Development of a Local Health-System Pharmacy Resident Society

Hospital Pharmacy
2017, Vol. 52(10) 709–711
© The Author(s) 2017
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0018578717720509
journals.sagepub.com/home/hpx

John D. Hill¹, Thomas S. Achey², Theresa A. Nerone³,
Corey L. McEwen⁴, and Mark W. Hamm⁵

Keywords

pharmacy, pharmacy practice, pharmacy residency, leadership, professional organizations, practice management

Introduction

As the number of pharmacy residents continues to increase nationally, it is vital that new opportunities for engagement, professional development, and networking are developed. The American Society of Health-System Pharmacists (ASHP) provides national opportunities for involvement through Section Advisory Groups (SAGs), the New Practitioner's Forum (NPF) Advisory Groups, and various councils, commissions, and committees. ASHP also offers opportunities at the state level through 52 affiliate chapters and at the student level through 132 officially recognized Student Societies of Health-System Pharmacy (SSHPs).^{1,2} However, there is currently a gap in opportunities for residents and new practitioners to network and collaborate at a local level. Our purpose is to describe the creation of a health-system pharmacy resident society in collaboration with a local society of health-system pharmacy.

Background

The state of Ohio currently has an ASHP state affiliate, the Ohio Society of Health-System Pharmacists (OSHP), and seven local societies including the Cleveland Society of Health-System Pharmacists (CSHP). CSHP currently has approximately 150 members consisting of pharmacists, pharmacy residents, and pharmacy technicians. Within the greater Cleveland/Akron area, there are more than 26 different pharmacy residency training sites consisting of approximately 60 pharmacy residents. Despite the large number of local residents and residency programs, few opportunities exist for pharmacy residents to network, collaborate, and learn from other practice sites which led to the creation of the Cleveland Society of Health-System Residents (CSPR).

Organizational Development

Organizational development initially began through identifying and obtaining support from key internal stakeholders at residency sites and with the leadership of CSHP. The Cleveland Clinic Chief Pharmacy Resident

and Assistant Chief Pharmacy Resident began by obtaining permission from the Cleveland Clinic Residency Program Directors (RPDs) to dedicate time toward developing the local area resident society. After approval to proceed was established at our site, the next step consisted of discussions with the CSHP Chapter President and President-Elect. These conversations centered on gauging interest, potential to incorporate this group into the larger local chapter, coordinating event scheduling to prevent overlap, and the possibility of CSHP providing financial support. Based on these conversations, it was determined that the scope of these two organizations would not overlap and that the local chapter was in support of pharmacy residents forming their own organization.

A list of residency programs and RPDs within the Cleveland/Akron area was compiled utilizing previously existing contact lists and the ASHP residency directory website.³ An introductory email was sent to identified contacts at each site detailing the purpose of the organization, future plans for events, and information regarding the first event. Residents and RPDs were both extended invitations to all future events. A contact for each individual residency site was established for future communication regarding events and attendees. This initial email contact was also utilized to gauge interest in hosting potential future site visits. In addition, announcements were made at CSHP events encouraging members to inform residents and RPDs about the initiation of the residency society and plans for the kick-off event.

¹The Johns Hopkins Hospital, Baltimore, MD, USA

²Duke University Hospital, Durham, NC, USA

³Cleveland Clinic, OH, USA

⁴Massachusetts General Hospital, Boston, MA, USA

⁵Aurora Health Care, Milwaukee, WI, USA

Corresponding Author:

John D. Hill, Operations Manager, Adult Inpatient Pharmacy, The Johns Hopkins Hospital, 1800 Orleans Street, Room 7000, Baltimore, MD 21287, USA.

Email: jhill71@jhmi.edu

Cleveland Society of Pharmacy Residents

Agenda	
4:45-5 pm	Meet & Greet (<i>food provided</i>)
5-5:15 pm	Welcome & Introduction
5:15-6 pm	Keynote Speaker
6-6:15 pm	Keynote Question and Answer Session
6:15-7 pm	Pharmacy and Hospital Tours
7-9 pm	Networking Session

Figure 1. Sample meeting agenda.

Resident Events

During the inaugural year of CSPR, three events were held at rotating sites during weekday evenings. The experience included an overview presentation by the CSPR event coordinator which provided additional information regarding the organization's purpose, future planned events, and options for organizational sustainability. The structure of these events consisted of a social hour, with a coordinated ice breaker at the first event, in combination with a dinner funded by each hosting institution. A speaker was selected from the host site to provide a presentation on a topic of their choice and to facilitate a question and answer session. Speakers included chief pharmacy officers, vice-presidents of pharmacy, and pharmacy directors. An overview and facility tour were provided by each host institution to allow residents the opportunity to learn about and observe various pharmacy practice models. A sample itinerary for CSPR events is shown in Figure 1. Additional engagement activities were conducted including a CSPR logo design contest and an end of the residency year graduation social.

Organizational Optimization

To ensure organizational continuity, it was determined a more formal relationship between the local chapter, CSHP, and CSPR was needed. For the second year of this organization, a formal position was created to serve as the Chair of CSPR and as a liaison to CSHP. The Chair would serve as the event coordinator facilitating site visits for the year and disseminating communication regarding future events. The second year of the organization consisted of four site visits with keynote speakers addressing collaborative

practice agreements, clinical pearls in the management of hepatitis C, and novel telepharmacy techniques. The CSPR event coordinator also organized a professional development session facilitated by an ASHP staff member on differentiating yourself as a candidate prior to the Midyear Clinical Meeting.

Discussion

Anecdotal feedback collected from residents was positive regarding the personal and professional networking opportunities provided through CSPR. Residents appreciated the opportunity to learn about local practice sites from the identified speakers and through site tours. The hosting sites could also utilize these events to highlight their practice site and to facilitate future recruitment activities. CSHP plans to remain involved with CSPR to promote networking between residents and practicing pharmacists and pharmacy technicians. Development of a similar organizational structure can increase resident engagement at the local level and support continued organizational retention.

Residents are highly engaged, motivated, and eager to seek additional organizational and extracurricular activities. The development of CSPR was proposed and initiated by pharmacy residents based upon their identification of an existing gap. A local resident society can facilitate networking and educational opportunities in a convenient and less intimidating format than existing national and state level opportunities. Residents should feel empowered to take ownership over the development of similar organizations at multisite residency programs and in urban areas with large pharmacy resident populations. Several other sites coordinate events aimed at engaging and connecting pharmacy residents, but to our knowledge, no site has previously worked to develop a resident society in conjunction with a local health-system pharmacy society.

Numerous challenges were identified throughout the development and implementation of this resident-driven organization. One issue pertained to the timing of events to accommodate a majority of schedules and maximize resident turnout. During the first year, ensuring coordination of schedules with CSHP and CSPR was difficult due to their lack of organizational integration resulting in each organization scheduling events on the same evening. Due to the transient nature of pharmacy residents and subsequent high membership turnover, designing a sustainable plan for organizational continuity was identified as a challenge early on. The best solution was to create a position within the local chapter to serve as a liaison. These issues were largely alleviated through the development of a formal relationship between the two organizations. As the year progressed, resident attendance decreased as residents were afforded less discretionary time with average event attendance ranging from 25 to 45 residents. Ensuring RPD's support resident

involvement is crucial in promoting attendance at events and sustaining organizational activity.

Future organizational plans could include utilization of CSPR events to provide residents with opportunities to present posters and platform presentations in preparation for future national presentations. As CSPR continues to evolve, development of a committee structure may become necessary to promote engagement, involvement, and continued expansion of organizational activities, such as fundraisers, community outreach, and board preparation study groups. Currently, each host site has individually funded CSPR events; however, future considerations could involve developing a formalized financial relationship between CSHP and CSPR to ensure organizational viability and sustainability. If continued success is observed on a local level, consideration could be placed on expansion to a state-level resident-driven organization.

Conclusion

A local, resident society of health-system pharmacy can be developed through partnering with local health-system pharmacy societies to promote resident engagement, networking, and learning opportunities.

Authors' Note

At the time of writing all authors were affiliated with the Cleveland Clinic, Cleveland, OH.

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. American Society of Health-System Pharmacists. Affiliate Directory. <https://www.ashp.org/State-Affiliates/State-Affiliate-Directory>. Accessed October 8, 2016.
2. American Society of Health-System Pharmacists. ASHP Officially Recognized SSHPs 2016-2017. <https://www.ashp.org/Pharmacy-Student/Pharmacy-Student-Forum/Student-Societies/Find-a-Student-Society>. Accessed October 8, 2016.
3. American Society of Health-System Pharmacists. Online Residency Directory. <https://accred.ashp.org/aps/pages/directory/residencyprogramsearch.aspx>. Accessed October 8, 2016.