
- Whether a student, resident, intern, fellow or already in the work-force, the financial decisions you make today will have a tremendous impact on your ability to achieve financial independence in the future. We will educate you on topics that will help allow you to make more informed decisions and help you work toward achieving that financial independence.
- You have spent many years focusing on the needs of others. Please take this time to focus on yours.




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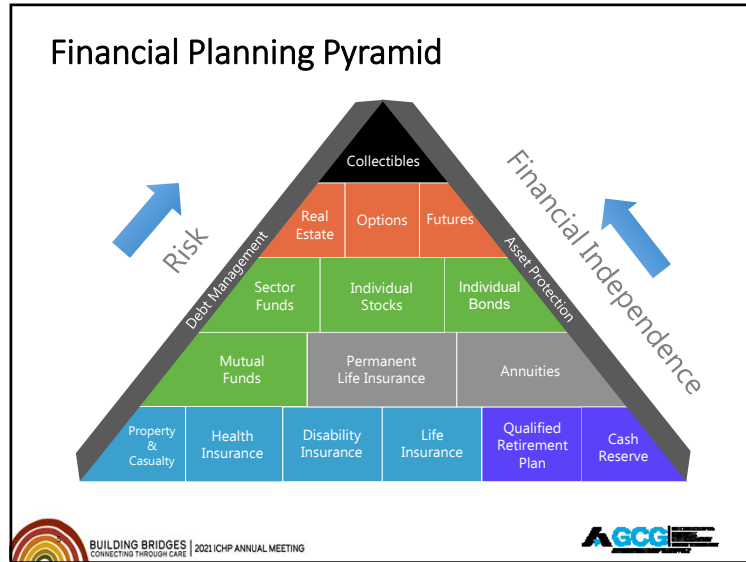
Medical Exam vs. Financial Analysis

<p>Medical Check-up</p> <ul style="list-style-type: none"> ▶ Medical History ▶ Symptoms ▶ Tests ▶ Diagnose the Problem ▶ Prescribe Treatment ▶ Follow up 	<p>Financial Check-up</p> <ul style="list-style-type: none"> ▶ Fact Finding ▶ Goals and Concerns ▶ Financial Calculations ▶ Diagnose the Need ▶ Suggest Solutions ▶ Review
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1. Work With An Advisor You Trust

- ▶ It is extremely rare for pharmacists to have the time, resources and expertise to effectively deal with all aspects of a financial strategy
- ▶ Find an advisor you trust and with whom you are comfortable
- ▶ The price for good advice will likely be less than the cost of your time and/or potential mistakes.

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2. Keep Score

- Develop a realistic budget and commit it to paper
- Maintain a personal balance sheet
- Consistently and continuously monitor your financial results

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3. Manage Debt

- ▶ Understand your loan provisions
- ▶ Know the "Relative Cost" of your Loans
- ▶ Know the Grace, Deferment and Forbearance Options
- ▶ Know your Decision Points and Keep a Calendar
- ▶ "Run the Numbers" prior to repayment or Consolidation decisions
- ▶ Keep Good Records
- ▶ Know when you need Outside Professional Help

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4. Plan Ahead

- Build an emergency **Cash** reserve
- Commit to financial goals and time frames
- Insure your **Income**
- Insure your **Life**
- Insure your **Property**

Disability Insurance

Probability of becoming disabled between the ages of 30 and 65:

Male: 32% Female: 47%

Provides you with an income if you are unable to work due to injury or sickness

A disability is not always physical or permanent

Your income is your most valuable asset!

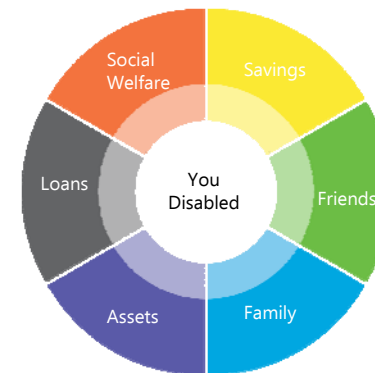
Your Income is Your Most Valuable Asset Here's What You Could Lose

Earning Potential To Age 65
With An Annual 6% Increase in Earnings

	\$100,000	\$200,000	\$300,000
25	\$16,504,768	\$33,009,537	\$49,514,305
30	11,912,087	23,824,173	35,736,260
35	8,480,168	16,960,335	25,440,503
40	5,915,638	11,831,277	17,746,915
45	3,999,273	7,998,545	11,997,818
50	2,567,253	5,134,506	7,701,758
55	1,497,164	2,994,329	4,491,493

If income is interrupted because of an accident or sickness, you may become an income CONSUMER instead of an income PRODUCER

Where Would the Money Come From?



Which job would you choose?

Job A

- ▶ In your specialty
- ▶ Where you want to live
- ▶ \$200,000 salary
- ▶ \$0.00 income if you can't work due to a disability

Job B

- ▶ In your specialty
- ▶ Where you want to live
- ▶ \$197,000 salary
- ▶ Income guaranteed even if you can no longer work due to a disability

Individual vs. Group Coverage

Group Policy

- ▶ No coverage guaranteed
- ▶ No premium guaranteed
- ▶ Total disability required
- ▶ Exclusions from coverage
- ▶ Normal pregnancy excluded
- ▶ Not Portable
- ▶ No Inflation adjustments

Individual Policy

- ▶ Partial disabilities included
- ▶ Guaranteed Coverage
- ▶ Level premium guaranteed
- ▶ Total disability not required
- ▶ No standard exclusions
- ▶ Pregnancy covered after 90 days
- ▶ Portable coverage
- ▶ Adjusts with inflation

Your Most Valuable Asset

Your most valuable asset is your ability to earn an income. Insure it with a policy that:

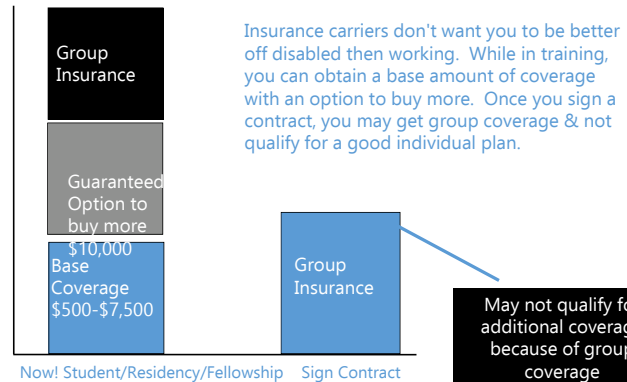
Covers you in your **Specialty**

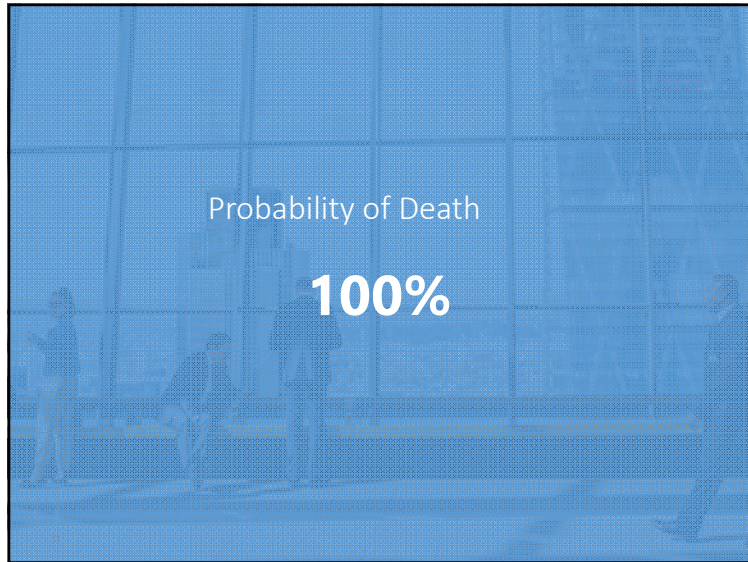
Includes a True Own
Occupation definition

Allows you to pre-insure future income increases without having to prove good **Health**

Is Non-cancelable,
guaranteed renewable

Lock Your DI While in Training





Insure Your Life

How much do you need?

- Mortgage
- Children's Education
- Child Care
- Income Replacement


How Much
How Long

Guarantee your Future Insurability

Focus on the right Amount first, then the type

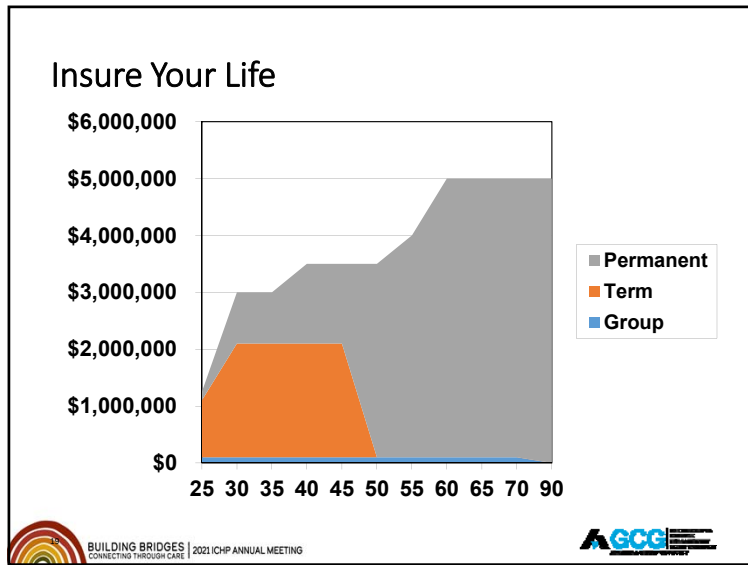
Term Insurance vs. Permanent Insurance

Life insurance products contain fees, such as mortality and expense charges, and may contain restrictions, such as surrender charges.



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5. Pay Yourself First

Set aside a specific amount of money each and every month

Investing something is better than investing nothing

Treat yourself as a monthly bill

Your money can potentially work harder for you if you give it more time



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Advantages of an Early Start

	Mr. Early	Mr. Procrastinate
Starting Age	29	35
Annual Investment	\$5,000	\$5,000
Investment Years	36	30
Total Invested	\$180,000	\$150,000
Value* at age 65	\$ 935,510	\$ 566,416

*Values are rounded and assume a gross rate of return of 8%

This is a hypothetical example for illustrative purposes only. The gross rate of return is not investment specific, and if investment expenses were deducted, growth would be less. Investments will fluctuate and when redeemed may be worth more or less than when originally invested.

6. Plan Ahead

- Invest with a strategy... NOT emotions
- Determine your tolerance for risk
- Diversify according to your risk tolerance
- Rebalance on a periodic basis
- Beware of the tax consequences of your investments

3 Investments Tax Treatments

Type:	Taxable	Tax Deferred	Tax Favored
Contributions:	Taxable	Pre Tax	Taxable
Tax on Distributions:	Ordinary Income Tax Capital Gains Tax	Ordinary Income Tax 10% Penalty pre 59 1/2 Distributions start by 72	Tax Free*

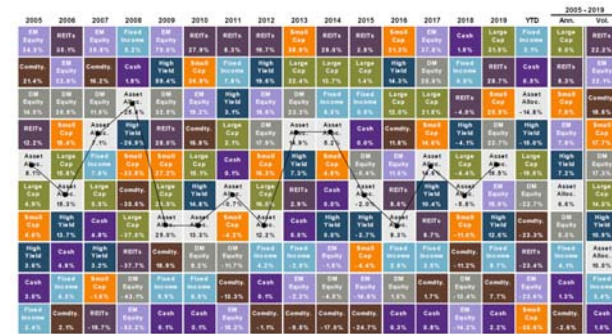
*For distributions to be tax free, generally certain requirements must be met. Some vehicles require certain holding periods to met and/ or distributions to be made after reaching age 59 1/2 for distributions to be tax free. Not meeting these requirements can potentially result in penalties.

Financial Advisors do not provide specific tax/legal advice and this information should not be considered as such. You should always consult your tax/legal advisor regarding your own specific tax/legal situation.

This piece is intended to provide a broad overview of the general tax treatment of investments. Make sure you understand all benefits and limitations of any specific product you purchase or vehicle you utilize.

Diversification

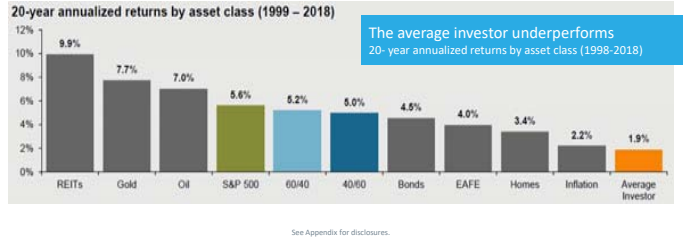
- Maintain a diversified approach: The best and worst performing asset classes vary greatly year to year.



See Appendix for disclosures.

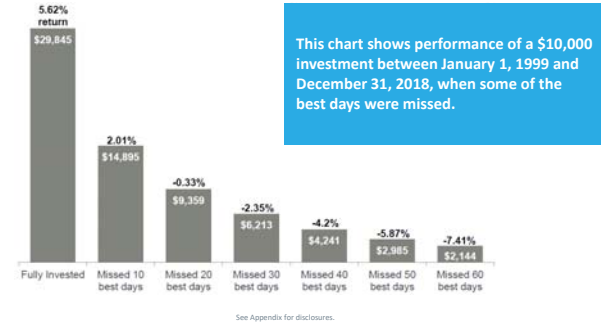
Partnership

- Investors who work with a financial advisor are generally more likely to practice sound investing principals and enhance the likelihood of achieving their long-term goals.

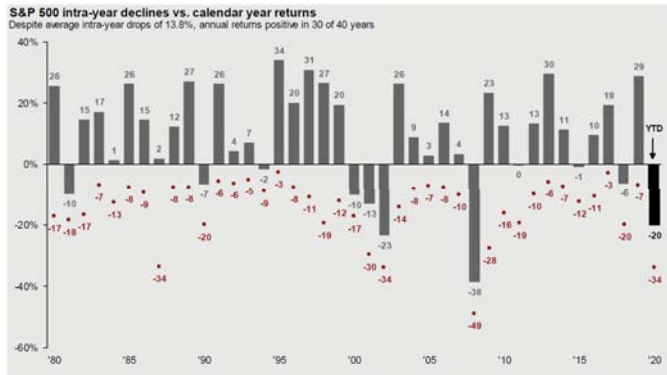


Market Timing

- Plan to stay invested:** Trying to time the market is extremely difficult to do consistently. For example, being out of the market for just 10 of the best performing days over this 20-year period (over 5,000 total trading days!) would have provided a return that barely kept up with inflation.

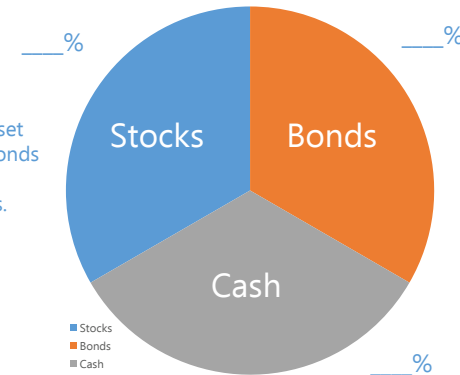


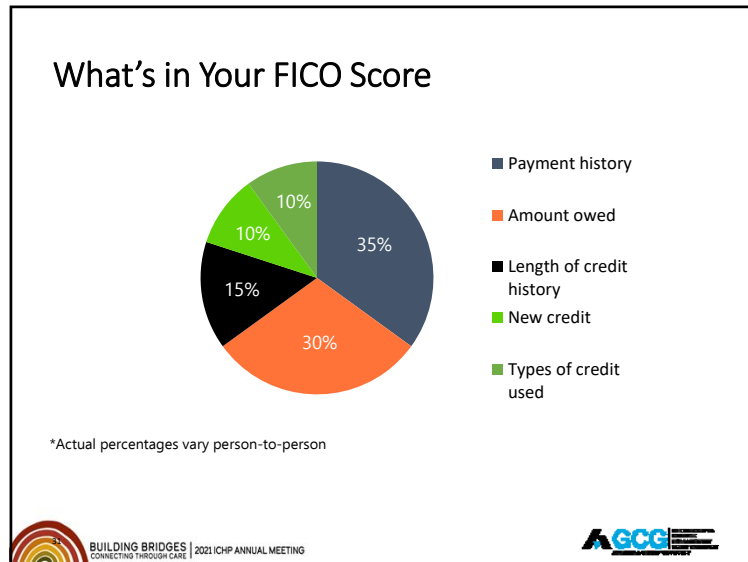
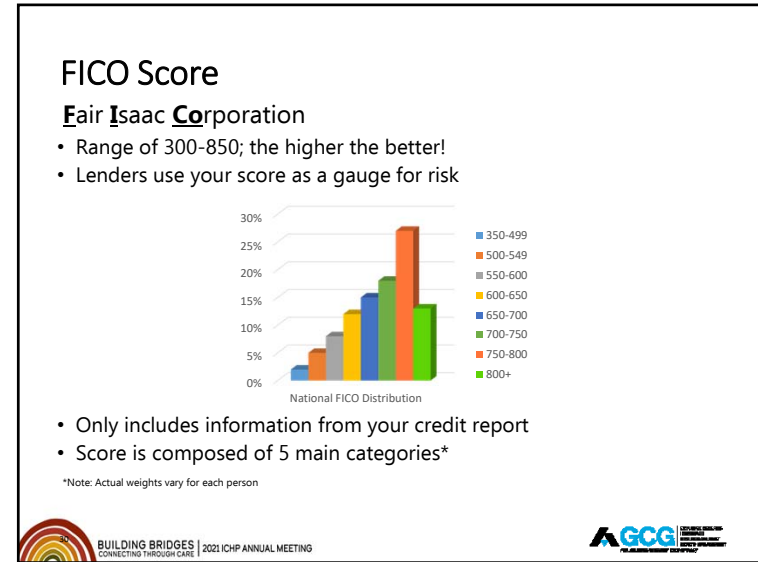
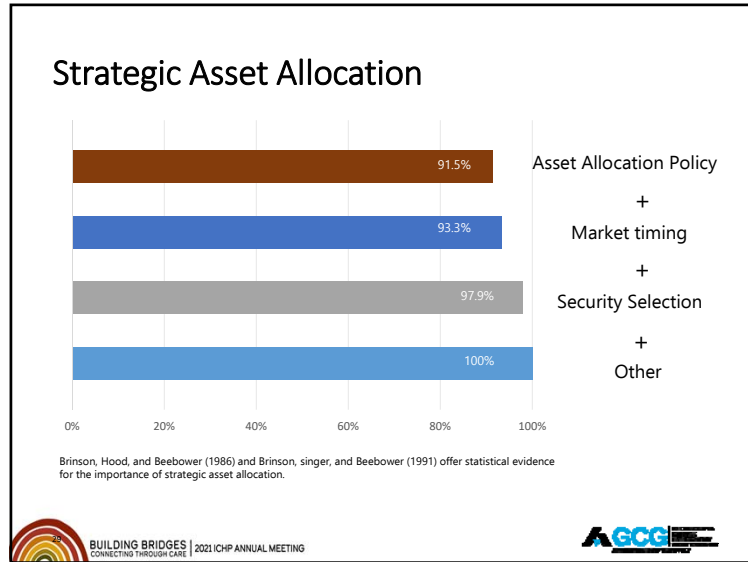
State of the Markets



Assets Allocation

Asset allocation is the process of combining asset classes such as stocks, bonds and cash in a portfolio in order to meet your goals.





Consumer Reporting Agencies

Three major national credit bureaus:

- Transunion
- Experian
- Equifax

annualcreditreport.com

Allows you to check your report from each agency once year for free, as required by the federal law under the Fair Credit Reporting Act

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Improving Your FICO Score

Payment History

Pay bills on time

Amounts Owed

Keep balances on revolving credit low

Pay down debt, don't move it around

Don't close unused cards as a short-term strategy

Don't open new cards just to increase your available credit, this will backfire!

Raising your score is like getting into shape. It takes time, there is no quick fix!

Improving Your FICO Score

▶ Length of Credit History

- Start early!
- Don't open new accounts too rapidly (Inquiries!)

▶ New Credit

- Shop for rates within a focused period of time (30 days)

▶ Types of Credit

- Only apply as needed (Inquiries!)
- Closed accounts will still show up on your report for some time



To Do List

Complete Seminar Evaluation

Lock in your instability

Pay attention to your cash flow

Thank You

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your tax and/or legal advisor regarding your own situation.

205224 11/2017

General PGY-1 Info...

What are Your Options in Hospital? How To Choose the Right Program for You?

Created by Bryan C. McCarthy PharmD, MS, MJ, BCPS
Adapted by Marianne Pop, PharmD, MPH, BCPS
Clinical Assistant Professor/EM Pharmacist
University of Illinois College of Pharmacy




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Learning Goals

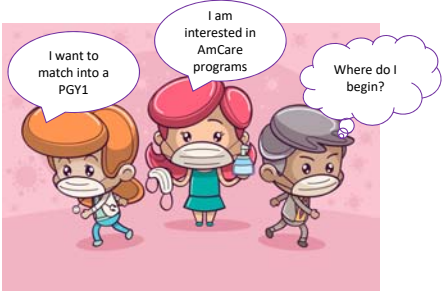
1. Discuss available resources for researching PGY-1 residencies in health system settings
2. List specific characteristics of PGY-1 residencies used to consolidate residency choices

The speaker has no conflict of interest to declare.




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Meet Suzy, Avery, and Jack




<https://pixabay.com/vectors/people-face-mask-coronavirus-5306374/>



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PGY-1 Residency Programs

- Hospital based
 - PGY-1 Pharmacy Practice Residency
 - PGY-1 Non-Traditional Pharmacy Practice Residency
 - PGY-1/PGY-2 Combined Residency
- Non-hospital based
 - PGY-1 Community Pharmacy
 - PGY-1 Managed Care Pharmacy



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ASHP Residency Directory



ACCP Post-Graduate Directory



ASHP Residency Directory

<https://accreditation.ashp.org/directory/#/program/residency>



ASHP Residency Directory

<https://accreditation.ashp.org/directory/#/program/residency/programInfo/41200>



Program Specific Websites



Network!

- IPPE/APPE Experiences
- Personal and Colleague Work Experience
- Faculty
- ICHP/ASHP/ACCP Conferences (including residency showcase)
- Current Residents

Suzy, Avery, and Jack



<https://pixabay.com/vectors/people-face-mask-coronavirus-5306374/>

PGY-1 Residency Characteristics (Objective)

- Hospital Type (Academic Medical Center, Community, VA, etc.)
- Hospital Size (Beds)
- Geographic Location
- Salary
- Rotation Offerings
- Total Residents
- Staffing Component
- On-call Component
- PGY-2 Offerings
- Residency Requirements
- Teaching Certificate

PGY-1 Residency Characteristics (Subjective)

- Program Leadership (RPD, Coordinator, Preceptors)
- Pharmacy Enterprise Reach
- Senior Organization Support
- Pharmacy/Medical/Nursing Staff Partnership
- Preceptor/Resident Dynamics
- Research Expectations
- “Rigor”



Marianne's Advice

- Shine as a student during your IPPE/APPE
- Work! If possible, in a health system pharmacy!
- Get professionally involved (ICHP), gain leadership experience
- Secure challenging APPE clinical experiences (Longitudinal rotations if possible)
- Develop and refine clinical interest area



General PGY-1 Info: What are your options in Ambulatory Care and Community Practice

PART 1: Ambulatory Care

Molly Rockstad, PharmD, BCPS, BCACP
Clinical Pharmacist, Ambulatory Care
Cook County Health
Chicago, IL



Agenda

- Intro to Ambulatory Care
- Types of Ambulatory Care Practices
 - Collaborative Drug Therapy Management
 - Medication Therapy Management
 - Comprehensive Medication Management
 - Population Health
- Future Prospects
- Training options

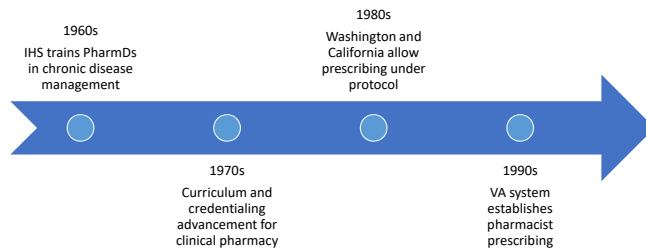


What is Ambulatory Care?

- Outpatient
- Direct Patient Care
- Practice in institutional and community settings
- Diverse practice settings and scope
- Accountability for medication needs
- Sustained relationships with patients



Timeline



Collaborative Drug Therapy Management (CDTM)

- Direct patient care within a defined scope
- Scope typically defined by a **Collaborative Practice Agreement (CPA)**
 - Performing patient assessments
 - Selecting and implementing patient care plans
 - Placing orders for necessary medications and labs
 - Providing patient education
 - Ensuring follow-up, and referring to other services as appropriate
- Examples: Specialty clinics (Anticoagulation, Diabetes, Heart Failure, HIV, etc.)



Medication Therapy Management (MTM)

- Specific service defined in Medicare Modernization Act of 2003
 - Name is widely used for other types of services
- Required benefit of Medicare Part D plans
- Part D MTM intended to be performed in community pharmacy setting
- Core services:
 - Medication therapy review
 - Comprehensive annually, targeted in between
 - Personal medication record
 - Medication-related action plan
 - Intervention and/or referral
 - Documentation and follow-up



Comprehensive Medication Management (CMM)

- Similar to MTM but greater emphasis on clinical decision making
- Implies a team relationship with physicians
- Most often established in a primary care setting
- Emphasizes consistent pharmacist patient care process
 - Core assessment components:
 - Indication/Appropriateness
 - Efficacy
 - Safety
 - Adherence/Ability to be taken as prescribed



Population Health

- Refers to health outcomes for a group of individuals
 - In medicine, a panel of patients assigned to a clinic or provider
 - Needs of an entire group vs. only those that seek care
- Often involves process improvement efforts
- Pharmacy roles can include:
 - Direct patient care (ex. CMM) addressing quality measures
 - Quality improvement interventions
 - Ex. Patients with diabetes on appropriately dosed statins
 - Medication safety interventions
 - Ex. Renal dosing surveillance



All of the above

- Practice styles can overlap
 - CMM practices can include CDTM components
 - Population Health efforts can include CMM
- Very different practice styles can be called the same thing
 - Common for MTM
 - Medicare MTM
 - Office-based MTM
 - Effort to differentiate – Common Language



Future of Outpatient Care

- Affordable Care Act of 2010
 - Patient Centered Medical Homes (PCMH) – team-based care
 - More access to billing codes for pharmacists
 - Annual Wellness Visits (AWV)
 - Transition of Care Management (TCM)
 - Chronic Care Management (CCM)
- Telehealth expansion
- Accountable Care
 - Quality-based financial incentives vs. fee-for-service traditional billing
- Provider Status?



Post-Graduate Training

- PGY1 with diverse ambulatory practice styles
- PGY1 in an ambulatory setting (ex. Family Medicine Clinics)
- PGY2 Ambulatory Care
 - 179 ASHP accredited programs
 - 4 Core Competencies
 - Patient Care
 - CMM
 - Public and Population Health
 - Advancing Practice and Improving Patient Care
 - Protocol and Service Development
 - Leadership and Management
 - Teaching, Education, and Dissemination of Knowledge



Other options to consider

- New roles in community pharmacy
- PGY1 Community



To be continued in PART 2....



General PGY-1 Info: What are your options in Ambulatory Care and Community Practice

Part 2: Community Practice

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 Associate Dean of Academic and Postgraduate Affairs and Professor
 Midwestern University College of Pharmacy
 Downers Grove, IL

Dr. Gettig has no actual or potential financial conflicts of interest to disclose.



Learning Goals

- Appreciate the number of PGY1 Community Pharmacy Residency Programs (CPRPs) and positions in the context of other residency programs.
- List the characteristics CPRP Residency Program Directors deem most important in residency candidates' application materials and interviews.
- Identify learning experiences and patient care services one might have/provide while completing a CPRP.
- Identify 2-3 post-residency training or career options one might pursue after completing a CPRP.



PGY1 Community-based Pharmacy Residency Program (CPRP) and Position Statistics

Year	Number of Programs in Match	Number of Positions in Match	Number of Positions Filled through the Match by end of Phase 2	Fill Rate by end of Phase 2
2021	228	312	303	97.1%
2020	214	288	280	97.2%
2019	218	282	274	97.2%

<https://natmatch.com/pharma/stat/2021summpos.pdf>
<https://natmatch.com/pharma/stat/2020summpos.pdf>
<https://natmatch.com/pharma/stat/2019summpos.pdf>

For the last 3 years, there have been ~50 PGY1 Community Residency positions unfilled after Phase 1 of the Match



What are CPRP RPDs looking for in candidates?

- Application materials
 - Pharmacy work experience
 - Strong letters of recommendation
 - Strong letter of intent
 - Leadership in professional organizations
 - Good GPA
- Interview
 - Interest in/knowledge of residency program
 - Time management/prioritization skills
 - Self-awareness/commitment to self-improvement

Scallise AA, Lezaja GS, Nemec EC 2nd, Spooner JJ, Kennedy DR. Valued characteristics of community pharmacy residency applicants. J Am Pharm Assoc (2003). 2016;56(6):643-648. doi:10.1016/j.japh.2016.06.011



“CAGO”s for PGY1 Community Residency Programs

- Jointly developed by ASHP and APhA
- Required competency areas for all PGY1 Community Residency Programs
 - Patient Care
 - Leadership and Management
 - Advancement of Community-based Practice and Improving Patient Care
 - Teaching, Education and Dissemination of Knowledge
- Elective competency areas

<https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY1-Competency-Areas?pg=returnURLSSOChecksOnly>



Practice Settings for CPRPs

- Traditional community pharmacies
 - Independent
 - Supermarket
 - Chain
- Outpatient pharmacies in health-systems
- Home care pharmacies
- Specialty pharmacies
- Federally qualified health care centers
- Free clinics
- Office-based practices
- Assisted living facilities

Goode JR, Bennett MS, Burns AL, Owen JA. The Need for Faculty Knowledge and Promotion of Postgraduate Year One Community-Based Pharmacy Residencies. Am J Pharm Educ. 2019;83(4):7245. doi:10.5688/ajpe7245



Example Learning Experiences

- Community Pharmacy
 - Operations/Management
 - Patient Care
- Corporate Pharmacy
- Community Pharmacy Clinic
 - Development/implementation
 - Practice
- Ambulatory Care Clinic
- Teaching/Academia
- Research/Project Management
- Other



Selected Patient Care Services Provided in CPRPs

- MTM services
- Chronic disease/care management
- Patient education programs
- Acute self-care & triage
- Point-of-care testing
- Travel health
- Transitions of care
- Telehealth
- Health and wellness services
 - Immunizations
 - Screenings
 - Smoking cessation
 - Weight management
 - Contraception
 - Annual wellness visits

Goode JR, Bennett MS, Burns AL, Owen JA. The Need for Faculty Knowledge and Promotion of Postgraduate Year One Community-Based Pharmacy Residencies. *Am J Pharm Educ.* 2019;83(4):7245. doi:10.5688/ajpe7245



Post CPRP Career/Training Options

- Continue training
 - PGY2 Program
 - Fellowship
- Community Pharmacist
 - Clinical Pharmacist
 - Staff Pharmacist
 - Management
 - Pharmacy Manager/District Manager
 - Clinical Coordinator
- Ambulatory Care Pharmacist
- Pharmacy Faculty/Academia

Hohmeier KC, Borja-Hart N, Cooper M, Kirby J, Fisher C. Training and retaining community pharmacy leaders: Career pathways after completing a PGY1 community pharmacy residency affiliated with a large supermarket chain. *J Am Pharm Assoc* (2003). 2017;57(1):82-85. doi:10.1016/j.japh.2016.08.013

Beatty SJ, Westberg SM, Sharma A. Professional responsibilities reported by pharmacists completing residencies in community-based settings. *J Am Pharm Assoc* (2003). 2019;59(2):217-221.e2. doi:10.1016/j.japh.2018.11.004



How to Conduct Yourself at the Showcase and Getting Ready to be Interviewed

Alfiya F. Hyderi, PharmD, BCPS
 PGY1 Residency Coordinator
 Rush University Medical Center
 Chicago, IL

No conflicts of interest to disclose



The Residency Showcase

- Do your research
- Make a good first impression
- Manage your time
- Talk to preceptors/program directors AND residents



What Do You Want To Know?

- Think about how can you ask your questions professionally?
 - How many hours a day will I have to be at the hospital? **versus**
 - What is a typical resident's day like?
- Think about what information will help you distinguish one program you prefer over another



What Do You Want To Know?

- Do you have specific areas that you want to practice in?
 - Research the programs for rotations offered, inpatient vs outpatient opportunities
- Do you have specific skills that you want to become proficient in?
- Do you want a small or large residency class?
- Self-assess what you want/need for your career in order to best prepare for interactions with programs



The Residency Showcase

- Take notes afterwards so you will remember
 - Write down the names of people you spoke with
 - Develop spreadsheet of programs, things you like/don't like
 - Double check due dates for applications



Image from Creative Commons



Getting Ready for the Interview

- Research the programs you will be interviewing with
 - Hospital websites
 - ASHP directory
 - Google
 - Your network
 - Talk to former students from your school that went onto residency programs you are interested in



Preparing for the interview

- What is it about this program that interests you?
- What was your best patient care intervention and why?
- When did you feel you had the best interaction with another healthcare provider and why?
- A time when you may have not succeeded in making an intervention and what did you learn from it?
 - Develop a “story bank”
- What sets you apart from other candidates?



What Do You Want To Do After The Residency?

- Be as specific as you can
 - You have the privilege of changing your mind during your residency; no one will judge you
- Being a “clinical pharmacist” is not a good answer
- Be ready to articulate what you see yourself doing and why it appeals to you
- Don’t sound rehearsed – go over your answers beforehand with mentor or friend



What Not To Ask

- Don’t ask questions that are easily found on a program’s website, or in printed material
- Don’t ask about salary/stipend/pay
- Don’t ask about vacation; it sends the wrong message



Follow up

- Thank you notes/email
 - Add specifics from the interview dialogue to the note
 - If sending an email, take note that your font is consistent
 - Keep it brief. Keep it sincere. Keep it professional.



Questions for Group 1



The Road to Residency: Preparation Pearls for Pharmacy Students

Group 2



How to Build your Professional Network

Abby A. Kahaleh, PhD, MS, BPharm, MPH, FAACP

Tenured Faculty & Board of Trustees Faculty

Roosevelt University College of Science, Health, & Pharmacy

No conflicts of interest to disclose



Background

- A great Benefit of having a PharmD degree is the variety of career options
- From the corner drugstore in one's hometown to rising through the ranks of multinational corporate conglomerates, possibilities are endless
- Career planning for a contemporary pharmacy practice
- Building your professional network in pharmacy is a critical step
- Most jobs are discovered and achieved via "word of mouth"



Rationale

- Networking is building relationships *with professionals who can help build & Sponsor You!*
- Benefits of networking
 - Enhance your reputation in pharmacy
 - Stay up-to-date on emerging career trends
 - Find mentor(s), sponsor(s), collaborators, sounding boards
 - Introduce you to others
 - Find residency, fellowships, & job placement opportunities



Steps for Successfully Building your Professional Network-Step 1

- Identify what type of professional support you need
- Diversify members of your network
- Include mentor, coach, "trendsetter", idealist, realist, visionary, "cheerleader", "devil's advocate"
- Expand outward (quantity of professionals in your network)
- Expand inward (quality of relationships with contacts)



Step 2: Select where to Start

- Get involved with organizations (i.e., ICHP, IPhA, PAPAs, ASHP, APhA)
 - Volunteer for committees, leadership roles
 - Attend networking events, socials, grass roots campaigns
 - Present research projects at local, state, regional, & national meetings (ICHP, ASHP)
- Be Present on Social Media
 - Choose platform you are comfortable with & passionate about a topic (IL Legislative Day)
 - Be an "active" member
- Collaborate with new people on projects/research/community outreach
- Grow your network:
 - Up (supervisors and/or more experienced),
 - Down (supervisees or less experienced),
 - Sideways (those with the same experience/job level as you)



Step 3: Develop Your “Elevator Speech”

- Use for Face-to-Face Meetings
- Prepare for 1 minute or less
- Be Clear, concise, and compelling
- Highlight educational background, key achievements, research projects, and future career plans
- *Hint:* avoid too much alcohol at “in-person” social/professional gatherings



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Step 4: Learn How to Talk to Professionals

- Learn how to use “small talk” as a conversation opener
 - Opening
 - Weather
 - Surroundings (i.e., venues for professional meetings)
 - Future career plans
 - Follow Ups
 - School/Work
 - Hobbies
 - Colleagues in common
- Come prepared
 - Discuss common problems everyone is facing
 - Discuss topics outside of pharmacy, too!
- Find a lone person or small group and join them



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Step 5: Build your Professional Reputation

- Build genuine relationships
 - One quality connection >>> many superficial connections
- Be present
 - Make meaningful contributions in your role
 - Voice your opinion, speak your mind (thoughtfully)
 - Volunteer for tasks and finish in a timely manner
- Find a mentor/sponsor
 - Helps keep you in the loop of potential career opportunities
 - Helps promote your skills/abilities to others
- Let others know of your long-term plans (interests/career goals)
 - Succession planning usually starts years in advance
- Do not stay in your comfort zone



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Step 6: Pay it Forward

- Identify a promising rising star
- Reach-out and encourage involvement in professional associations
- Provide information & support
- Help guide them through steps 1-5!



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- Gumbus A, Lussier RN. Career development: enhancing your networking skills. *Clin Leadership Manag Rev.* 2003;17(1):16-20.



Thank You!

- **Tenured Faculty of Clinical & Administrative Sciences**
- **Roosevelt University Board of Trustees-Faculty Trustee**
- **American Association of Colleges of Pharmacy-Chair of Public Health SIG-2022**
- **American Journal of Pharmaceutical Education-Editorial Board**
- **American Society of Health System Pharmacists-Pharmacy Practice Experiences Precepting-SAG**
- **Illinois Council of Health-System Pharmacists-Ambulatory Care Network**
- **Polish American Pharmacists Association-Founding Faculty Advisor & President**
- **College of Science, Health, & Pharmacy | Roosevelt University**
- 1400 N Roosevelt Blvd Schaumburg, IL 60173
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PhORCAS, The Match and the Post-Match Process

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 PGY2 Infectious Diseases Residency Program Director

No conflicts of interest to disclose



What are PhORCAS and The Match?

- **PhORCAS** – Pharmacy Online Residency Centralized Application Service
- **The Match** – ASHP Resident Matching Program, administered by National Matching Services Inc.
- Two separate, but complimentary services for residency applicants

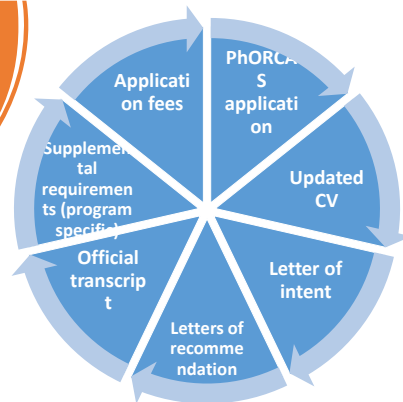


PhORCAS

- <https://portal.phorcas.org/>
- **REQUIRED** to submit residency applications
- PhORCAS charges **\$110** for the first **four** programs you apply to. Each additional application is \$43.



PhORCAS Application Components



Natalie's Tips for a Successful Application

- Submit applications through the PhORCAS system (unless you are applying to a program that is exempt from the match – ex: Indian Health Services or some international programs)
- Only apply to programs you are actually interested in – costs add up quickly!
- Complete the application's four core sections: Personal Information, Academic History, Supporting Information, and Program Materials
 - It feels very redundant since you are submitting your CV, but it is very important to fill all this out!



Natalie's Tips for a Successful Application

- Address all letters of intent to the correct program/RPD
- Identify preceptors/employers/SOP faculty/etc. to write you letters of recommendation well in advance
 - When asking, ensure the individual will be able to write you a **strong** letter of support
 - Try to select preceptors who can comment on your patient care and clinical skills
- Some letter writers may ask you for more information before they write the letters
 - Which programs you'll be applying to, why you are interested in doing a residency, etc.



Natalie's Tips for a Successful Application

- Do not wait for your official transcripts or your letters of recommendation in order to e-submit your applications.
- You do not need to e-submit your application to all programs at the same time → you can submit them one by one as you complete the required application materials.
- Once you e-submit, some of the information fields will lock and you will not be able to edit them any longer.
 - You will still be able to update your personal information if needed.



Know Your Application Deadlines

- **Make sure you meet the program's application deadline!!!!**
 - Look at their website, promotional materials or on the ASHP residency directory site
 - **Do not** wait until the last minute to submit
- Watch out for time zone differences in PhORCAS
- Try to submit on a weekday in advance of the deadline
 - PhORCAS support team available if there are any technical issues
- Make sure to let your letter of recommendation writers know the deadlines in advance



The Match



- <https://natmatch.com/ashormp/>
- \$160 registration free
- Favors candidate's preference over program's preference


Jim	Dwight	Pam	Scranton	Nashua	Utica
Scranton	Nashua	Utica	Pam	Pam	Pam
Nashua	Utica	Scranton	Jim	Jim	Jim
Utica	Scranton	Nashua	Dwight	Dwight	Dwight
	Jim	Dwight	Pam		
	Scranton	Nashua	Utica		



The Match: Phase 1 Timeline

- List of programs participating in the Match available (early Nov.)
- ✓ Registration for the Match opens (early Nov.)
- Submit PhORCAS applications based on program specific deadlines
- Interviews are typically mid-January through end of February
- Review the list of programs where you interviewed and think about the pros and cons of each (late Feb/early March)
- Rank the programs in the NMS Match System by the deadline
- The results from phase 1 Match will be available mid March


Images from PP clipart



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The Match: Phase 2 Timeline


- Following the release of Phase 1 Match results, the list of unmatched programs will be released at noon
 - Filter the list of programs to look for the type of program that you are specifically interested in
- Applicants in Phase 2 will not be able to submit applications immediately (but usually within a few days)
 - If you did not match in Phase 1, it is highly recommended to start preparing applications immediately following the release of the Phase 1 results
- Applicants and programs can start to submit rank lists within 1-2 weeks with final lists due by early April
- Results of Phase 2 Match will be released within ~1 week
- After this, unmatched candidates can still use the PhORCAS program to identify program openings and submit applications in the Post-Match Process



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Natalie's Tips for Phase 2 Match


- **ASK FOR HELP!!!!!!**
- Update CV and application ASAP
- Try to contact mentors, people you know, and programs you're interested in
- No additional Match fee, only PhORCAS application fees
- Letters of recommendation may need to be updated if they were program specific
- Letter of intent will need to be updated based on the new programs you'll be applying to
- Interview types will vary based on the program preferences. Many will do abbreviated telephone or video interviews



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How to Handle Stress of Rejection


- For years the demand for residency positions has exceeded the supply
 - In 2021, only 65% of applicants were accepted into PGY1 programs
- ***Failing to match in Phase 1 does not mean that an applicant is not smart or talented enough, but rather that the supply has failed to keep up with the demand***
- What you CAN do:
 - Prepare immediately for Phase 2 of the Match
 - Reach out to your support system
 - Do not dwell on this event
 - Consider other career options that might help you develop skills that would make you an even better residency candidate in the future



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Conclusion


- There are a lot of steps (and \$\$\$) with residency applications
- PhORCAS and the Match are required to apply and create a rank list
- Keep yourself organized
- Remember your end goals
- [You can do this!](#)




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The Inside Scoop from a Residency Program Director

Hina Patel, PharmD, BCPS
PGY1 Pharmacy Residency Program Director
NorthShore University HealthSystem




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This speaker has no conflicts of interests to declare.



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So, you Matched – are you ready to start?

- Finishing P4 APPEs
 - Performance after Match does matter
 - Maintain relationships with preceptors after graduation
- Studying for Board Exams
 - Resources
 - Schedule immediately upon receiving Authorization to Test (ATT)



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Licensure

- Know the licensure deadline set by your program
- Understand the application process: combination and coordination
 - NABP
 - IDFP
 - IL Board of Pharmacy
 - Continental Testing Service
- Plan for delays – they will happen
- If going to a different state, will need to also learn that state's laws
- May need to get pharmacy technician license while awaiting pharmacist license



Prior to the first day

- Residency Program Directors (RPDs) will send pre-residency surveys soon after Match
 - Take the time to reflect where you are in your career and where you want to go
 - Complete these in a timely fashion and return as requested
- You may be asked to send updated materials
 - CV
 - Transcript and Diploma
 - Certifications



Prior to the first day

- Communication
 - Expected from both parties
 - Maintain professionalism
 - Be timely
- Employment requirements
 - Health exams
 - Vaccinations
 - Drug testing
 - Human resources: forms, insurance, direct deposit



The first day – it is Super Exciting!

- All new residents complete orientation
 - Classroom
 - Online modules
 - Technical training
 - Pharmacist training
- Time spent will be both onsite and home activities
- Be prepared for activities that may not be so exciting – look interested and be interested



The first day – it is Super Exciting!

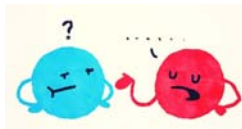
- You will meet A LOT of new people – first impressions are key
 - Be courteous and genuine
 - Introduce yourself first
 - Introduce yourself again
 - Smile



Getting into the swing

- Transition to being a pharmacist – FAST
 - We are all learners
 - We are all also responsible for patient care
 - Balance confidence – avoid being too confident
- Balance non-direct patient care activities on top of patient care
 - Will require “outside” time
 - Be organized and keep track of both
 - Communicate frequently and clearly about progress

How often do residents get feedback?



Evaluations

- Feedback is given very frequently
 - Informal – daily
 - Formal – every few weeks
 - Documentation via PharmAcademic®
 - Same objectives are evaluated multiple times throughout the year
- Feedback must be timely for it to be effective
- Feedback is NOT anonymous and is shared amongst preceptors to promote longitudinal development
- Resident gives preceptor and experience feedback too – in real time, identified, and preceptor sees it

Work hours

- Program and preceptors define patient care responsibilities and times, includes
 - Days
 - Evenings
 - Nights
 - “On Call”
 - Weekends

- Projects and follow up are completed when time is available or outside of patient care times



Work hours

- There is a limit of how many hours your program can require
 - ASHP duty hours guideline based on ACGME guidelines
 - Averaged over the course of 4 weeks
 - Note that review and preparation time does *not* count in duty hours



Bumps in the road

- Communication
 - No communication
 - Delayed communication
 - Vague communication
 - Multi-communication
 - Poor word selection
 - Gossip
 - Comparisons



Bumps in the road

- Time management
 - Inability to keep track of tasks
 - Working on too many things at one time
 - Not finishing any particular task
 - Over-perfection – when is ‘good enough’?
 - Not being ready
 - Waiting too long before asking for help



Bumps in the road

- Attitude
 - Be a 'go-getter' – but actually follow through
 - Pride
 - Professionalism – attire included
 - Humility
 - Recognize when you are wrong and make amends rather than over-explain
 - Your preceptor and program director will not be with you all the time but will hear of your behaviors



From the Residency Program Director

- Your CV
 - Make it detailed and clean in format
 - No spelling or grammar errors
 - We read it quickly, so make the time count
- What you list on your CV
 - Leadership titles: we will ask you what you did
 - Tell us what you are passionate about and how you accomplish that
 - Yes, work experience counts – pharmacy preferred

From the Residency Program Director

- Your interview
 - We are meeting you and you are meeting us
 - Don't disappoint us and be a different person when you start the program
 - Every day is an interview
- Once you start, the only person you are competing against is you
 - Be your own agent for your own development
 - Don't wait to be told what to do – take queues from your environment
 - Support your fellow residents
 - Be a pharmacist colleague

From the Residency Program Director

- Every person you meet is important
 - Not just your program director and the pharmacy managers
 - Network naturally rather than forced activity
- Make good use of your time
 - And make good use of other's time
- Pay it forward

From the Residency Program Director

- Balance work and life
 - WHEN will I do that?
 - Your program will not do it for you, but can provide support
 - Ask for the resources you need – it is not one size fits all

Celebrate

a win

every single day!



Helpful Websites

- ASHP Residency Information:
 - <https://www.ashp.org/Professional-Development/Residency-Information>
 - PhORCAS: <https://portal.phorcas.org/>
 - National Match Service (NMS):
 - <https://natmatch.com/ashprmp/>
 - American College of Clinical Pharmacy
 - <https://www.accp.com/resandfel/index.aspx>
 - American Pharmacists Association
 - <https://www.pharmacist.com/post-graduate-opportunities>



Helpful Links

- Sample PhORCAS recommendation form: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/phorcas-recommendation-form.ashx>
- ASHP PGY1 Residency Required Objectives: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-newly-approved-required-competency-areas-goals-objectives-2016>



Get the Inside Scoop from Residents: Transitioning into the Resident Role and Work-Life Balance

Ashley Stefanski, PharmD
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Roosevelt University College of Science,
Health, and Pharmacy

Nikola Markoski, PharmD, MBA
Manager, Pharmacy Informatics and
Analytics
Vizient Inc.

No conflicts of interest to disclose

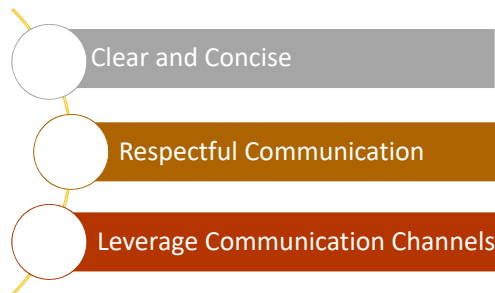


Graduation!...Next Stop?

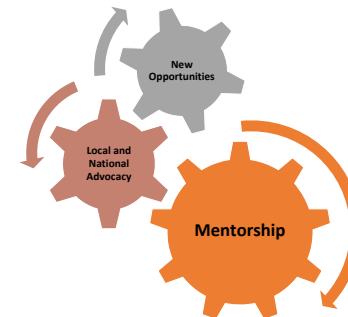
- Life-long learning
- Defining your own path
- Develop confidence and independence – you CAN do it!
- Fail fast, learn quick
- Be kind to yourself



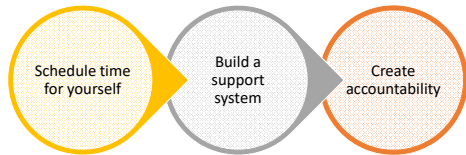
Communication



Networking



Self-Care and Well-being



Questions for Group 2