

# Considering a Residency?

What three pharmacists say about their community pharmacy residency experience

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Community pharmacy residency programs have grown dramatically in the last few years. Only 13 sites were available in 1998, and today over 80 sites exist across the country in more than 30 states. Though community pharmacy residency programs continue to grow, each year several sites remain unfilled. These vacant positions are not due to the lack of qualified candidates, but rather the lack of knowledge about what a community residency entails. Furthermore, many students are unaware of the benefits of completing a residency and the resulting employment opportunities that may be available.

Most new graduates find traditional employment right away. Others choose to participate in a residency program, or continue on with their education. No matter what decision is made, each person will only have one opportunity to select his or her first position. That is one reason why some graduates will consider a residency program and seek answers to common questions when making their decision.

The following is a summary of answers from interviews conducted with three pharmacists who completed community pharmacy residencies in Wisconsin in 2004: Joylyn Moore of Marshland Pharmacies in Mayville and Horicon, Erika Horstmann of The Medicine Shoppe in La Crosse and Labinot Avdiu of The Medicine Shoppe in Two Rivers.

## COMMON QUESTIONS WHEN CONSIDERING A COMMUNITY PHARMACY RESIDENCY:

*What is a community pharmacy residency program (CPRP)?*

A community residency program fosters

an accelerated development of clinical skills and knowledge in advanced community practices. Residents work closely with an experienced practitioner to develop these qualities. A resident also has the opportunity to experience first-hand pharmaceutical care services being delivered in a community setting and may possibly be involved in enhancing or expanding current services and the development of new programs.

*How is a CPRP different from a hospital residency?*

The obvious difference between a community and a hospital residency is the practice setting. The community residency curriculum is often structured on a longitudinal calendar where all learning experiences are continued throughout the program whereas a hospital residency is structured similar to pharmacy school rotations and may or may not contain longitudinal agendas. Both types of residency require a residency research project to be accredited by the American Pharmacists Association and American Society of Health-System Pharmacists.

*Why should I complete a CPRP? What can I gain from a CPRP that I cannot receive from other employment opportunities?*

Although this is the third question on the list, it is probably the number one question graduating students want to know. "Why should I complete a residency as opposed to accepting an employment opportunity?" Each one of the three residents completed their CPRP for different reasons, and each person had a specific goal. A community residency may differ from site to site in that each pharmacy serves a unique population. Horstmann completed a fourth year clerkship at the Medicine Shoppe in La Crosse and was "astounded by the level of [patient] care that was provided." Her heightened inter-

est in providing a higher level of patient care and developing new pharmaceutical care services made The Medicine Shoppe of La Crosse an ideal place for her to develop these skills. Moore was interested in business management and development of pharmaceutical care programs and sought mentorship from the independent pharmacy owners of Marshland Pharmacies. Avdiu's interest in cultivating his skills, delivering high-level patient care in a community setting, and gaining experience in the management and ownership aspect of independent community pharmacy made him a perfect match for The Medicine Shoppe in Two Rivers. Community residencies offer a wide variety of experiences, so prospective residents are sure to find a site that compliments their goals.

All of these residents had a common interest in learning how to deliver and apply their clinical knowledge to help patients manage their health in a community setting. Pharmacy school curricula teach clinical competencies, but the delivery of these skills in a community setting is often overlooked. Moore had an interest in smoking cessation. To apply her knowledge about the proper medications and steps to quit smoking, she developed a smoking cessation program. Starting from scratch, she was involved in all stages of developing a patient care service, from collecting current guidelines and developing a systematic way to apply those guidelines, to purchasing the necessary products and advertising to local health professionals and patients as well as enrolling and monitoring patients. Avdiu was also involved in various pharmaceutical care activities at his site. As a result of his residency experience, he has developed various patient care services that are both effective and profitable at his current position.

In addition to designing pharmaceuti-

cal care programs, research is an area that may not be covered in standard pharmacy curricula. In their residencies, each resident had the opportunity to conduct a community research project and contribute to the advancement of community pharmacy practice. As the primary investigators, the residents were responsible for all aspects of conducting a study from developing and implementing the project to collecting and analyzing the data. Each resident evaluated his or her respective site and developed a research question to address a current issue or need. By developing the study question, the residents learned how to evaluate their patient population and analyze how current issues apply to their patients. The residents also had the opportunity to exchange ideas with other researchers when designing their study. Conducting a study is not merely the chance to develop a recipe, but the opportunity to explore new ideas, think “outside the box” and demonstrate the impact of pharmacists on health care today.

The residents also had the opportunity to expand their leadership and managerial skills in various activities. Following a pharmacy remodeling, Moore trained technicians on the new workflow and in the process had the opportunity to evaluate the components that contribute to an optimal workflow. Adviu designed customer and employee satisfaction surveys and evaluated the pharmacy’s financial performance. Both of these tasks allowed him to explore the responsibilities of a managing pharmacist and develop the skills of an owner.

*What kind of employment positions are out there after completing a community residency program? Are there certain positions that I can get only after completing a residency?* After their residencies, unique opportunities were available to these residents. A director of clinical services/pharmaceutical care programs was one such position specifically available to the residents as a result of completing a CPRP. This title is a general term used to describe a position that encompasses an array of responsibilities from implementing new patient care services to designing a workflow that allows for routine pharmaceutical care services and billing procedures. The residents agreed that, whether or not this position would have been available to them follow-

ing graduation, they would not have been prepared to take on such a position without having completed a CPRP.

So where are these former residents working now? Again, each pharmacist chose a position that met his or her own personal career goals. Adviu is currently a staff pharmacist at Eggleston’s Pharmacy in Sycamore, Ill. He has had the opportunity to implement effective patient care services and gain more experience in the realm of ownership and independent pharmacy before venturing out to own his own pharmacy.

Horstmann is the director of clinical services for MD Group, LLC, a company that owns nine independent pharmacies in Madison and surrounding cities. As the director of clinical services, she is in charge of implementing and maintaining clinical care programs at the nine pharmacies.

Moore works for Manitowoc Pharmacies, Inc., an independent company that consists of five pharmacies in northeastern Wisconsin. She is responsible for developing pharmaceutical care services for each of these pharmacies and providing pharmacy staff training to improve efficiency and efficacy in the daily workflow.

Community pharmacy residency programs offer a unique practice environment. Residents have the opportunity to develop and enhance their clinical expertise in various areas and expand their knowledge and understanding in areas of leadership, management, service development and research. Completing a community pharmacy residency program offers many advantages and practice opportunities to young pharmacists—and is highly recommended by these three pharmacists! ●

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## FDA Operation Reveals Many Drugs Promoted as “Canadian” Products Really Originate From Other Countries

*December 16, 2005* — An FDA operation found that nearly half of the imported drugs that the FDA intercepted from four selected countries were shipped to fill orders that consumers believed they were placing with “Canadian” pharmacies. Of the drugs being promoted as “Canadian,” based on accompanying documentation, 85 percent actually came from 27 countries around the globe. A number of these products also were found to be counterfeit.

“This operation suggests that drugs ordered from so-called ‘Canadian’ Internet sites are not drugs of known safety and efficacy,” said Dr. Andrew von Eschenbach, Acting FDA Commissioner. “These results make clear there are Internet sites that claim to be “Canadian” that, in fact, are peddling drugs of dubious origin, safety, and efficacy. We believe that these ‘bait and switch’ tactics — offering patients one thing and then giving them something else — are misleading to patients and potentially harmful to the public health.”

The FDA conducted its operation, named “Operation Bait and Switch,” over a few days in August 2005 at JFK Airport in New York City, Miami International Airport, and Los Angeles International Airport. The FDA examined all mail parcels suspected of containing pharmaceuticals sent from four countries—India, Israel, Costa Rica, and Vanuatu—that FDA had previously noticed were sources of drugs apparently ordered from pharmacies alleged to be Canadian in origin. Out of nearly 4,000 parcels examined, almost 1,700 or about 43 percent had been ordered from “Canadian” Internet pharmacies and were represented as being of Canadian origin.

However, only 15 percent of the “Canadian” drugs in the parcels examined actually originated in Canada. The remaining 85 percent were manufactured in 27 different countries. In addition to having been falsely promoted as being of Canadian origin, many of these drugs were not adequately labeled in English to help assure safe and effective use.

Thirty-two of the pharmaceuticals sampled, representing three distinct drug products, have been determined to be counterfeit. The FDA is working closely with the Canadian drug regulatory and law enforcement authorities on this matter. The FDA will take appropriate action to keep these counterfeit products out of the U.S. drug supply and pursue actions against those responsible for attempting to defraud the American public. ●