1. **What helped you to decide between inpatient and ambulatory care career paths?**
   - PGY-1: Gained ambulatory care experience throughout school and during APPEs, but limited inpatient experience. Sought out inpatient-type APPE experiences and realized that skills learned in the inpatient setting are transferrable to other practice areas.
   - PGY-2: working with transitions of care has been rewarding, yet appreciate the inpatient route and such a route provides a broad

2. **What was your most surprising APPE elective and/or what would you advise do you have for elective APPE selections?**
   - APPE-RT: In general, pick a wide variety of experiences, even if you don’t think a certain line of work is something you’d consider for a career. Recommend choosing at least 1-2 non-patient care rotations for that unique experience. Use APPEs to become well-rounded.
   - PGY-1: Depends on interest; if there’s an interest explore it. Many required sites can be flexible and offer specific experiences if you’re looking for them and make it known. If there's an elective experience that you’re looking for and don’t get it, ask!
   - PGY-2: Be strategic about your timing; if leaning toward inpatient, get those experiences done prior to Midyear, which is typically in December. Fourth year experiences can push you over from one practice area to another. Once you’re comfortable with the basics, push the specialty sites/electives like oncology, etc toward the end of the APPE year. Though it doesn’t always work, similarly PGY-1 and PGY-2 transitions work in a similar way.

3. **How would you go about structuring APPE clinical versus non-patient care rotations (Admin, PBM) so as to be well-poised for Midyear?**
   - PGY-1: Generally, the first year of administrative-type residency is general practice and second year is specialized administration. May be able to seek out a general PGY-1 and look for PGY-2 administration residency.
   - PGY-2: Try to get those experiences before Midyear as best you can, despite the timing of rotations.
4. What types of research were you involved in, and how important is research for those who intend to do a residency?

- APPE-R1: Don’t do research just for the CV. Be selective and choose projects that will help you with a certain skill (scientific writing, etc) that may be of interest. Katie did research in anticoagulation with Dr. Margolis and Dr. Porter in anticoagulation and is doing an APPE rotation in academia. Do get involved and pick types of research that interests you!

- PGY-1: First, ask yourself if you are interested in research. Programs rate applicants based on their strengths in certain “buckets.” Applicants should be able to talk about what they have done, and what they do well in regard to each of those “buckets.” Applicants should have some experience in the majority of buckets, but they should be things the applicant cares about (patient-care activities, volunteer activities, etc). Despite the stress to do research and publish, it’s important to be involved in something important to you. Residencies are competitive, yet a lot of the outcome relies on the applicant’s ability to speak toward what they have done. Mike did research in anticoagulation with Dr. Margolis and Dr. Porter in anticoagulation, specifically looking at extending INR interval.

- PGY-2: The answer also depends on your definition of research, which could include quality improvement, implementation, or APPE projects. Overall, seeking out opportunities and having a long-term project is important. Each residency program has its own method of “bucketing” applicants, and, as a PGY-1, Luiza was involved in the resident recruitment and “bucketing” process. Step 1 is getting the interview. Some people can be put off by certain things and ask questions that are answered on the program. Poster/podium presentations and publications are great opportunities, but is definitely not a requirement by any means. Large academic centers typically have GPA cutoffs and may not look at residents below their GPA cutoff. Smaller programs may not have a GPA requirement. Projects and leadership are also important. The strength of your application relies on how you shape yourself and how you fit into these “buckets.” Keep in mind, one project could fill multiple “buckets” at the same time.

5. Did you attend Midyear and talk with certain residency program directors? If you did, what was helpful? If not, where did you get your Residency program information?

- PGY-2: As a student and as a PGY-1 looking for candidates, attending Midyear is great for getting yourself out there and asking questions. Recruiters didn’t really remember specific things, so attending is not an absolute requirement. However, if you attend, do your homework. Be cautious about standing out as a poor candidate by asking questions that are answered on the program’s website. Going to a program you’re not interested in is a great way to practice the interaction skills. Good to ask questions, from recruitment. True networking is extremely valuable. Talking with residents can give you a gut feeling about the program. If the residents you’re speaking with don’t have great things to say about their program or it’s not obvious, the program may not be your best fit.
6. Where can applicants go for more information about managed-care or community residencies that are not ASHP-accredited?
   - Unanimous: Professor Mara Kieser will be a great resource; APhA and Academy of Managed Care may have information as well.

7. On average, how many residencies do students usually apply to?
   - Unanimous: This largely depends on your goals. University of Wisconsin SOP students are considered top students and have this going for them, so likely won’t apply to as many programs as students in smaller programs. UW students may apply to 1-10 programs whereas students at smaller programs have been told to apply to up to 25 programs. Realize that applying to multiple programs is costly. Additionally, applicants only rank programs that you would actually consider going to as the match results are binding.

8. What do you wish you had known when you were going through the entire residency process?
   - APPE-RT: You can be asked about anything you put on your CV, so be sure that you can speak to it, otherwise it may be best to exclude it from the CV.
   - PGY-1: In hindsight, would have spent more time on the letter of intent. Being too brief prevents other programs from knowing who you are as an applicant. Probably would have waited and spent more time on these. Most interviews were laid back in general; they try to calm you down and remind you that you’re learning about their program, too. Mike felt he may have been over-prepared for those interviews.
   - PGY-2: Recruiters do a lot of skimming! Make your CV stand out by showing how well-rounded you are. Do not bring your CV to midyear (no one will take it), but do bring your business cards. Recruitment teams have not accepted candidates based on overall interview day behavior. A resident escorting you around is part of the interview process, so treat everyone well and do not speak poorly about other programs/candidates. Realize that the entire day is an interview and everything you do is fair game for evaluation.

9. You have applied to about 8 residencies- you rank them, and they rank you. How did you decide which ones to rank aside from gut feeling? What were you looking for, and what made you choose one over another?
   - PGY-1: Mike interviewed at 5, ranked 4 based on the feel, location, and which ones best fit goals. Some places offer early commitment to PGY-2 programs, and some may only consider internal PGY-1 candidates for PGY-2 positions.
   - PGY-2: Post Graduate Year 2 options were a huge factor in deciding where to apply at first when Luiza was a PGY-1. Look at the practice model at your sites. Really pay attention the model and role of the pharmacist. Think about areas in the country and how progressive pharmacy is in that area as well. Examine who verifies the orders, who are the preceptors, who puts in time for students and puts in research. The resident staffing model influences ranking decisions as well – this information is typically available on the ASHP website.
   - APPE-RT: Many people make an excel sheet with facts of all the programs that you’re looking at. Use Midyear to get the answers that you’re looking for and fill in blank spots in your excel sheet.
10. Were you concerned about getting too much experience at one specific institution by doing APPE-RT?

- PGY-1: Ponder about what are you doing with these experiences. It is usually okay if experiences are all in one place, but make sure to get something out of all of the experiences. Be sure to actively assess the practice model and how it how may differ in other practice sites. Just takes a little bit of effort to get the extra experience.
- PGY-2: It largely depends on how you frame the experience in the interview. Just because you don’t know something about other institutions now does not mean that you can’t successfully learn it in the future.

11. How do you approach non-required coursework and establishing relationships for letters of recommendation when starting APPEs?

- APPE-RT: Students are required to email preceptor prior to experience, so be up front and state specific interests that relate to this experience (things you’d really like to see in the rotation) and make sure preceptors know this from Day 1. Preceptors can then work to best tailor the experience to your interest. Make the best of APPE rotations. Don’t just go about doing the rotation because you “have to”. Always put your best foot forward and make sure to always do your best and not be afraid to do/see new things.
- PGY-1: Do things to get better every day. Do what is asked, and accept opportunities to step up and do more. Preceptors that you connected with should be told that you’re interested in Residencies and preceptors are traditionally happy to write reference letters. Write down experiences during the rotations and prepare responses to behavioral questions, including problem and resolution. Ask them far in advance of the deadline! Do not stress out when the preceptor hasn’t submitted the letter of recommendation in the days prior to the deadline because they usually wait until the last minute.
- PGY-2: Use your preceptor’s networking to your benefit! For example, if you’re applying to residencies in a certain state, have a preceptor who graduated from that program write the recommendation. When you ask someone to write you a letter of recommendation, specifically ask that he/she highly recommends you. The individual serving as your reference has the option to “highly,” “would,” or “do not recommend” you for the position, so make sure to specifically ask to be highly recommended. Choose references that know you well; don’t recruit big-name references that cannot speak to your candidacy.

12. Do applicants typically get to read the reference letter?

- PGY-1: Most of the application is automated, with a small comments box for optional writing. Few
- PGY-2: Sometimes references have the candidate write their own letter and then he/she signs off on it. This highlights why it’s so important to ask for the good references. Generally, 85% of people are not memorable in the letters; 5% stand out as a red flag; 10% stand out as memorable in the pool of applicants.

13. Who should look over your letters of intent?

- Non-science majors, UW writing center.
- Be sure to tailor the letter to the institution you’re applying for. Standard letters stand out as obvious, so write about something that is unique to the organization and shows that you did your research on the program to which you’re applying.

*APPE-RT: Advanced Practice Pharmacy Experience – Residency Track; PGY-1: Post Graduate Year 1; PGY-2: Post Graduate Year 2