

Importance of Certain Characteristics Residency Directors Look For
(Ranked in order of importance)

Inpatient (Dr. Kim Lintner – Meriter - Unity Point Health)

1. Letter of intent/personality
2. Letters of recommendation
3. APPE rotations/pharmacy experience
4. GPA
5. All others

Ambulatory Care (Dr. Andrew Wilcox – William S. Middleton VA Medical Center)

1. First impression
2. CV

PBM (Dr. Marnie Wickizer – Navitus Health Solutions)

1. Letters of recommendation
2. Personality/letter of intent
3. School ranking
4. GPA
5. Research

Community (Dr. Mara Kieser – UW School of Pharmacy Community Residency)

1. Your goals (and how they compare to program goals)
2. GPA
3. Letters of recommendation
4. Leadership
5. Scholarship/Awards

Q & A Session

Question: “It’s not what you know, it’s who you know” – does this saying hold true at your organization?

Answer: It doesn’t hurt to know well-known pharmacy leaders, but it is also not a detriment to stand on your own. Your letter of intent can speak highly on your behalf. Managed care pharmacy is a bit of a smaller community, but not taken into consideration when looking at applicants.

Question: How many and what type of students do you usually take?

Answer:

- Community – will take up to 5 residents
- Inpatient – currently take 2-3 residents, residents typically have done a rotation with them
- PBM – currently take 3 residents

Question: What red flags catch your eye when reviewing applicants?

Answer:

- ERRORS IN THE CV → Have people proofread for you
- Negative letters of recommendation (not a typical letter of recommendation anymore, its checking boxes – i.e. is this candidate in the top 25% of students?)
- Time management issues
- Overconfidence

Question: How important is Midyear and the PSW meeting residency showcases when talking to applicants?

Answer:

- Even more important for students to talk to current residents
- Friendliness and confidence will bode well for you at these meetings
- Have a sense of what you want to say before approaching the booth

Question: Where have recent graduates of your program gone?

Answer:

- PBM – 100% of residents have stayed
- Institutional – Most residents went onto PGY-2s
- Ambulatory Care – Difficult with a larger residency class, try to stay on if there is an opening
- Community – various sites, variety of where residents go

Question: What should students do during APPE rotations to be successful residents?

Answer:

- Be purposeful in your experiences (ACTIVE leadership experiences)
- Express your career goals to preceptors early on during APPEs so they can tailor the experience to your interests
- Take ownership for your patients on rotations
- Remember experiences from APPEs to speak to during residency interviews for behavioral-based interviewing

Question: How do you see your programs developing/changing over the next 5 years?

Answer:

- “Just one more” – continue to grow number of residency spots
- More specialty pharmacy exposure through PBM residency
- Different community pharmacies continue to partner with UW SOP program

Question: Focusing specifically on the CV, what 3 components stand out on first glance?

Answer:

- Neatness, spelling, grammar, etc.
- Rotations, Leadership experiences, Work experience with DESCRIPTIONS
 - These speak to your time management
- Presentations, Publications will be referenced during interview

Question: What would a typical day look like for a resident at your setting?

Answer:

- Inpatient – Rotate on unit (preceptors set expectations), arrive at 6:45 am, leave at 5 pm
- Ambulatory Care – Depends on rotations, 6-8 week rotations, team meetings, journal clubs, teaching at SOP, project work
- Community – Direct patient care activities, some PBM work, compounding, project work, professional meetings, teaching at SOP
- PBM – 3 different rotations at once, meetings

Question: What separates two very close candidates?

Answer:

- Inpatient: Mathematical approach taken – comes down to gut reaction
- Each individually rank, then come together and compile answers
- Residents you interact with at showcases may vouch for you when determining who to bring in for an interview
- Ambulatory Care: Draw the first line at GPA

Question: How many applicants typically apply to your program?

Answer:

- Ambulatory Care – 80+ applicants
- Community – Prefers not to answer
- Inpatient –
- PBM – 10 per position

Question: How can an applicant set himself or herself apart in the interview?

Answer:

- It comes down to connection (including the non-decision making interactions)
- Emails/setting up time to meet for the interview makes an impression

Question: How involved are the current residents in the decision-making process?

Answer:

- Inpatient – Residents get equal ranking power as the residency director
- PBM – Asks residents for feedback
- Community – Residents involved in the interview process, preceptor of specific site makes final decision
- Ambulatory Care – Some residents are apart of the interview (have equal weight), candidates have lunch with the residents then residents provide feedback