Formation of a Citywide Pharmacy Residents' Collaborative Committee

Hospital Pharmacy
2017, Vol. 52(8) 574-577
© The Author(s) 2017
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0018578717721538
journals.sagepub.com/home/hpx

Jonathan H. Sin¹, Jamie Chin², and Lorie J. Solodokin¹

Abstract

Pharmacy residents undergo rigorous training to become skillful and knowledgeable independent practitioners. In addition to delivering direct clinical and operational pharmacy services, residents also participate in various administrative, educational, and scholarly activities as part of their residency experience. Throughout their training, residents may rely on individuals within their network for professional, personal, and emotional support, including residency program directors, preceptors, and co-residents from their respective institutions. Residents from nearby institutions can also serve as a vital resource. Throughout the nation, there are numerous pharmacy residency programs located within the same city or region. Fostering collaboration and relationships between residents from neighboring institutions may provide a support network to augment their training and cultivate an environment to promote work-life balance. We describe our 2-year experience in the formation of a citywide "Pharmacy Residents' Collaborative Committee."

Keywords

pharmacy residencies, graduate pharmacy education, pharmaceutical societies, community networks, interprofessional relations

Introduction

The history of accredited pharmacy residency training dates back to the 1960s, when the first programs were awarded accreditation by the American Society of Health-System Pharmacists (ASHP), then known as the American Society of Hospital Pharmacists.¹ Since then, pharmacy residency training has evolved significantly to focus on the delivery of direct patient care services, promotion of safe and effective use of medications, and participation in the development of medication-use policies and procedures. As the profession continues to advance, more residency-trained pharmacists will be sought after to fill direct patient care roles. ASHP and the American College of Clinical Pharmacy have previously released statements detailing their vision of the pharmacy workforce in the near future. Moving forward, pharmacy residency training will undoubtedly continue to play a crucial factor in achieving these visions.^{2,3}

To become skillful and knowledgeable independent practitioners, pharmacy residents often undergo rigorous clinical, operational, and administrative training. In addition to delivering direct patient care to various populations, they also participate in numerous activities, which may include, but are not limited to, medication-use evaluations, research projects, interdisciplinary committee involvement, provider education, and co-preceptorship of student pharmacists. With an increasing number of obligations and responsibilities, pharmacy residents can simultaneously exercise and build their time management and leadership capabilities. Residents may

rely on others within their professional, personal, and emotional support system to navigate their residency year to ensure their success, and assist them with planning the next steps of their careers.⁴ These individuals may include residency program directors, preceptors, co-residents from within the same institution, and residents from outside institutions.

Residents are able to access numerous resources from national professional organizations such as ASHP, American College of Clinical Pharmacy, American Pharmacists Association, and Vizient, Inc. Within these organizations, a variety of committees, forums, and networks are available to engage residents on a national level. On a state level, ASHP state affiliates also offer residency-specific resources to encourage resident participation. Although the aforementioned resources do exist, there may still be a gap at the local level to engage and connect residency programs that are geographically close together.

Throughout the nation, there are pharmacy residency programs located within the same city or region. It may be

¹Massachusetts General Hospital, Boston, MA, USA

²National Institutes of Health, Bethesda, MD, USA

Corresponding Author:

Jonathan H. Sin, Clinical Pharmacist, Critical Care, Department of Pharmacy, Massachusetts General Hospital, 55 Fruit Street, GRB-005, Boston, MA 02114, USA.

Email: jsin@mgh.harvard.edu

beneficial to encourage collaboration and relationships between residents from these various institutions. This would provide a broader support network among the residents to augment their training and cultivate an environment to promote work-life balance. We describe our 2-year experience in the formation and development of a citywide Pharmacy Residents' Collaborative Committee (PRCC) through a city chapter of an ASHP state affiliate.

Committee Structure

The New York City Society of Health-System Pharmacists, a chapter of the New York State Council of Health-System Pharmacists, represents the interests of pharmacy professionals who practice in health care facilities throughout New York City. Pharmacy residents are no exception, and the chapter actively promotes resident involvement in professional networking, educational programming, leadership, legislative advocacy, and community outreach opportunities. The goal of the PRCC was to create a forum that fosters professional networking and education, social and personal networking, and volunteering and community outreach among postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) pharmacy residents in the immediate area. By creating a dynamic support system, individuals have the ability to exchange clinical and residency pearls, gained from their respective practices, and to develop interpersonal relationships with colleagues outside of their institutions.

Two co-founders, who also served as the PRCC's first co-chairs and liaisons to the Board of Directors (BOD), developed the initial concept and structure of the initiative in conjunction with members of the BOD. The PRCC was officially recognized as a chapter committee and thus, was required to follow the constitution and by-laws set forth by the city chapter and the state affiliate. An annual budget was allocated from the BOD to support the activities of the PRCC.

The responsibilities of the co-chairs included, but were not limited to, contacting program directors to inform them of the initiative and to encourage resident participation, recruitment, creating and maintaining a master listserv of resident members, planning and promoting events, managing the allotted annual budget, and serving as the primary liaisons between the PRCC and the BOD. In regard to budget management, with approval from the chapter treasurer, the budget could be used to reimburse expenses needed to plan and host events and activities. Examples of such expenses included food and beverages, reserving meeting spaces, transportation, and attending professional and social group events.

Members of the PRCC met monthly before or after the city chapter's formal BOD meetings. Agendas would typically involve welcoming new members and introductions, planning future networking and community outreach events, and allocating budget expenses. During the formal BOD meetings, co-chairs were allotted time to provide monthly

updates to the chapter and discuss potential collaboration opportunities with various other committees.

Networking and Collaboration

Sara J. White, a pharmacy leadership coach, once wrote, "Every pharmacist must have a professional network to be truly successful." As pharmacy residents will come across countless health care professionals during their training, residency is a prime time to expand one's network, whether it be to explore career options, to bounce ideas off another individual, for professional collaboration, or for career satisfaction.⁵

Professional Networking and Education

One of the PRCC's main objectives was to promote professional networking among the residents. This was accomplished by inviting resident members to attend a variety of activities, with the 2 most popular being continuing education (CE) presentations and non-CE networking dinner events. CE programs were coordinated by the BOD to meet Accreditation Council for Pharmacy Education standards and criteria. Invited CE speakers were most commonly clinical pharmacy practitioners and pharmacy administrators who were active members of the city chapter and/or the state affiliate. Non-CE networking events were educational presentations by guest speakers invited by pharmaceutical industry collaborators. Residents were highly encouraged to attend both types of events, as they would have the opportunity to meet and network with pharmacy professionals from around the city. During numerous events, time was also allotted for residents to deliver brief presentations on a clinical pearl of interest.

The PRCC hosted several professional networking events targeted specifically toward resident development. This allowed for more personal one-on-one interactions with nearby residents, program preceptors, and pharmacy administrators in the region. A variety of topics were discussed during these sessions including clinical pearls, career advancement, involvement in professional national or local organizations, and tips regarding job placement and post-residency opportunities. PGY1 residents interested in pursuing a second-year residency could obtain guidance from PGY2 residents currently training in that specialty. PGY2 residents searching for postgraduate positions could, likewise, speak with current practitioners for advice during the career-searching process.

Social and Personal Networking

The PRCC also provided venues for social and personal networking among the residents. The objective was to promote a healthy work-life balance while being able to spend time with like-minded individuals who may be undertaking similar

challenges both within and outside the workplace. While networking with nearby residents, the group noticed that many were facing similar challenges such as effective time management, balancing numerous clinical and longitudinal responsibilities, and barriers to the research process. Building a network of residents from different programs allowed for an open and relaxed environment to discuss ideas, advice, and tips-and-tricks to help overcome potential obstacles.

Meet-and-greets with icebreakers, games, food, and beverages were a wonderful way to introduce new PGY1 and PGY2 resident members and offer a forum for open conversations on pharmacy- and non-pharmacy-related topics. Residents who were new to the Greater New York area could obtain tips regarding life in the city, events to attend, restaurants to try, and so on. It was also a convenient time to brainstorm new ideas for future gatherings and get-togethers. One popular event was the escape-room adventure game. Residents collaborated to solve a series of challenges, and it served as both a team-building exercise and as an enjoyable, leisurely event for the attendees.

Volunteering and Community Outreach

As an official entity of the city chapter, the PRCC also sought to work in partnership with other committees to partake in volunteer and community outreach events. The objective was to increase resident engagement in events with other pharmacists, student pharmacists, and pharmacy technicians from various committees. Although formal attendance of resident participation was recorded during the organization's annual events, the group did not statistically compare the attendance rates with previous years in which the PRCC was not in existence. However, based on anecdotal observations, the BOD had noted more residents participated in these initiatives compared with previous years.

Traditionally, the city chapter has been involved with several recurring events such as the AIDS Walk New York, the New York Cares Day for Schools, a flu clinic initiative, and an adopt-a-highway project. Resident members were encouraged to attend via the general chapter listserv and announcements made during BOD meetings. The PRCC also promoted these events and highly encouraged active participation. Residents volunteered alongside fellow pharmacists, student pharmacists, and pharmacy technicians. Another event series that attracted residents were the mock interview programs and interview workshops, which were usually held at a local college of pharmacy or in a hospital conference room to prepare students for the interview process and assist them in developing interpersonal communication skills.

Lessons Learned

Our primary means of building PRCC membership was by reaching out to residency program directors listed on the ASHP Online Residency Directory. Unfortunately, we were

not able to elicit responses from every program director. Subsequently, we contacted preceptors in person or via e-mail who were members of the city chapter to ask for their assistance in engaging residents from their respective programs. To increase resident involvement, future efforts could involve obtaining contact information of residents directly during the beginning of the residency year and utilizing the chapter listserv more routinely to spread awareness of the PRCC.

As residents had different schedules depending on their professional and personal responsibilities, one challenge faced was attempting to schedule events during times that would be convenient for many residents to attend. Another challenge was coordinating events and topics that would meet the clinical and professional interests of all PGY1 and PGY2 residents. A potential solution could be to send out a shared document or electronic poll to resident members, which may assist with the scheduling process and to determine mutual topics of interest.

Although there were 2 co-chairs of the PRCC, further delegation among members may have improved the operational aspects of the committee. For example, individuals could be assigned to lead or oversee a particular event. More assistance with event planning and execution may allow for an increased number of events throughout the residency year and engage more resident attendees. Individuals can also serve as liaisons to other chapter committees to foster further collaboration.

Future Directions

As the PRCC was a new initiative, it was deemed worthwhile to obtain suggestions from all involved parties regarding methods for improving the organizational process for the future and new ideas for educational and social events. One recommendation was to host more professional events focusing specifically on leadership development for pharmacy residents, which may further enhance residency training. This could be achieved by inviting more nearby pharmacy leaders to meet directly with residents and/or by facilitating collaboration with administration from a local residency program to serve as the host institution for the ASHP Visiting Leaders Program. Another idea proposed was starting a legacy initiative for the PRCC, where members could contribute 1 or more pearls gained during residency into an electronic document at the end of each residency year. This document could be continually updated every year and passed onto subsequent resident members.

Feedback regarding the PRCC was informally received from resident members, program directors, members of the city chapter, and the BOD, but perhaps the implementation of a formal feedback process through surveys or evaluations would allow ideas to be seamlessly passed onto future leadership. Assessing feedback via data collection or digital survey programs would provide a more objective modality for

assessing event success and soliciting methods for improving the PRCC experience.

Although there were open discussions regarding different program structures, learning experiences, and precepting styles, there was no formal process developed to disseminate this information across programs. In the future, there could be a systematic approach to gathering information about best practices among programs that could be shared with interested parties.

In regard to continuity, members suggested developing a more robust method of selecting subsequent co-chair(s) and passing on the activities of the PRCC. While the first year of the PRCC was co-chaired by 2 PGY1 residents, the subsequent year was led by both a PGY1 and a PGY2 resident, which seemed to offer a more wholesome approach to spearheading such a committee. To better streamline the leadership recruitment process, current PGY1 resident members could be contacted after the results of the ASHP Resident Matching Program to inquire if any of them will be completing a PGY2 program in the immediate city area, and whether or not they would be interested in applying for the PGY2 co-chair position. The PGY1 co-chair position could be secured at the beginning of the new residency year through a formalized application process in conjunction with the BOD.

Conclusion

Herein, we have described the formation of a citywide PRCC, which built a strong network of residents from various institutions. During the 2-year experience of the PRCC, the resident participants and their respective residency leadership overall expressed appreciation for the development of the initiative and were grateful for the experiences that were afforded to the residents. Future incorporation of formal feedback processes may provide more objective measurements to assess the true impact of such a committee. For cities and regions with multiple pharmacy residency programs

located in the area, similar initiatives may be implemented to support residents both professionally and personally.

Authors' Note

During the 2-year experience of the Committee, Jonathan H. Sin was affiliated with NewYork-Presbyterian Hospital, New York, NY; Jamie Chin was affiliated with NYU Winthrop Hospital, Mineola, NY; and Loriel J. Solodokin was affiliated with Mount Sinai Hospital, New York, NY.

Acknowledgments

The authors acknowledge Yi Guo, PharmD, and Amisha Leimbach, PharmD, CJCP, for their guidance and support throughout the Committee's 2-year experience.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

1. Clark T. Celebrating 50 years of advancement in pharmacy residency training. *Am J Health Syst Pharm*. 2014;71:1190-1195.
2. American Society of Health-System Pharmacists. ASHP long-range vision for the pharmacy work force in hospitals and health systems: ensuring the best use of medicines in hospitals and health systems. *Am J Health Syst Pharm*. 2007;64:1320-1330.
3. Murphy JE, Nappi JM, Bosso JA, et al. American College of Clinical Pharmacy's vision of the future: postgraduate pharmacy residency training as a prerequisite for direct patient care practice. *Pharmacotherapy*. 2006;26:722-733.
4. Harvey HA Jr. The human side of a pharmacy resident. *Ann Pharmacother*. 2006;40:1857.
5. White SJ. Building and maintaining a professional network. *Am J Health Syst Pharm*. 2007;64:700-703.