



### Activity One:

Jot down answers to the following questions:

1. How many years have you directed/precepted a pharmacy residency program?  
Directed \_\_\_\_\_  
Precepted \_\_\_\_\_
2. What's your favorite time period of the residency year? Why?
3. What's your least favorite time period of the residency year? Why?
4. Identify your best & worst resident, to date (we will not share this information).  
Explain:
5. What 2 pearls of wisdom do you come back to when you need help recalibrating your expectations for new residents?

## Activity Two:

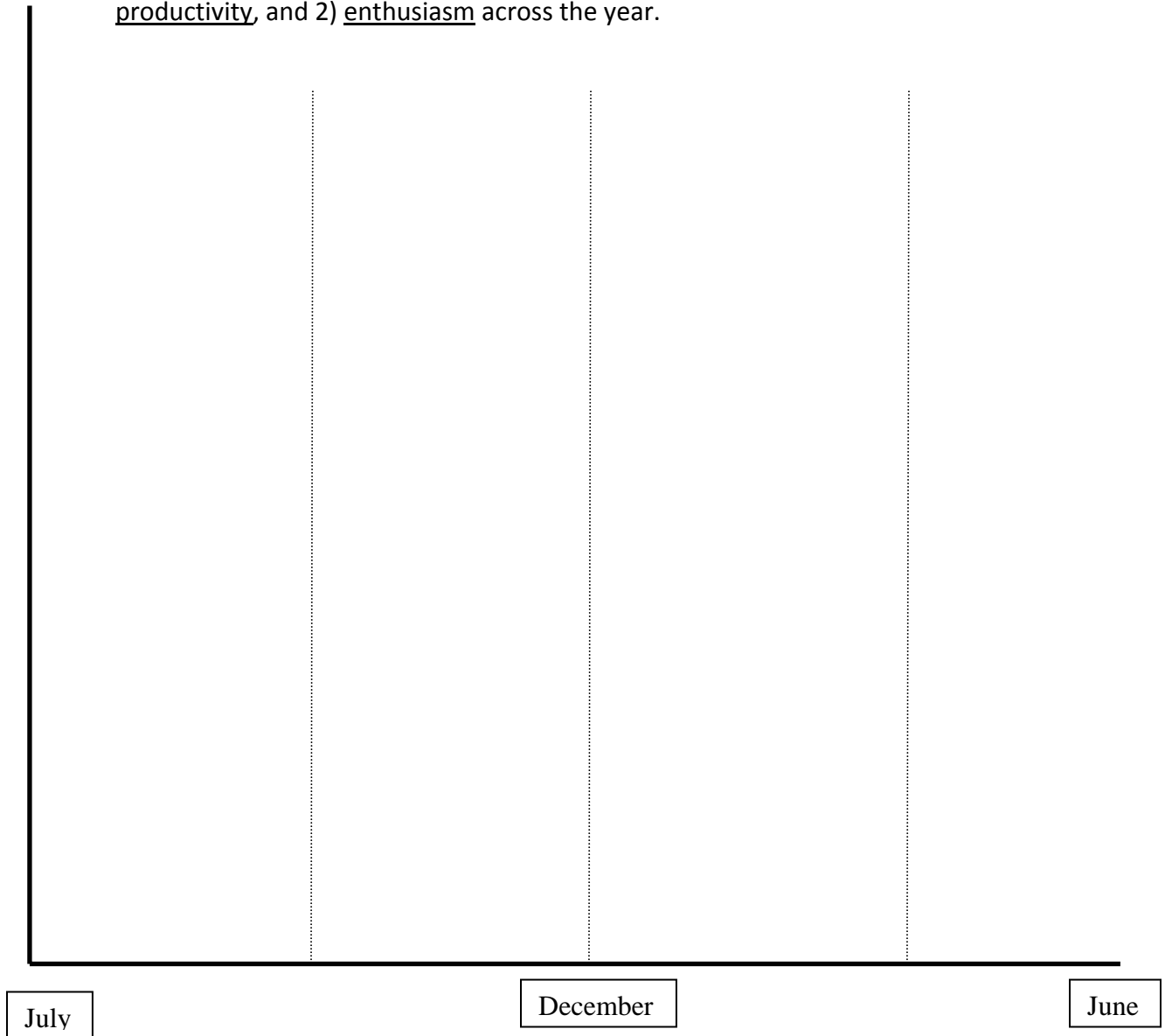
Consider your residency program's typical life cycle and indicate which 3 months present you with *higher stressors* (HS) and which 3 months tend to present *lower stressors* (LS). Be able to explain your scoring to your neighbors.

Q1	July	August	September
Q2	October	November	December
Q3	January	February	March
Q4	April	May	June

### Activity Three:

Task 1:

On the graph below, plot your impression of resident's levels (rise and fall) of 1) productivity, and 2) enthusiasm across the year.



Task 2:

Share with your neighbors, and look for commonality.

# Organization-Unit-Residency Missions



## Activity Four:

Consider the chart above, and answer the following questions:

1. What is your host institution's central mission?
2. What foci of your residency program align with your host institution's central mission?
3. What foci of your residency program fall outside your host institution's central mission?
4. What tensions does this divergence create? How do you cope?

## Activity Five:

Gather the following information from four colleagues in this session:

1. Name:
  - a. Institution
  - b. Years of residency experience/role(s)
  - c. Strengths as a resource person/mentor/buddy:
    - i.
    - ii.
    - iii.
  - d. Contact information:
  - e. Email address:
  
2. Name:
  - a. Institution
  - b. Years of residency experience/role(s)
  - c. Strengths as a resource person/mentor/buddy:
    - i.
    - ii.
    - iii.
  - d. Contact information:
  - e. Email address:
  
3. Name:
  - a. Institution
  - b. Years of residency experience/role(s)
  - c. Strengths as a resource person/mentor/buddy:
    - i.
    - ii.
    - iii.
  - d. Contact information:
  - e. Email address:
  
4. Name:
  - a. Institution
  - b. Years of residency experience/role(s)
  - c. Strengths as a resource person/mentor/buddy:
    - i.
    - ii.
    - iii.
  - d. Contact information:
  - e. Email address:

## Coping Strategies: A Starter List

1. “Love the one you’re with” (Crosby, Stills, Nash & Young)  
Accept the resident that you have now. S/he is a uniquely skilled, eminently trainable proto-professional. Work your year-long magic on this person (after all you selected him/her for your team) without thought about who/what they are not.
2. “Get back to where you once belonged” (Beatles)  
The central purpose of residency training is to develop a highly-skilled next generation of practitioners. This means the focus of all the residency activity should be about the resident and his/her growth and development. While the priorities of the service and the institution are real, they are secondary to the primary mission of the residency. Get back to the focus on the resident.
3. “Everybody’s working for the weekend” (Loverboy)
  - a. Late in the residency year, let the resident serve as staff supervisor for a weekend shift in the central pharmacy. Doing so, affirms the resident’s self-identity as competent, offers an off-weekend to other staff, and serves as an eye-opener for the resident on how much more there is for them to learn.
  - b. Vacation scheduling can be a pain. If you allow bankrolling of vacation days, set the official end-of-residency-year celebration activity in mid-June, and then allow the use of terminal vacation use.
4. “Try a little tenderness” (Otis Redding)
  - a. Assign a pharmacist buddy to serve as a safe sounding board for the resident. Look for a staff pharmacist with a strong nurturing impulse and schedule the resident on a regular service shift with this individual (once a week or so).
  - b. Acknowledge that we all get weary. One form of “tenderness” that might not be appreciated by the resident early on (they’ll catch the point later) is to have them schedule a week’s vacation about 3 months into the residency year. They’ll need an emotional and cognitive break...time to process their experiences...time to decompress; however, they aren’t likely to recognize (nor act upon) that need.
5. “I can see clearly now” (Johnny Nash)  
Residents are usually (and understandably) self-focused: their primary concern is their assignments and responsibilities. Too often, we expect them to be able to pick up on our needs and responsibilities without us having to be direct about these. If the resident is to learn to think about the “big picture” or to see situations as complex, we have to be overt. Take time early on to explain your responsibilities within the organization, your range of activities and priorities. Repeat regularly.

