



**Traversing Midyear, Interviews, The Match, and More –  
A PGY2 EM Perspective Part I**  
*Episode Transcription*

**Speaker 1:** Welcome to the ASHP Official podcast, your guide to issues related to medication use, public health, and the profession of pharmacy.

**Daniel Jarrell:** Thank you for joining us for ASHP's practice journeys podcast. This podcast invites members to share their stories about their professional path, lessons learned and how their experience is shaped to and where they are today. My name is Daniel Jarrell and I will be your host today for the ASHP practice journeys podcast. I'm a clinical pharmacy specialist in emergency medicine at Banner University Medical Center in Tucson. I'm also the current PGY2 emergency medicine program director and I'm a clinical assistant professor with the department of pharmacy practice and science at the University of Arizona College of pharmacy. With me today are Heather Tilley and Shannon Sullivan, both are clinical pharmacist and in emergency medicine. Heather is coming to us from Children's National Hospital in Washington DC. Heather, do you want to tell the audience a little bit more about yourself?

**Heather Tilley:** Hi there. Yeah, so I am a clinical pharmacist and pediatric emergency medicine at children's national. I recently completed my PGY2 in emergency medicine in 2019 and I'd say that my current practice interests primarily are emergency medicine, pediatrics, and professional development.

**Daniel Jarrell:** Great. Thanks for being on the podcast today. Our other guests is Shannon Sullivan, who is an emergency medicine pharmacist at St. Joseph's hospital and medical center. Shannon, would you mind telling the audience a little bit about yourself?

**Shannon Sullivan:** Sure, so I am an emergency medicine clinical pharmacist at Saint Joseph hospital and Medical Center in Phoenix, Arizona. I completed my PGY2 and emergency medicine in 2018 and my current areas of interest include emergency medicine, academia, and critical care.

**Daniel Jarrell:** Great. Thank you also for being with us today. So we're going to get started talking about today's topic, traversing Midyear interviews, the match and more a PGY2 EM perspective. So the first question that I have for both of you today is what were the main reasons you chose a path in emergency medicine as opposed to other specialties? Heather, why don't you go ahead and start us off.

**Heather Tilley:** All right. I think for me, one of the biggest things, and you'll probably hear this elsewhere as well as the unique role as a pharmacist in the emergency department when you compare that to many of the other clinical positions, pharmacist serving, I think pharmacists are really, we are often involved at the bedside and many places also have collaborative practice agreements that allow us to function more in our provider role. For example, doing things like culture



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callback, we're really involved in patient workup, treatment decisions and things like that and I feel like this mix of responsibilities and involvement that we have in our patients kind of puts us on this unique spectrum that's somewhere between our nursing colleagues and our physician colleagues and so we're taking on these roles that are potentially less common in other areas of pharmacy. For me also I think something is that I get bored a little bit easy, so it's really nice to be in an ever changing environment where you don't really know what's coming in.

I think there's also a lot of overlap in terms of patient management in emergency medicine and critical care. So you can use those thinking skills both in emergency department. However, the role of the pharmacist in the emergency department is different than that of critical care. And it's just something that you have to find out by experiencing it. So lot of that's through student rotations or PGY1 rotation. It's just something that you want to get a feel for before you make the decision between which fits you better. And for me too, I just love being at the bedside for our really sick patients and kind of knowing nothing about them at that moment. And then the last thing, one of the big things for me is the culture of the emergency department, which after you work in a couple of EDs, it's something that's hard not to grow to love.

**Daniel Jarrell:** Yeah. Heather, I'd have to totally agree on that last part. The culture is what really keeps me in the ED and all of the other things that you mentioned I think are a big draw. Shannon, is there anything else you'd like to add from what Heather said?

**Shannon Sullivan:** I would echo a lot of what Heather said. I think the multidisciplinary environment of the ED is something that really sets it apart from some of the other clinical practice areas in pharmacy and the culture of the ED of being at bedside, being directly involved in patient care is something that really attracted me to emergency medicine. I get the question a lot from students and residents of how I decided between emergency medicine and critical care because there is a lot of overlap between the two of those, but I think what really sets them apart is that being at bedside in critical situations and really being a member of the team. Also I think the ED is nice because it's not crazy all the time. You do get that balance between critical and noncritical situations. So the ED is kind of the perfect storm of critical care, ambulatory care. There's even some elements of community pharmacy that gets thrown in there. So it really is an ever changing environment and you never get bored.



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**Daniel Jarrell:** Yeah, I'd agree with that. All the different things that get thrown at you, it's difficult to predict what's coming, but that is also makes it exciting. And I know some people thrive in that environment with the unknown and others, like you said, maybe those that are used to a more predictable schedule, they know what their day is going to be like, then maybe another specialty might be better for them. All right, thank you guys. So the next question is about your PGY2 EM search. Did you guys narrow down your potential residencies prior to Midyear? And if you did do this, what was your strategy? Shannon why don't you go ahead and start us off.

**Shannon Sullivan:** Sure. So I did narrow it down my list of potential residencies before going to Midyear. And I think the first step in this process is just to pick people's brains, learn from people who are in emergency medicine pharmacy, learn about their journey, the steps that they took to get where they are. And then from there you can kind of decide, maybe learn from some of the mistakes that they made or some of the things that they did well. And from there you can really decide if emergency medicine is for you and what you're looking for in a program. So try to learn from others as much as possible. First before you go start looking at programs and then there you can develop a list of what's important to you, whether that be certain rotation experiences, if you're interested in teaching opportunities or research opportunities. When you're looking at programs, make sure that the programs that you're picking have all of those things. And then from there you can have this as a ranking. The one thing to keep in mind with these rankings is that they're not set in stone. They're just kind of a rough idea. And once you go to Midyear, once you go to the showcase or do PPS, those rankings can change and those rankings will very likely will change. But at least going into Midyear, having a list of programs that you're interested in is very important.

**Daniel Jarrell:** Heather, did you have anything to add concerning your strategies prior to Midyear?

**Heather Tilley:** Yeah, I think all of that is great. And I guess just to piggyback off what Shannon said, a little bit more about the specifics, I did have a definitive list of programs. I was either planning for PPS or who to visit. And then some of the things that I focused on of course as Shannon mentioned, after you've talked to your mentors and other people in the field and figured out what's right with you. One thing to figure out is early commitment before going into Midyear. So depending on what time of year I was looking at it, sometimes it was not listed on the ASHP directory. So that would prompt me to reach out to the RPDs and if this information wasn't updated then I would just swing by the Midyear booth and ask cause that's kind of something you want to rule in or rule out, at the beginning of



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Midyear so you don't get your hopes up for a place that's already early committed. Location was another thing for me.

I did apply all over the U S and so after Midyear I had to do a little bit more thinking about this in terms of how feasible that was. So that's something that I wanted to consider before going into Midyear. I think a big thing too is practice setting. Like do you want to be in an academic medical center? What is your preference on teaching hospitals, diverse community practice level one trauma experience, patient visits, how diverse is the patient population? Those are the types of things you kind of want to think about. And if you're not able to answer those questions and that gives you good things to talk about at Midyear either at the booth or PPS. And I think one of the other things too that is largely available before Midyear is rotation. For a lot of the sites they post their rotations and what they are.

And I think really going through this, you have to consider what experience you already have and what you're looking for and does this match, you know, how much, what's the minimum amount of time you want to spend in the emergency department or what's the maximum amount of ICU rotations you want and what's that split? Because it varies largely between programs and I think that is something that will really determine what your experience is like in that year. And the PGY2 and how that kind of completes your full experience from PGY1 and then the things that Shannon said as well. You know, what's the schedule of teaching professional development opportunities, focused on literature and research?

**Daniel Jarrell:** Thank you Heather. Yeah, as a program director, I can really appreciate those candidates who do some investigating prior to speaking with me at Midyear. I think it really helps so we can get into some more detailed discussion about the program. And then just to further that with PPS, I know some people use that as kind of a way to weed out programs that may or may not be early committing. I don't do PPS personally, but I have had some candidates who said that they didn't apply to my program because I wasn't doing PPS and they thought we were early committing. So just to piggyback on your early commitment, discussion, I'd highly recommend anyone interested in a program if you're unsure at all about early commitment, just contact the program directly because there really is no standard way to find that information. And I think it'd be very frustrating as both a program director and an applicant.

So Heather, I know you use PPS for your PGY2 search and I think you also did it for your PGY1 search. So how many programs did you end up meeting with during PPS and what best can you recommend to navigate PPS. And then finally, what were the advantages and disadvantages for using PPS?



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**Heather Tilley:** All right, so yes, I actually did PPS as a first year resident, second year resident and for jobs as well just because it fit what I was looking for initially for the PGY2 and for jobs. The reason I chose to participate is there was a lot of places that I was interested in and I really thought in the long run it would help me save time and money by kind of a weeding out programs early on and then interviewing and traveling to less later. Something else to consider in doing PPS is that for me, I felt like it was an opportunity to share my personality and how I might mesh with that potential program or job and that potentially they would be more likely to remember me and interview later. And it actually worked at every place I interviewed at for jobs in the spring was a site that I had interviewed with at PPS in December.

At each site someone there was either an interviewer or a colleague of an interviewer or told me that I was remembered from PPS. And because of that they wanted to learn more about me. So I think that is definitely one of the pros there in terms of navigating some kind of tips for me that made things a little less stressful, was just thinking carefully about your schedule. So I really tried to get myself 30 minutes between all of my interviews where possible. And this was just for me to sit down to review, decompress, and take my notes after meeting. And then I also tried to combine my interviews on one to two days for the most part so I didn't get worn out by having to mentally prepare for interviewing every day and going to new programs. Something else is just coming ready with your list of questions knowing you have to go in there prepared. And if you run out of questions, just being comfortable and knowing how to fill this time with interviewers.

That is a tactic that I have seen at some interview spots is they'll ask you a couple questions and then they will leave almost the entire time for you because they want to see how engaged you are and that you've done your research. So really coming prepared to PPS is the best way to make it work for you.

For jobs specifically though, I think maybe if there's, this is just a rough estimate, maybe less than five that you're strongly considering it may not be worth doing PPS. For me there were a considerable amount of jobs I was considering so that's what I really wanted to do it. In terms of numbers PGY2 I think I wanted to interview at five to six in the end. So I did about six or seven for PPS. And I also did a few booths as well. And I actually ended up not applying to some programs just based on interactions at PPS.

I just felt like it wasn't right for me. So that was helpful. And then for jobs, I actually tried to interview with every program that I was seriously considering, which is about six or so. And it definitely helped me rule out a position. You know, I could've wasted, flights or accommodations on these places, but I was kind of able to tell at PPS that the setting was maybe not what I was looking for. Really only



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disadvantages is if it doesn't work for you or doesn't meet these criteria, it would be time and money. So just really considering how it meshes with what you're looking for.

**Daniel Jarrell:** Thank you very much Heather. Shannon, kind of to get the opposite perspective, I know you didn't do PPS, so I'm curious why you chose not to do PPS and if you felt like you missed out by not doing it.

**Shannon Sullivan:** Sure. So the reason I chose not to do PPS was during my years, most of the programs that I was interested in were not doing PPS. So just from a financial perspective, and the programs that were participating, it just really didn't make sense. That being said, I think just Heather's experience, if there are programs that you're interested in, I think PPS is a great opportunity to talk to the RPD and really see if your personalities are going to mesh. You can do all of that at the showcase, but PPS really gives you that one on one opportunity to talk to people who are involved in the residency. So if there are programs that you are interested in and they are doing PPS, I think it is a great opportunity. But that being said, I didn't feel disadvantaged by not doing PPS because I think the showcase does give that opportunity as well.

**Daniel Jarrell:** Okay, perfect. Thank you for that opposite perspective. I've never done PPS as a program. I usually just like to meet my candidates at the showcase. And so from a program perspective, I think it's also a choice to do PPS or not. I tend to get a pretty good applicant pool every year, so I don't typically do PPS, but I know either some newer programs or those that are really competitive, like to use it to weed people out. So also have to think about that program perspective and maybe why or why not they're doing PPS. So Shannon, we'll start with you for the next question. Since you both had experienced the major showcase for your PGY1 search, did you end up approaching it any differently for your PGY2 then for your PGY1 and what advice would you give to attendees to handle the chaos that is the Midyear showcase?

Yeah, so I'm interested to hear Heather's perspective on this, but I actually thought that going in as PGY1, looking for a PGY2 at the showcase was a little bit easier. I think going into that environment as a pharmacy student, it is incredibly overwhelming. Just the number of people, the number of programs, the number of people that you're competing with just to talk to the program director and I found that as a PGY2 there was more opportunity to get that one on one conversation with the RPD. There aren't as many people generally who are speaking to the PGY2 program directors. So in some ways it's a little bit easier to get that interaction. Unlike with PGY1, some advice for navigating the showcase, I think we kind of alluded to this earlier, but having a list of programs that you want to talk



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to and knowing where booths are at, what time they're going to be there, what day they're going to be there is really important.

So being organized and making sure that you get a chance to talk to all the programs that you're interested in. Also have a list of questions that you can't find on the website. I think Dan, you said this already, but if the applicant comes to you with really interesting questions that shows that they've done their research, that is definitely something that the program director will take notice, and try to talk to the current resident sometimes just because of financial reasons. There might not be the current resident there, but if the current residents, there then try to pick their brain as well as to what their experience has been because they can give you an unique perspective that a program director might not be able to. And one final thing to keep in mind, I heard this from a resident that I rotated with as a student, but after you speak to the RPD, kind of take a few moments after you leave the booth and write a couple of notes down about what you thought about the program answers to questions that you got while you were talking to the RPD. Sometimes when you're talking to a lot of programs, you can forget what the conversation was. So taking a couple minutes afterwards to jot down some notes about your conversation can be really helpful when you go back and think about your ranking.

**Daniel Jarrell:** Yeah, I completely agree Shannon, that's really good advice. To piggyback on what you just last said, as a program director, I do something similar. So I try to get all the business cards of the people that I talked to. And right after they leave, I try to jot some stuff down. And from a, from a candidate perspective, I think it might be important to kind of jot down what your overall vibe was with the program or with the program director and resident when you get to talk to them. Because I think not only making sure the program is a good fit but making sure that people that you're going to be working with is a good fit. And I know sometimes it's hard to pick up on that during the showcase, but sometimes you're able to, and I think that's important stuff to take note of. Heather, do you have anything else to add about traversing the showcase?

**Heather Tilley:** Shannon, I think you gave awesome advice on all of that so there really is not much left. But I do want to say that I absolutely agree with you in terms of how much easier is as a second year going in. It's just far less overwhelming. I think you learn a lot too from it. As a first year.

For example, I went to way too many booths that first year. Um, so as a second year I, I already knew ahead of time that, I really narrowed it down big time before the showcase because if I started smaller it would make it easier when I came to applications. And then similarly, yeah, don't waste time asking questions that won't



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change whether or not you decide to apply there. You should be asking true questions that you really care about. And definitely trying to talk to the directors and the current residents if they're there.

**Daniel Jarrell:** Great. Thank you. Heather, we're going to stick with you for the next question. So after the showcase, you guys had to do your applications and you started to get some interviews to come in. How did you end up preparing for those and did you find that you prepared differently than how you prepared for your PGY1 interviews and then did you have to do deal with any offsite interviews such as Skype or some other modality? Prior to the onsite interview?

**Heather Tilley:** I only had in person interviews for PGY2 so no phone or video based interviews but I did largely prepare in the same way for interviews. Although the questions that I developed were a bit different and more focused on PGY2 specific aspects of the program. So many of the questions that I asked were a little bit more on aspects, aspects that we talked about earlier in terms of narrowing your search, like what is the setting, how are the inter-professional relationships, what are teaching opportunities, what is the research component look like? And I think honestly it's also okay to use or kind of reuse some of your PPS questions. Just ask different people's perspectives on the same thing because you may get different answers or say, I know from talking to this person at PPS that detail, but I wanted to know some more about your perspective or specifics on this aspect of the program. So I think it's okay to kind of like do a little bit of overlap, but you do want to make sure that you're getting in the specific questions that are going to make a difference in your decision when you're actually looking for these PGY2.

**Daniel Jarrell:** Yeah, I especially agree on that last part. I think it's a good idea to ask similar questions to different people, especially if it's something that's really important to you just to make sure you're getting the same or similar answer. Everyone's on the same page and you're getting the same vibe. I mean, I think sometimes candidates are pretty good at kind of saying what they think the interviewers want to hear. And I think sometimes the interviewer and the interviewees or interviewers are saying kind of the same thing. So if you keep asking that question and hopefully you'll get the true consensus about that program. Shannon, is there anything else to add for preparing for your PGY2 interviews?

**Shannon Sullivan:** Yeah, so like Heather, I didn't have any offsite interviews that were done via Skype or phone. That being said, I think a lot of programs are starting to move that direction just with the costs of travel. So if a candidate does get that sort of interview opportunity, I would recommend looking online for some





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tips and tricks. I did have to do Skype and phone interviews for my job search. And there are definitely some nuances to that type of interview style. So if you are faced with that sort of interview, just know that it's a little bit different than an in person interview, but there are lots of helpful blogs and internet resources that you can look at if you are faced with that type of interview. I would agree with Heather that I really didn't prepare differently for PGY1 versus PGY2 interviews you will going into PGY2 obviously have a lot more of clinical experience that you can talk about. So that is sort of nice. But in terms of interviewing and preparing for interviewing, I really didn't do anything differently between PGY1 and PGY2.

**Daniel Jarrell:** Okay. Thank you Shannon. So the next question and we will start with you again, Shannon, is it's time to start ranking your programs after your interviews. And I know that is not an easy task from a program director perspective, and I'm sure it's just as difficult from a candidate perspective, but did you end up employing an objective process to determine your program rankings? And then was there anything similar about the programs you decided to rank or why you ranked them higher on your list? And then were there any red flags you would encourage candidates to look for during their interviews to help with the ranking of programs?

**Shannon Sullivan:** Yeah, so I think by the time that you're getting to the actual ranking process, you've had a lot of time to think about the programs. You've had a sufficient amount of time to interact with the people who are involved in the residency. So RPDs preceptors, hopefully you've gotten a chance to interact with them all on a personal basis during the interviews. So I think as you're sitting down and looking at your programs on paper, they can be very similar in terms of the rotation opportunities that are offered, teaching opportunities, research opportunities, all of those things. But the thing that starts to separate programs is that personal interaction. And whether or not you think your personality is going to mesh with the personalities that are at that particular site. So hopefully throughout your interview process you really got a sense of how the pharmacist is viewed in the emergency room and hopefully you got an opportunity to look at what their role is.

So I think as you're going through and doing your rankings, that is really what starts to overrule a lot, a lot of those other more objective things. It's just that interaction that you had as far as red flags, I think there are a couple of red flags to look out for when you are on your industry interview. For most of my interviews for PGY2 we had the opportunity to interview with other people in the emergency room. So whether that be nursing or some of the physicians, and I would say if you don't get an opportunity to do that on your interviews, that might be a little bit of a red flag



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because I think as we've all alluded to, that multidisciplinary interaction is something that is really important and something that drew most of us to this area of practice. So I would think you don't get an opportunity to do that. That might be a little bit of a red flag.

**Daniel Jarrell:** Yeah, I completely agree with you on that red flag. I know as a program director of putting together the interviews, I tried to make sure I had at least a handful of no- pharmacist individuals interviewing the candidate just so that they can get that perspective from the multidisciplinary team. Um, and so it is kind of a red flag for me too when I hear about programs or jobs that aren't having their candidates meet with non-pharmacy people. And to be honest, a lot of days I consider myself an emergency medicine employee who happens to be a pharmacist and not necessarily a pharmacist that happens to work in the ED. So that's kind of how I think about that. Heather, anything else to add for you and how you ended up ranking programs?

**Heather Tilley:** Yeah, so I actually made an Excel document with, again the things we've already talked about, practice setting, teaching ops, et cetera. And then I graded those quite literally on a one to five Likert scale. And I calculated my scores objectively. But in the end, just as Shannon said, I had a gut feeling about my top programs, but I needed a little help to rank the rest objectively. So in the end, my top three programs were extremely similar in their practice setting in program structure. And I realized that through kind of doing this objective ranking, but what ended up being the reasons I was able to rank them between one and three were my interactions with the pharmacy team and kind of logistics of location. And you really just that gut feeling. But in terms of ranking the other ones I think kind of having something objective to think about can be helpful in terms of red flags.

Definitely review the inter-professional aspect of it. I think maybe two more would be could you imagine yourself having a close relationship and you know residency can have some trying times with your program director but also the emergency medicine pharmacist or other people who are closely involved in that PGY program that you'll be working with because these are going to be your key people for the next year and with interviews or PPS. If I felt like maybe our personalities didn't mesh quite as well, then I would move them kind of further down the ranking lines even when considering some more objective aspects of the program and then another thing to consider was how much interaction time do they give you with the current resident. For me it was harder to rank programs higher that were new or like maybe had gone a year without a resident and I didn't have someone to talk to. I think it's really valuable that time that you get to spend with the current resident and it just makes it a little bit harder when you don't have one of them. It's not to say it's a red flag if they are totally new program and they don't have one, but



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something to consider maybe if they do have one and they don't give you much time to talk with them, that could be a red flag for me.

**Daniel Jarrell:** Thanks Heather. Yeah, I'd agree with both of you guys about having some type of objective measure for your programs. I know as a program director we try to do that as well, but then you also have to look at the intangibles or how you think they are from a personality perspective or fit with the program and I think it's a lot easier to kind of manipulate your rank list once you've already kind of objectively ranked them based on your interactions with them specifically. So I think having that up front is really important. So then you can kind of figure out the value of those intangible things that you're looking for. So that's going to do it for today's part one of this podcast, Traversing Midyear, Interviews, The Match, and More –

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.The second part will be about searching for and getting a job after PGY2. So I'd like to thank Heather Tilley and Shannon Sullivan for joining us today. You can join us here at ASHPOfficial and the practice journey podcast as we learn about how our members seek out, grow and evolve during their careers.

**Speaker 1:** Thank you for listening to ASHP Official, the voice of pharmacists advancing health care. Be sure to visit [ashp.org/podcast](http://ashp.org/podcast) to discover more great episodes, access show notes, and download the episode transcript. If you loved the episode and want to hear more, be sure to subscribe, rate, or leave a review. Join us next time on ASHP Official.