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RESEARCH NOTES

Training and retaining community pharmacy leaders: Career pathways after completing a PGY1 community pharmacy residency affiliated with a large supermarket chain

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ABSTRACT

Objective: To determine pharmacist career paths and resident perceptions after completion of a PGY1 community pharmacy residency with a national supermarket pharmacy chain.

Methods: Cross-sectional nationwide survey.

Results: Overall, 65% (n = 24) of residents who responded accepted a position with Kroger immediately after graduation. When asked about the degree of value the residency had on obtaining the resident's ideal position, 29 (76%) reported that it was "very valuable" and the remaining 9 (24%) reported that it was "somewhat valuable." Positions that these pharmacists held immediately after residency completion were: clinical pharmacist (clinical coordinators, patient care specialists, or patient care managers; 54%), staff pharmacist (21%), split/mixed (mixed clinical and staffing components; 21%), and pharmacy manager (4%).

Conclusion: Residency trained pharmacists were retained by the pharmacy chain where they practiced, and the majority of those pharmacists held split or full-time clinical pharmacist roles within the chain supermarket pharmacy.

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The value of residency training for the practice of community pharmacy has been questioned over the past several decades.^{1,2} Although post-graduate training opportunities in the field of pharmacy emerged in the 1930s, they have historically focused on the inpatient setting.^{3,4} It was not until the 1980s that community pharmacy residency programs (CPRPs) came into realization under the guidance of the American Pharmacists Association (APhA).⁵ Unlike hospital and health system–focused post-graduate year 1 (PGY1) pharmacy practice residencies, CPRPs have experienced modest growth since their inception.⁴ In fact, as of March 1, 2016, there are only 126 CPRPs either accredited or in the accreditation process, compared with 990 hospital and health system PGY1 programs. Growth has been slow but steady.

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The small number of CPRPs may be explained by challenges in obtaining funding for these programs. Unlike hospital and health system residencies, community pharmacy residencies are not able to receive pass-through funding from the Centers for Medicare and Medicaid Services to offset the cost of the programs.⁶ This means that the majority of pharmacy residency funding organizations must find value beyond the altruistic benefits conferred to the profession or to the resident. Because many CPRPs are cosponsored by a college of pharmacy, these extra-altruistic benefits must also be established for the academic institution in partnership with that pharmacy.^{4,7} Colleges have found value in community pharmacy residents who provide didactic lectures, assist with service efforts, precept students on experiential rotations, and encourage pharmacy students to pursue residency training.^{7–9} However, for the pharmacy practice site, the most significant tangible benefit may be in the recruitment, vetting, and retention of top community pharmacy talent after completion of the CPRP.⁷

Earlier research has investigated the difference in career paths between community pharmacy residency- and nonresidency-trained pharmacists.¹⁰ Marked differences were noted between participants' current employment and job

responsibilities. Those pharmacists who completed a CPRP spent more time participating in teaching, research, and patient care services compared with those who did not.¹⁰ However, differences among residency training sites are likely to affect career paths, and there were other noted differences. Even with accreditation, variability in resident responsibilities and experiences between programs may confound results when one looks at a large cross-sample across multiple years and various programs. A gap in knowledge currently exists when one evaluates actual, not theoretical, career paths within a sponsoring pharmacy chain for pharmacists who undergo community pharmacy residency training. Such knowledge is necessary to expand and improve community-focused residency training programs. The present study aimed to expand on earlier research by investigating career paths of PGY1 community pharmacy residency graduates from the perspective of a single supermarket chain with established clinical programs.

Objectives

The primary objective of this research was to determine pharmacist career paths and resident perceptions after completion of a PGY1 community pharmacy residency with a national supermarket pharmacy chain. A secondary objective was to determine these residents' academic affiliations.

Methods

A cross-sectional survey was administered in March 2015 to a nationwide sample of pharmacists via a web-based platform (Qualtrics, Provo, UT). Pharmacists were included in the study if they had completed a CPRP affiliated with the Kroger Co. Family of Pharmacies from 2008 to 2012. These dates were chosen so as to include only those residents who were trained under the American Society of Health-System Pharmacists (ASHP)/APhA 2007 update of the accreditation standard for PGY1 CPRPs. This was done in an effort to exclude earlier community pharmacy residency training standards that may confound the results. Past resident contact information was obtained through e-mail correspondence with the supermarket chain pharmacy leadership and residency program directors across the United States.

The survey instrument was designed in collaboration with supermarket pharmacy leadership, practicing pharmacists, pharmacy faculty, and a pharmacy resident. The survey was pilot tested, but not validated, by a convenience sample of past PGY1 community pharmacy residents ($n = 6$) from the University of Tennessee Health Science Center (UTHSC) who did not qualify to participate in the research project. The pharmacists provided feedback on the content, clarity, and comprehensibility. Key domains for the survey instrument included demographic data, types of positions the past resident felt qualified to hold, and positions the past resident currently holds. Secondly, the survey assessed the level of academic involvement of each participant. Likert-type questions were based on principles of the 3-point scale.¹¹ An e-mail explaining the study's purpose and containing a link to the online survey was sent to these residents. A cover letter preceding the survey also explained the study's purpose and obtained participant consent. The survey consisted of

11 questions and took 5-10 minutes to complete. Participants were given 2 weeks to complete the survey, and an e-mail reminder was sent to nonresponders before the close of the survey. The responses were anonymous. The UTHSC Institutional Review Board approved the study under exempt status. Descriptive statistics are reported and were analyzed with the use of Qualtrics.

Practice site

The Kroger Family of Pharmacies is a national supermarket pharmacy chain with more than 2100 pharmacies in 31 states and Washington, DC. Each Kroger Family of Pharmacies-affiliated residency program offers learning experiences in direct patient care, practice management, and teaching. Graduates of Kroger Company-affiliated residencies are expected to demonstrate provision of cognitive (clinical) pharmacy services, which may include health and wellness screenings (point-of-care testing), vaccinations, medication therapy management, disease state management (coaching programs), travel health consultations, and transitions of care. In addition to exhibiting successful integration of these nondistributive services into the practice site's workflow, the residency graduate also has experience in practice site management and leadership as well as didactic and experiential education responsibilities. At the time of the study (March 2015), there were 26 community pharmacy residents, affiliated with 19 different schools of pharmacy, practicing at one or more locations with the Kroger Family of Pharmacies.

Results

The survey was offered to 50 CPRP graduates. In total, 38 out of the 50 contacted residents (78%) completed the survey. Resident residency completion years were as follows: 8% ($n = 3$) in 2008, 19% ($n = 7$) in 2009, 14% ($n = 5$) in 2010, 19% ($n = 7$) in 2011, and 39% ($n = 14$) in 2012. Only 1 resident continued their residency training beyond the first year by completing a PGY2 residency program in ambulatory care. When asked about the degree of value the residency had on obtaining the resident's ideal position, 29 (76%) reported that it was "very valuable" and the remaining 9 (24%) reported that it was "somewhat valuable." Overall, 24 residents (65%) who responded accepted a position with Kroger immediately after graduation. Positions these pharmacists held immediately after residency completion were: clinical pharmacist (clinical coordinators, patient care specialists, or patient care managers; 54%), staff pharmacist (21%), split or mixed (mixed clinical and staffing components; 21%), and pharmacy manager (4%). Of those respondents who did not continue employment with Kroger, their first job position was in 1 of 3 other categories: academia (38.5%), another community pharmacy (38.5%), or ambulatory care (23%). All residents were employed as full-time pharmacists after graduating from the residency. Currently held positions for the participants as of March 2015 are presented in [Table 1](#). Pharmacists were also asked to rank which job positions that they felt most qualified to hold based on the skills and experience gained in their residency training. Those results are presented in [Table 2](#).

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