

Residency 101: Roadmap to Postgraduate Training

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PGY1 Pharmacy Residency Director (Outpatient focus)

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Palmetto Health Richland-USC



Residency Program

- ▶ 4 campus hospital
 - PHR: 650 bed tertiary care, level 1 trauma center
 - ~150 bed Children's Hospital
- ▶ 5 PGY1 positions
- ▶ 2 PGY1 AmCare
- ▶ PGY2s in Peds, CC and Infectious Diseases
- ▶ ID Clinical Fellowship
- ▶ Formal affiliation with University of South Carolina COP
 - USC Faculty are director or coordinator of all PGY2 programs

Residency vs Fellowship

Residency

- Organized, directed, postgraduate training in a defined area of pharmacy practice
- Provides knowledge, experience & skills
- Licensed pharmacist/paid position
- Relies upon active learning
- Typically 1 year (PGY1) with option to specialize (PGY2)

Fellowship

- Directed, highly individualized, postgraduate program
- Designed to prepare the fellow to become an independent researcher
- Usually 2-3 years in length (may be done after PGY1)
- Licensed pharmacist/paid position
- Traditionally < direct patient care

www.ashp.org & www.accp.com

Post-Graduate Opportunities

► Residency

- PGY1
 - Focused area: Ambulatory care
- Community
- Administration/Management (1 or 2-yr)
- Others: e.g. 2-year pharmacotherapy
- PGY2 (specialty area)

► Fellowship

- ~15-20 traditional positions (eg ID, PK, Cardiology)
- Industry fellowships
- Fewer clinical fellowship (mix patient care/research)

PGY2 (Specialty) Residencies

- Ambulatory Care
- Cardiology
- Critical Care
- Drug Information
- Geriatrics
- Health System Pharmacy Administration
- Infectious Diseases
- Informatics
- Internal Medicine
- Managed Care Pharmacy Systems
- Medication-Use Safety
- Nuclear Pharmacy
- Nutrition Support
- Oncology
- Pediatrics
- Pharmacotherapy
- Psychiatry
- Solid Organ Transplant

Common Career Paths

Residency

- Clinical Practitioner
- Faculty
 - Part-time/Full-time
 - Non-tenure track/tenure track
- Pharmaceutical Industry

Fellowship

- Researcher
- Faculty
 - Full time
 - Tenure track
- Pharmaceutical Industry

2018 National Match Statistics

| Category | PGY1 | PGY2 | Total |
|---------------------------------------|--|-------|-------|
| Applicants enrolled in match | 6,637 | 1,160 | 7,797 |
| Applicants participating in match | 5,560 (~250 no interviews) ^a | 973 | 6,533 |
| Resident Positions | 3,662 (65%) | 790 | 4,452 |
| Applicants successfully matched | ^a 60% match rate counting apps with no interviews | 741 | 4,376 |
| Average rankings per applicant (2017) | 4.1 | 3.2 | 4.0 |
| Match by Applicant's Rank (2017) | 81% of matched got 1 st or 2 nd choice | 85% | 83% |

Accessed 4 April 2018.

Available at: <https://www.natmatch.com/ashrmp/stats/2018applstats1.html>

First important question

Is residency/fellowship training right for me?

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So why do people choose to do a residency...

- ▶ Moving from competent to proficient
 - Advance knowledge, clinical, communication and research skillset
- ▶ Confidence
- ▶ To be competitive in job market
 - AKA – for my career goals
- ▶ Job flexibility/security in future
- ▶ And more...

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Timeline of Residency Prep

- ▶ **First day of pharmacy school to December of your final year** = preparing your candidate packet

| Year in School | Considerations for Residency Prep |
|----------------|--|
| P1 | <ul style="list-style-type: none">• Join student organization(s) & gain confidence in being active• Attend guest speakers (network)• Learn & observe from P2-P4• Gain pharmacy experience |
| | |
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General Timeline

P4 year

- ▶ **August - Dec.** - Decision on if & where to apply
- ▶ **Sept – early Nov.** – Letters of recommendation; local showcases if available
- ▶ **December** – Attend ASHP MCM; Narrow program list to apply post-midyear; request transcripts
- ▶ **Late Dec. – January** – Applications (through online process PhORCAS)
- ▶ **Late January – Late February** – On-site interviews
- ▶ **March** – Match due & match process
- ▶ **April** – second Phase of Match/scramble

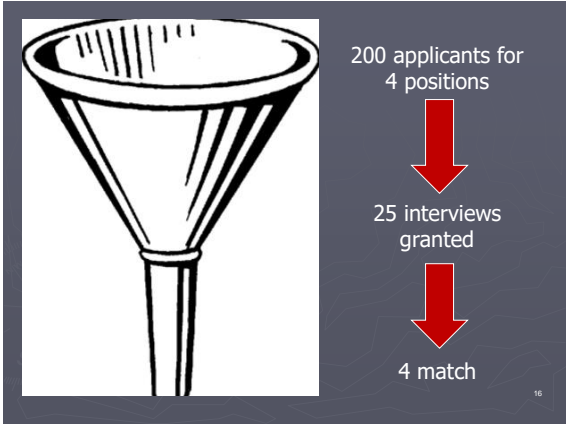
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Is evidence based medicine important to you?

32 yo man with methicillin-susceptible Staphylococcus aureus bacteremia. No allergies, no significant co-morbidities. He's your loved one...what do you want to give him?

- A. Vancomycin
- B. Cefazolin
- C. Daptomycin
- D. Piperacillin/tazobactam

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Evidence Based Approach to Residency Prep

RESEARCH

Student Characteristics Associated with Successful Matching to a PGY1 Residency Program

Jennifer Ann Phillips, PharmD^{2,3}, Milena M. McLaughlin, PharmD, MSc^{4,5}, Christina Rose, PharmD⁴, Jason C. Gallagher, PharmD⁴, Jacob P. Gettig, PharmD, MPH⁴, Nathaniel J. Rhodes, PharmD, MSc^{4,6}

Assessment of mentor involvement with pharmacy students pursuing post-graduate residency training

Drayton A. Hammond, PharmD, MBA, BCPS^{4*}, Sandra S. Garner, PharmD, BCPS⁴, Marley A. Linder, PharmD⁷, William B. Cousins, MS, PhD⁷, P. Brandon Bookstaver, PharmD, BCPS (AQ-ID), AAHIVP⁸

Comparing pharmacy practice faculty perceptions of first-year post-graduate residency (PGY1) selection criteria to those reported by PGY1 residency directors

Elizabeth W. Blake, PharmD⁹, Daniel Friesner, PhD, Jacob P. Gettig, PharmD, Emily Hajjar, PharmD, Elmer J. Gentry, PhD, Jonathan M. Kline, PharmD

What do RPDs & others say is "valued"

- ▶ Classic things: GPA, experience, leadership
- ▶ Research (technically ranked lower by RPDs than faculty) --- so why can it be so valuable?
- ▶ Soft skills
- ▶ Prior relationship or interactions with them

R esourcful
 F I Exible
 S teady
 I ntegrity
 D ependable
 E mpathy
 K Now's limits
 C reaTive

How do you OBJECTIVELY portray these?

How can you demonstrate these for a residency to evaluate?

RPDs care about your prior interactions with them (quantitatively & qualitatively)

| Name | School | Email Address | Interested in | | | | |
|------------------|------------------------------------|-------------------------|---------------|--------------------|--------------|------------|------------|
| | | | PGY1 | PGY2 Am Care | PGY2 Peds | PGY2 CC | PGY2 ID |
| Sharony Monais | USC College of Pharmacy | salowars@email.sc.edu | ✓ | | | | |
| Cherck Reed | USC College of Pharmacy | CherckR@mail.usc.edu | ✓ | | | | |
| Isabella Hampton | PCSP | hampton@prsbj.edu | | ✓ | | | |
| Jennifer Garrett | South Carolina College of Pharmacy | garrettj@scpharm.sc.edu | | ✓ | | | |
| Khulaja Neapa | South Carolina College of Pharmacy | khulaja1982@gmail.com | ✓ | | | | |
| Isaac Isaac | PCSP | alissaac@prsbj.edu | | ✓ | | | |

Standing out



Methods to look like a clone (aka things you don't want to do)

- ▶ Generic questions at a showcase
 - "What's a typical day like"
- ▶ Using a templated CV or more likely a templated LOI (aka cover letter)
 - One you all received in class or one you all received at ASHP midyear
- ▶ Trying to blend in with the group on interview – if no one is introducing/shaking hands, you fall right in

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Where you might not want to "stand" out too much?

- ▶ Residency showcase
- ▶ Professional meeting
- ▶ Danger is often overstaying your welcome or "standing out" for the wrong reasons

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[Insert CV Header]

December 23, 2016

John R. Yates, Pharm.D., BCPS
University of Tennessee Medical Center
1924 Alcoa Highway
Knoxville, TN 37920

Dear Dr. Yates,

... institution and would be honored to be a part of such an incredible program. Thank you for considering my application for the PGY1 pharmacy practice residency position.

Sincerely,



Student name, PharmD Candidate 2017

South Carolina College of Pharmacy-University of South Carolina Campus

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Look for a good mentor

- ▶ The role of a mentor is to facilitate, guide, advise and counsel
- ▶ A mentor shapes the way goals are achieved to plan for career development
- ▶ A mentor is concerned with supporting an advisee

I can't stress this enough

Evidence Based Approach to Residency Prep

American Journal of Pharmaceutical Education 2018; 82 (4) Article 6246.

RESEARCH

Outcomes of Student-Driven, Faculty-Mentored Research and Impact on Postgraduate Training and Career Selection

Kyle W. Osborne, PharmD,^a Kelsey M. Woods, PharmD,^b Whitney D. Maxwell, PharmD, MBA,^c Karen McGee, PharmD,^c P. Brandon Bookstaver, PharmD^c

Research predictive of successful match PGY1 & PGY2 (why if research not valued by RPDs??)

LETTERS

Financial costs of pursuing postgraduate residency training

In 2018, more than 5,000 individuals participated in the ASHP Resident Matching Program (i.e., the "Match"). One of the largest perceived barriers among students who

half indicated that their budget was adequate to meet their expenditures. Over 80% of students discussed the financial costs of pursuing PGRE with at least 1 other individual.

Preparing Financially

Evaluating the financial burden of pre-residency preparation and assessing student financial preparedness

Background: Residents (RPs) are often faced with significant financial challenges during their preparation for residency. This study aimed to evaluate the financial burden of pre-residency preparation and assess student financial preparedness.

ABSTRACT

RESULTS

| Expenditure by Match Status | Median |
|--|---------|
| Total expenditures - matched round 1 | \$2,190 |
| Total expenditures - did not match round 1 | \$1,685 |
| Total expenditures - matched round 2 | \$2,280 |

CONCLUSIONS

2021 residents' median spend was \$2,280 and about 50% of spend was for PGRE. Costs increased with round 2, however those who matched in round 1 spent similar amounts to those who matched in round 2. Our data also suggest needs, not only during residency period.

REFERENCES

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3. American Society of Health-System Pharmacists. ASHP. 2021. <https://www.ashp.org/education/graduate-education/residency>

4. American Society of Health-System Pharmacists. ASHP. 2021. <https://www.ashp.org/education/graduate-education/residency>

5. American Society of Health-System Pharmacists. ASHP. 2021. <https://www.ashp.org/education/graduate-education/residency>

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9. American Society of Health-System Pharmacists. ASHP. 2021. <https://www.ashp.org/education/graduate-education/residency>

10. American Society of Health-System Pharmacists. ASHP. 2021. <https://www.ashp.org/education/graduate-education/residency>

ASHP Midyear Clinical Meeting - Las Vegas, NV - December 4-8, 2016

| Characteristic | Where Can I Find it? | How Impt is this Characteristic to Me (1=low, 5=high) | Example: University Medical Center | Example: Regional Medical Center |
|----------------------------------|----------------------|---|------------------------------------|----------------------------------|
| Type | Web site | 5 | Academic | Community Hosp. |
| Institution size | Director/Web site | 3 | 500 beds/avg 350 | 800 beds/ avg 650 |
| Location | Directory | 3 | Urban | Local |
| Complexity/ diversity of pt. pop | Web site, showcase | 5 | +++ | ++ |
| Scope of services | Website | 2 | +++ | ++ |
| Automation | Showcase | 2 | + | +++ |
| Advanced EHR | Showcase | 3 | +++ | ++ |
| CDSS | Showcase | 3 | ++ | ++ |
| Accredited | Directory | 5 | Yes | Yes |
| Affiliation w/ COP | Web site/Showcase | 4 | +++ | + |

| Characteristic | Where Can I Find it? | How Impt is this Characteristic to Me (1=low, 5=high) | Example: University Medical Center | Example: Regional Medical Center |
|----------------------------------|----------------------|---|------------------------------------|----------------------------------|
| Program Size | Website/ Directory | 3 | 10 | 5 |
| #PGY1 | | 3 | 14 | 6 |
| #PGY2 | | | | |
| Availability of PGY2 specialties | Directory/ Website | | Yes (Peds, CC, Hem/Onc) | Yes (ID) |
| In general | | 4 | No | Yes (ID) |
| Interest | | 4 | | |
| Preceptor qualifications | Website/ Showcase | 5 | ++ | ++ |
| Preceptor: resident ratio | Website/ Showcase | 2 | ++ | +++ |
| Rotations in area of interest | Website/ Showcase | 5 | +++ | +++ |
| On-call program | Website/ Showcase | 3 | ++ | ++ |

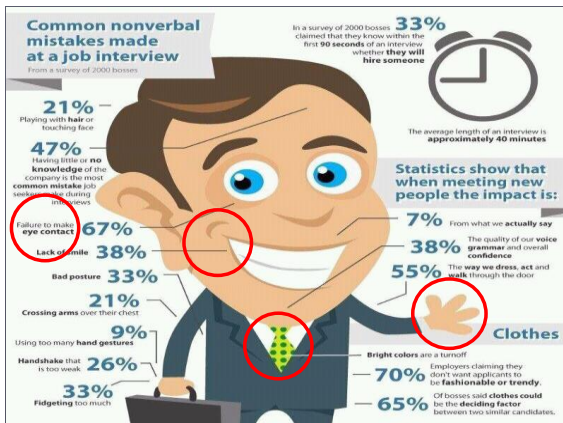
Additional Considerations

- ▶ What have their past residents gone on to do? --- does it match what YOU might want to do
- ▶ What types of projects are they doing? How does this process work?
- ▶ Resident demeanor

Final fit

- ▶ The interview will tell you a lot – for both program and candidate
 - **Caution:** One “bad” interview of the whole day does not define a bad program or candidate
- ▶ Gut check, trust your planning and instincts

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First things first

- ▶ Have you spoken to your mentors and LOR writers about your interview results?
- ▶ Thank those folks when this is all over, we care about your success

How do I prepare?

- ▶ Assumption: Invitation to the interview has been extended, you have accepted and a date and time is scheduled

- ▶ Step 1: Verify your travel plan

- Lodging
- How will you get there?
- Plan to arrive early (schedule)



Interview Schedule Sample (see document)

Quick aside...the phone screening interview

- ▶ Wait, programs will screen me using a phone or "Facetime" interview? --- **YES!**

- Typically short ~15 minute sessions
- Common behavioral and traditional questions, perhaps a few directly from your CV
 - ▶ These include the "canned" questions
- Not designed for you to ask a lot of questions (or potentially any at all)
- Hints
 - ▶ 1) Quiet place with good reception
 - ▶ 2) Make sure you acknowledge everyone on call, get their name correct and use it if you can when responding. *Write it down*
 - ▶ 3) Have your CV on you, but not a time to "flip through the pages" - but this is common preparation

What does arriving early mean?

- ▶ Assumption: new place and new city for you the candidate
- ▶ Arrive early enough to get your hotel room and identify the interview site
- ▶ Time permitting (highly recommended) visit the actual site of the interview, so there is no confusion on parking or directions the morning of

Other personal preparation

- ▶ **SWOT analysis (2-3 of each)**
 - Strengths, weaknesses, opportunities and threats
 - Include areas you exceed and opportunities to improve
- ▶ **Conflict resolution**
 - Example prepared from rotation
- ▶ **Demonstration of communication skills**
 - Example prepared
- ▶ **Success story in patient care**
 - Example prepared
- ▶ **Curriculum vitae (bring copies!!)**

Preparing for questions

- ▶ Preparation of canned questions is important especially for a nervous interviewer
 - Doesn't have to be painful!!
- ▶ Careful to not sound too "rehearsed"
 - You can know your answer and exude confidence, without sounding like you practiced it 7 times in the mirror that morning
- ▶ Sample questions – these are taken from actual residency interviews

Knowing the program

- ▶ Know the institution and departments mission and vision
 - Have your own goals established (short-term & long-term)
- ▶ Know your interviewers
 - Seek out advisement from folks who may know the program or folks you will interview with
 - Perhaps a quick PubMed and/or Google Scholar search for recent publications

Do I have to do a presentation?

- ▶ Goes back to knowing the program and interview itinerary
- ▶ Presentation?
 - Typically "no" for PGY1 interview – almost always YES for PGY2
 - If presentation on PGY1, often ~5 minutes (eg about you or case discussion)
- ▶ Atypical "hands-on" possibilities
 - Provided a case, must go over the case with a group or single interviewer
 - ▶ Case may be provided prior to or during the interview
 - Skills assessment exam

One last time...

- ▶ Verify the interview schedule
- ▶ Know your times and locations
- ▶ Know the flow of the day
- ▶ Plan accordingly!!

What occurs during the interview?

- ▶ Interview day
 - Typically an average of a 6-hour day
 - Draining – but stay positive and engaging
 - ▶ Remember, they've been conducting these same interviews for perhaps 15-20 other people by now
 - Engaging at what may seem like "down-time" is important
 - ▶ Tours, lunch are good examples
 - Interview structure
 - ▶ Group versus individual interviews
 - Likely will be multiple candidates on same day – interviews will be individual (95% of the time); lunch/tour typically together

Mock Agenda for Interview

Candidate: Brandon Bookstaver

- ▶ 9:00 – 9:30: Welcome w/ residency director
- ▶ 9:30 – 10:00: John Bosso, PharmD
- ▶ 10:00 – 10:30: Rounding experience
- ▶ 10:30 – 11:30: Preceptor group Interview #1
- ▶ 11:30 – 12:00: Tour w/ residents
- ▶ 12:00 – 1:00: Lunch w/ residents
- ▶ 1:00 – 1:30: Preceptor group Interview #2
- ▶ 1:30 – 2:00: Clinical assessment
- ▶ 2:00 – 2:30: Director of Pharmacy
- ▶ 2:30 – 3:00: Wrap-up with residency director

Structure – group vs. individual

- ▶ Group (ex: 1-hour session; 2 sessions per day)
 - Several preceptors/administrators/residents participate in a group interview
 - Questions coming from anyone in the group
 - Who do I answer back to?
 - ▶ Important to maintain eye contact, but don't only engage the person who asked the question, but they should get more attention than the others
 - Expect the same "type" of questions – asked with different words
 - ▶ Strategy used to gauge your personality strength, do you stick to your guns

Structure – group vs. individual

- ▶ Individual (ex: 2-5 individuals, 30 minute sessions)
 - Key preceptors or clinical coordinators at the institution (excludes RPD and DOP)
 - Focused one-on-one interviews, typically in the practitioner's office
 - May be mixed with group interviews
 - Gives you a lot of time to ask specific questions about one's practice area, rotation, their view

Types of Questions

- ▶ Some questions will catch you off guard
 - Simply quickly pause, gather yourself and answer
 - Too long of pauses will make the interviewer feel you are unprepared
 - Rambling is not the correct approach when you are not comfortable with or one that you do not know
- ▶ Most questions are behavioral and open-ended, not clinical in nature

Behavioral Interview

- ▶ Attempt to discover how applicants acted in specific situations
- ▶ Past behavior predicts future behavior
- ▶ Better predictive value?

Behavioral Interview

- ▶ Organization determines key competencies or behaviors for successful outcomes
 - Decision Making
 - Team work
 - Initiative
 - Flexibility
 - Time management
 - Communication

Behavioral Interview

- ▶ Questions will be more probing and specific
- ▶ Will be attempting to address key skills, competencies and behaviors identified
- ▶ Anticipate detailed follow up questions

Behavioral Interview

- ▶ Team Work (example)
 - *Describe a situation when you worked with a person whose personality was the opposite of yours. How did you deal with it?*

Behavioral Interview

► Decision Making (example)

- *"Give me an example of a time you had to make a difficult decision."*

Behavioral Interview

► Time management (example)

- *"Tell me about an instance when you were particularly effective on completing a major project on time"*
- *"Tell me about a time you failed to meet a deadline and what did you do about it?"*

Behavioral Interview

► How to prepare

- Refresh your memory of unique rotation/non rotation experiences
 - Active participation
 - Difficult situations
 - Favorable/unfavorable outcomes
 - Group activities
 - Special projects/assignments

Behavioral Interview

- ▶ Remember to do the following:
 - Describe situation you were in or the task you were assigned
 - Describe the action you took
 - Describe the results
- ▶ Be prepared to tell a "story"

Behavioral Interview

- ▶ Listen carefully to the questions asked
- ▶ There is no "right" answer

The Bad

- ▶ Not knowing (or being able to talk about) things on your CV
 - Rotations, presentations, leadership positions, community service
- ▶ "I love this city" for why you selected a program
- ▶ Interrupting the speaker
- ▶ Poor body language
- ▶ Vague or "canned" answers about your interest
 - Avoid "yes" and "no" responses
- ▶ Bottom line: prepare, prepare, prepare

The Ugly

- ▶ Believe it or not...
 - Falling asleep during interview process
 - Making overly critical comments about professors/advisors or a type of pharmacy practice
 - Wearing inappropriate attire (too tight, short, wrinkled, you name it!)
 - Forgetting that impressions count for everyone you interact with

Out of bounds??

- ▶ Questions regarding race, age, sex...are not permitted
 - All interviewers have received training on appropriate questions
 - Questions or discussion about where you or they will rank each other are **NOT permitted, no exceptions!**
- ▶ Borderline – “What other programs are you interviewing at?”
 - Discouraged, but my approach is to suggest you are interviewing either A) several programs all over the country, just keeping options open; or B) several other local programs, just keeping options open

Other portions of the interview

- ▶ **Tour**
 - Use this time to ask questions to the residents about general things you see, would like to see
 - If you claim pediatrics as an interest, and don't ask about the children's hospital...well, maybe you weren't engaged on the tour
- ▶ **Lunch**
 - Interviewing is still going on
 - Questions here are key – get the residents point of view
 - ▶ Careful not to dominate, but participate
 - ▶ Managed up – compliment question, and build off of it
 - You may not be alone on your interview – be the first to get to know your fellow candidates; great way to show your collegiality

Additional things that may show up on interview

- ▶ Pre-interview dinner
 - Some programs will offer a dinner the night before (if you choose to go, remember it will be relaxed, but still an "interview")
- ▶ Participation in rounds
- ▶ Case or exam provided; feedback requested
- ▶ End of the day wrap-up
- ▶ "What did you learn today about our program?"

Post-Interview

- ▶ **Go see the city if you have not had a chance**
- ▶ **Invitations to go "hang out"**
 - Personally, I would decline, unless special circumstance
- ▶ **Thank you's**
 - Email thank you's probably appropriate for residents
 - Hand-written thank you's for RPD and preceptors
 - ▶ One hand-written for the group, addressed to RPD with statement to pass along thanks to preceptors, would be good enough
 - ▶ Individual emails to others who you had more intimate contact with

Post-Interview

- ▶ Don't forget to make notes about the program or reflect on your interview
- ▶ Reflection: One 30-minute interview went bad, I'm doomed!
 - Never judge a program by 1 person or 1 interview, even if you think the person is tough or "odd"
 - These folks will be everywhere and just because you didn't meet them on your interview, it's a safe assumption...now 3 or 4 interviews, well...different story :)

Some other common questions... (in addition to the canned questions)

- ▶ Provide an example of how you handled conflict resolution on a rotation.
- ▶ What characteristics make up your favorite preceptor to date?
- ▶ What's your proudest professional accomplishment to date?
- ▶ What are you looking for in a residency preceptor, residency director ideally?
- ▶ What would "blank" say about you on your letter of rec?
- ▶ Who are the cheerleaders in your life?

Summary Hints

- ▶ Get to your location and identify where to park and where you are arriving
- ▶ Be the first to introduce yourself and acknowledge other candidates
- ▶ **Smile! Firm handshake**
- ▶ **Listen**, and ask a question that comes up during discussion – this makes it a conversation vs. an interview
- ▶ Please prepare canned questions are obvious and you should know your answer! The program/preceptor information

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PGY2 Infectious Diseases Pharmacy Residency Director
