

**PGY1 & PGY2 Programs
Residency Manual
2023-2024**

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Requirements for Successful Completion of Residency Program

This section describes PGY1 residency specific requirements in addition to requirements in the TUKHS Residency Manual

PGY1 Program Objectives

Residents must obtain at least 80% of objectives rated as Achieved for Residency (ACHR). All objectives must be rated as Satisfactory Progress or higher by the end of the residency year.

| PGY1 Residency Program Objectives | | ACHR Required | ACHR 5 or more |
|--|---|----------------------|-----------------------|
| R1.1 | In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process | | |
| R1.1.1 | Interact effectively with health care teams to manage patients' medication therapy | x | |
| R1.1.2 | Interact effectively with patients, family members, and caregivers | x | |
| R1.1.3 | Collect information on which to base safe and effective medication therapy | x | |
| R1.1.4 | Analyze and assess information on which to base safe and effective medication therapy | x | |
| R1.1.5 | Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) | x | |
| R1.1.6 | Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | x | |
| R1.1.7 | Document direct patient care activities appropriately in the medical record or where appropriate | x | |
| R1.1.8 | Demonstrate responsibility to patients | x | |
| R1.2 | Ensure continuity of care during patient transitions between care settings | | |
| R1.2.1 | Manage transitions of care effectively | x | |
| R1.3 | Prepare, dispense, and manage medications to support safe and effective drug therapy for patients | | |
| R1.3.1 | Prepare and dispense medications following best practices and the organization's policies and procedures | x | |
| R1.3.2 | Manage aspects of the medication-use process related to formulary management | x | |
| R1.3.3 | Manage aspects of the medication-use process related to oversight of dispensing | x | |
| R2.1 | Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization | | |
| R2.1.1 | Prepare a drug class review, monograph, treatment guideline, or protocol | x | |
| R2.1.2 | Participate in a medication-use evaluation | x | |
| R2.1.3 | Identify opportunities for improvement of the medication-use system | | x |
| R2.1.4 | Participate in medication event reporting and monitoring | x | |
| R2.2 | Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system | | |
| R2.2.1 | Identify changes needed to improve patient care and/or the medication-use system | | x |
| R2.2.2 | Develop a plan to improve the patient care and/or the medication-use system | | x |
| R2.2.3 | Implement changes to improve patient care and/or the medication-use system | | x |
| R2.2.4 | Assess changes made to improve patient care or the medication-use system | | x |
| R2.2.5 | Effectively develop and present, orally and in writing, a final project report | x | |
| R3.1 | Demonstrate leadership skills | | |
| R3.1.1 | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership | x | |
| R3.1.2 | Apply a process of on-going self-evaluation and personal performance improvement | x | |
| R3.2 | Demonstrate management skills | | |
| R3.2.1 | Explain factors that influence departmental planning | | x |
| R3.2.2 | Explain the elements of the pharmacy enterprise and their relationship to the health care system | | x |
| R3.2.3 | Contribute to departmental management | | x |
| R3.2.4 | Manages one's own practice effectively | x | |
| R4.1 | Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups) | | |
| R4.1.1 | Design effective educational activities | x | |
| R4.1.2 | Use effective presentation and teaching skills to deliver education | x | |
| R4.1.3 | Use effective written communication to disseminate knowledge | x | |
| R4.1.4 | Appropriately assess effectiveness of education | | x |

| PGY1 Residency Program Objectives | | ACHR Required | ACHR 5 or more |
|-----------------------------------|---|---------------|----------------|
| R4.2 | Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals | | |
| R4.2.1 | When engaged in teaching, select a preceptor role that meets learners' educational needs | | x |
| R4.2.2 | Effectively employ preceptor roles, as appropriate | | x |

Program Learning Experience Requirements

| Learning Experience | Type | Weeks |
|---|--|-----------|
| Orientation | Blocked | 3 weeks |
| Acute Care Selective | Blocked | 4-6 weeks |
| Specialty Acute Care Selective | Blocked | 4-6 weeks |
| Ambulatory Care | Blocked | 4-5 weeks |
| Critical Care Selective | Blocked | 4-5 weeks |
| Medication Use Safety & Policy | Blocked | 4 weeks |
| Intro to Pharmacy Department Leadership | Blocked | 2 weeks |
| Clinical Research | Longitudinal & 3 non-consecutive blocked weeks | n/a |
| Advanced Independent Practice* | Blocked | 2 weeks |
| 3 Electives** | Blocked | |
| Service commitment | Longitudinal | n/a |

*2 weeks of independent practice following a 4 week learning experience in a direct patient care learning experience.

**PGY-1 residents will have three 4-5-week elective learning experiences. At least 1 elective will be scheduled prior to December of the residency year.

Program Presentation Requirements:

- Present a 45-min Grand Rounds presentation
- Present a 60-min presentation eligible for Kansas CE
- Lead a leadership discussion as assigned by RPD (Leadership journal club or leadership book club)

Program Deliverables:

Residents are expected to save all residency related documents in PharmAcadmemic in addition to any applicable departmental file locations.

- MUE/DUE (Final research project poster & final research presentation presented at regional or national meetings)
- Research Manuscript
- Final Grand Rounds Presentations (2 total)
- Drug class review, monograph, treatment guideline, or protocol

Program Minimum Learning Experience/Staffing Days:

- Complete at least 246 learning experience days
- Complete at least 45 staffing days

Program Feedback:

- Complete surveys and feedback requested regarding program design and structure
- Participate in an exit survey

Learning Experiences

Practice – Based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate medication therapies as it relates to patient care. Residents are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities
- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvements
- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and medication management needs
- Use information technology to optimize learning
- Participate in the education of patients, families, students, residents and other healthcare professionals
- Communicate effectively with physicians, other health professionals, patients
- Act in a consultant role to other members of the health care team

Organized learning experiences provide the structure of resident training in specialized areas of pharmacy practice. The resident is expected to consider the goals and objectives for each learning experience as a foundation for their experience.

Residents are expected to perform independently and demonstrate proficiency in their learning experiences. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the learning experience.

Frequent, clear communication is the key to a successful resident-preceptor relationship. In order to maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of all absences, schedule conflicts, or concerns that might arise during the month. The preceptor and resident will review and discuss appropriate resolution of any scheduling conflicts. Residents are also required to prepare for topic discussions, read materials in a timely fashion, and perform all other tasks as assigned by the preceptor.

Competency-based goals and objectives must be reviewed by the resident at the start of each learning experience. These goals and objectives may be found in PharmAcademic.

Pre-learning experience Meeting

One to two weeks prior to the start of each learning experience, the resident will contact the learning experience preceptor (identified by the person staffing the team on the schedule on the first day of the learning experience) to arrange for a pre-learning experience meeting. At this pre-learning experience meeting, the resident will provide the preceptor with the following:

1. Schedule or list of meetings and other commitments the resident has for the month that will require time away from the learning experience
2. Learning experience specific goals (2-3)

Additional issues that may be discussed at this meeting include, but are not limited to: starting time each day, learning experience expectations, specific goals the preceptor has for the resident to accomplish, readings to be done prior to the learning experience, scheduling of a midpoint and end of learning experience evaluation as well as preceptor expectations of the resident and resident expectations of the preceptor.

Orientation

Includes review of:

- Health system orientation
- Health system policies
- Residency manuals
- Residency purpose
- Competency areas, goals and objectives
- Required and elective learning experiences
- Health system electronic medical record system
- Pharmacy culture

Acute Care Selective:

Includes the following learning experiences:

- Internal Medicine
- Cardiology

Specialty Acute Care Selective:

Includes the following learning experiences:

- Adult Hematology/Oncology
- Bone Marrow Transplant
- Cystic Fibrosis
- General Pediatrics
- Neonatal Intensive Care
- Neurology
- OR/Surgery
- Pulmonary Hypertension
- Psychiatry
- Rehabilitation
- Solid Organ Transplant

Ambulatory Care

Includes the following learning experiences:

- Primary Care
- Cystic Fibrosis
- Infectious Disease (HIV)
- Solid organ transplant
- Psychiatry
- Advanced Heart Failure
- Multiple sclerosis
- Rheumatology
- Gastroenterology (IBD)
- Hepatology
- Women's health (infertility)
- Movement disorders and Parkinson's disease

Critical Care Selective

Includes the following learning experiences:

- Medical ICU
- Neurosurgical ICU
- Surgical ICU
- Transplant ICU

Advanced Independent Practice Learning Experience

2 week experience following a blocked learning experience in an acute care setting where the resident is the assigned pharmacist for the clinical team. This learning experience is scheduled after December of the residency year.

Goals of AIP learning experience:

- Broaden clinical knowledge in chosen area
- Develop rapport with multi-disciplinary staff
- Develop time management
- Display competency in independent practice
- Broaden teaching and precepting skills
- Practice and demonstrate ongoing self-evaluation

AIP learning experience areas:

- Cardiology
- Internal Medicine (various)
- Neurology
- Neonatal ICU
- Psychiatry
- Surgery

Medication Use Safety & Policy

Required learning experience includes:

- Drug Policy

- Drug Information
- Pharmacy and Therapeutics Committee
- Medication Safety

Intro to Pharmacy Department Leadership

Required learning experience includes exposure to the pharmacy organizational structure and how it is integrated into the health system.

Elective Learning experiences

In addition to all learning experiences above, the following learning experiences are considered elective options. Other experiences may be available by request pending preceptor availability:

- Emergency Department
- Infectious Diseases/Antimicrobial Stewardship
- Palliative Care
- Pharmacy Informatics
- Pharmacy Management
- Poison Control Center/Toxicology
- Transitions of Care

Service Commitment

Overview

Consistent with the ASHP residency standards, each resident will complete a pharmacy practice component of the residency program. Although often referred to as “staffing” this practice component represents another learning opportunity within the framework of the residency program. Residency training makes the most of experiential opportunities to practically apply knowledge gained in the classroom and clerkships to practice in the service of patients.

This experience is crucial to the development of practice skills. The resident will gain proficiency, confidence and understanding of procedures in the following areas:

- Distribution and clinical skills
- Personnel management and leadership skills
- Insight into process improvement opportunities

Each PGY-1 resident is expected to practice as a pharmacist in a designated clinical area throughout the residency year.

Weekend Crew Assignments

All PGY-1 pharmacy residents will be assigned to one of 2 weekend crews (1 & 2). Residents will be provided with a schedule reflecting weekends & holidays to be worked for each crew. Residents are responsible for working their assigned weekends

without exception. Weekend shifts can be traded with residents or pharmacists to accommodate individual needs for time off on weekends.

Paid Time Off (PTO)

Residents accrue paid time off (PTO) in accordance with TUKHS policy 3.07: Paid Time Off (PTO) Benefit. Requests for PTO must be approved by the Residency Program Director/Coordinator in conjunction with learning experience preceptors. Please note that PTO requests may not be granted based upon staffing needs of the department.

Residents must work with preceptors to make up required learning opportunities missed while on PTO. Residents needing PTO use beyond what is accrued (e.g. extended personal or family medical needs) will be handled on a case-by-case basis between the resident and Residency Director/Coordinator.

When a resident is ill and unable to report to work, the resident must notify the learning experience preceptor and the Residency Program Director/Coordinator at least 1 hour prior to the start of the learning experience.

If a resident is ill and unable to work a staffing shift, the resident will contact the administrator on-call. Call-ins that do not follow this procedure are subject to corrective action and can be treated as a no-call no-show, accruing attendance points accordingly.

Procedure for PTO requests:

1. Email preceptor for learning experience and request approval for PTO
 - a. Residents may miss 3 working days of a learning experience (excluding mandatory residency travel/conference). If more days will be missed, the RPD and/or RPC, current preceptor, and resident will discuss a plan for completing the learning experience requirements as appropriate.
 - b. Residents are responsible for coverage for residency required events and/or staffing trades if applicable during desired PTO dates
2. Send a PTO calendar invite to the following people: RPD, RPC, fellow residents, preceptor

Holiday PTO

PTO in December may not be requested until the pharmacist schedule is finalized. Residents may take PTO for days they are not scheduled to work during the holiday block.

Monthly Comp Day

Residents will be required to take 12 total comp days, one per month starting in July of the residency year. Residents may schedule their comp day in coordination with their learning experience preceptor and informing the RPD and RPC via Outlook appointment of the date. If not scheduled by the resident, the comp day will occur on the last weekday of the calendar month.

Expectations for Comp Days

- The resident must be off site

- The residents may use additional PTO as needed around comp days while remaining compliant with PTO requirements
 - Once approved by preceptor – the resident will send out a Reminder Note (ex: Jane Doe – Comp Day (no PTO)) to the same group as the PTO (see PTO section)

Meetings

To broaden and coordinate the residency experience, residents may be requested to attend a variety of meetings throughout the year. These may be departmental meetings, administrative staff meetings, or clinical meetings. In most cases, the preceptor will assign meeting attendance at the beginning of the month. In other cases, the resident will be requested to attend a specific meeting by another preceptor in order to broaden the resident's educational experience or assist with the development of a project. It is the residents' responsibility to communicate meeting attendance to the appropriate individuals.

Daily Staff Huddles

Staff huddles occur in bell central pharmacy and via Teams Meetings. All residents are required to attend unless they are on PTO or providing urgent direct patient care.

Pharmacist Meetings

Clinical Pharmacist meetings are held monthly per calendar invites. The purpose of these meetings is to inform the pharmacy staff of developments occurring within the hospital and department. Residents are expected to attend these meetings.

Resident Meetings

Resident meetings are scheduled on a bi-monthly basis and cover various topics related to research, conference travel and department or program updates. Meeting appointments will be sent out through Outlook. Residents are expected to attend in person or call in when on project days or off-site rotations. Residents are not expected to attend when on PTO.

Team Meetings

Residents are considered part of their longitudinal staffing team. Team meetings are generally held monthly and discuss various aspects of clinical practice and changes. Residents are expected to attend these meetings and become an integral part of their clinical team.

Required Resident Presentations

Resident presentations will be conducted by residents per the schedule listed. These presentations give the resident the opportunity to improve their oral and written communication skills. These meetings will be open to pharmacy staff and PharmD

candidates. Attendance is required for all residents. If the resident cannot present on their scheduled day, it is their responsibility to switch with another resident and inform Residency Leadership.

Resident Presentations:

- The resident is required to conduct one 45 minute presentation during the residency year. The resident will select one of the following types of presentation:
 - Relevant clinical controversy
 - Drug therapy seminar
- The resident is required to conduct one 60 minute presentation of CE quality in the second half of the residency year. The Residency Advisory Council will determine the learning topics of need for the pharmacy department and the resident will choose an approved topic from that list.
 - The resident will also complete a practice session for their Spring Conference oral presentation.

Leadership Discussion

Each resident is responsible for leading a discussion over a leadership related article or book chapter. The RPD will assign the article or books chapters along with a preceptor. The preceptor will help guide the preparation of the discussion. These discussions will occur throughout the residency year per presentation schedule.

PGY1 Pharmacy Residency Projects

Project Overview

Each resident is required to complete portions of two projects directed at enhancing personal and professional growth while benefiting the pharmacy department through innovative changes in pharmacy practice. These projects may be in the form of original research, development, enhancement or evaluation of some aspect of pharmacy services. This year we will be continuing with a “flipped” research model. Projects will include completion of a pre-initiated pharmacy practice project (project #1) and initiation of a subsequent pharmacy practice project (project #2). Project presentations will be in the form of a poster presentation and/or verbal presentation with results at Vizient Conference, a spring Residency Conference, or other designated meeting. A final manuscript for the pharmacy practice project #1 must be submitted prior to the end of the PGY1 year.

Each resident will select their pharmacy practice project #1 from a list of projects that have been selected by RAC Research Subcommittee with IRB approval already obtained and the project initiated by the previous year’s resident. Residents will also be responsible for the initial implementation (written abstract, study design, IRB approval) of a project #2 to be completed by a resident the following year. All projects shall be directed toward useful outcomes and not merely be an academic exercise for the sole

purpose of satisfying this requirement. The purpose of the resident project is to further develop the resident's problem-solving skills and expose the resident to research methods while addressing an issue or area in need of study, development or evaluation. Additional co-investigators may be solicited if needed. A physician co-sponsor is recommended for projects pertaining to a specific area of medicine. Justification for any project idea may be requested by residency leadership.

A formal research protocol for project #1 & #2, with any required supporting documents, must be reviewed by the RAC Research Subcommittee and Residency Program Leadership (Coordinator and Director) for approval (required formatting and timetable to be provided by RAC Research Subcommittee). Other preceptors, at the discretion of the project advisor or RAC Research Subcommittee, may also be asked to evaluate the protocol as a subject matter expert as well as for feasibility of completion. Prior to submission to the RAC Research Subcommittee, the resident's primary project preceptor must review and approve the protocol.

Each resident, in coordination with their primary project preceptor, is responsible for securing required approvals for their project. This includes, but is not limited to, Pharmacy Information Technology (IT), review by a statistician, Institutional Review Board (IRB)/Human Subjects Committee (HSC) submission and review (if applicable), Protocol Review and Monitoring Committee (PRMC) review (if applicable), or other groups as needed. All residents, preceptors, and co-investigators are required to complete online IRB and associated IHI (Institute for Healthcare Improvement) training. Throughout the projects, the primary preceptors shall ensure that the resident is completing the research project according to the established objectives, procedures and timeframe.

Following completion of the pharmacy practice project #1, each resident will prepare a final manuscript. The final manuscript must be approved by the primary project preceptor, and **THEN** submitted to the RAC Research Subcommittee for final review. The manuscript should follow the guidelines and requirements for the submission of manuscripts established by the anticipated journal of submission, the *American Journal of Health-System Pharmacist*, or other peer reviewed journal.

The resident will follow the projected timetable provided by the RAC Research Subcommittee. Anticipated failure to meet deadlines for the interim steps should be proactively discussed with the project's primary preceptor, coach, and RPD/coordinator. If the resident fails to successfully complete the residency projects before the end of the 13-month residency period, a short extension may be granted by the RPD. The residency certificate will not be conferred until **ALL** requirements are successfully completed.

Research Project Goals:

1. Expose the resident to the mechanics of research methodology
2. Afford the resident experience in directing and conducting an original research project from beginning to end
3. Teach the resident how to submit a poster presentation at a national meeting

4. Demonstrate the process of manuscript creation for publication in a peer-reviewed pharmaceutical or medical journal
5. Promote research in pharmacy practice which critically evaluates some aspect of pharmacy practice
6. Develop new and innovative approaches to managing drug and biological therapies for improving patient care

Resident Baseline Assessment

Purpose

A resident baseline assessment process is utilized to provide a subjective and objective evaluation of the baseline clinical skills for first-year residents. This process will help to identify areas that the resident will need to further develop or focus on throughout the year and serve as a reference for the preceptors and residency leadership to use in their evaluations. The resident may use this as an aid in the self-assessment process, and to help direct their own learning experiences.

The overall goal is to achieve consistency and proficiency in the basic skills among the residents given their various training backgrounds, to identify and provide feedback on areas for improvement, and ultimately help to build an individualized, structured residency plan.

Baseline assessment is completed through the following:

1. PharmAcademic initial assessment of all learning objectives
2. Customized assessment via survey
3. Computer based and instructor lead clinical pharmacist education modules (Annual Competency)
4. Written examination consisting of a variety of clinical case-based questions (Clinical Skills Day)

Follow-Up

The information attained through the initial assessment and clinical skills rotation will continue to be assessed throughout the residency year, and the progress of the resident will be followed closely by the coordinator who will act as the intermediary between residents and preceptors. Residents should expect that the areas identified as needing improvement will be re-evaluated as they progress from one rotation to the next. Ideally, by the end of the year, the resident will gain the knowledge and experience required to achieve the goals and objectives of the residency.

Plan for Development

Consistent with ASHP residency standards, each pharmacy resident completing the training program shall prepare an individual plan for development. The resident

assumes primary responsibility to develop the plan and document their respective goals, interests, strengths, and planned rotations and activities.

The residency program director and coordinator(s) assume a role to mentor the resident and assist in the decision process for the resident. Within the framework of ASHP resident standards and the administrative guidelines of the program the resident is encouraged to assume ownership of their training experience.

In order to prepare a plan, the resident should address the following topics.

1. State your professional and personal goals, both short term (5 years) and long term (10 years). The focus should be on professional goals, with a brief summary of personal goals. Personal goals may be written on a basis of importance to you, but may include the following areas: family, career, religion, financial, free time, health, and exercise.
2. Describe your current practice interests.
3. Identify your strengths – clinical and personal.
4. List areas of improvement that would ideally be addressed during the residency year.

The plan for development will be uploaded into Pharm Academic and will serve as the foundation for the resident's customized residency plan.

Customized Residency Plan

Consistent with ASHP residency standards, the residency program director will develop a customized residency plan for each pharmacy resident. The customized residency plan considers each resident's entering knowledge, skills, attitudes, abilities and interests and will serve as the resident's roadmap to successfully accomplishing customized goals. Residents' strengths and identified areas for improvement will be accounted for by incorporating specific learning activities to facilitate development. The customized plan will account for each resident's specific interests while not interfering with the achievement of the program's educational goals and objectives.

The residency program director and residency coordinator will meet during orientation training with each resident to individually review the initial customized plan. The plan is meant to be a fluid document that is shaped by the resident's learning experiences throughout the year. It will be reviewed and updated during a "Quarterly Meeting" at least quarterly by the RPD/RPC and resident.

One on One Meetings

'One on One' meeting sessions are a time in which the resident will meet with the residency director and/or residency coordinator and discuss pertinent topics that have taken place in the resident's experience. This is a time in which teaching, counseling, guidance, and feedback will be given to the resident. This will occur formally on a quarterly basis during a "Quarterly Meeting" and informally monthly.

Topics may include:

- Rotation progress
- Preceptor feedback
- Residency project progress
- Resident career interests

Evaluation Methods

Resident performance will be evaluated in a timely manner during each rotation or similar education assignment.

The evaluation will include objective and subjective assessments of competence in patient care, pharmaceutical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. See additional information in the Health System Residency Manual regarding evaluation of resident and written evaluation definitions.

In order to be evaluated appropriately, the resident must:

- Meet with the rotation preceptor prior to the start of each new rotation, primarily to discuss and customize the rotation's goals and objectives
- Review the goals and objectives prior to the first day of the rotation.
- Meet with the preceptor on a regularly scheduled basis (suggested: weekly), as determined by the preceptor and resident.
- Modify the rotation as necessary
- Complete the resident self-assessment and rotation/preceptor evaluations in PharmAcademic. This evaluation must be documented in PharmAcademic, must be completed within a timely manner after completing of the learning experience.

Education Opportunities

The establishment of a teaching requirement is an effort to ensure that the resident develops competency in teaching and training health care professionals and students. The establishment of a teaching requirement also has applicability to ASHP outcomes, goals, and objectives for pharmacy training. The ideal situation is for every resident to have a significant amount of experience in all areas of education, while at the same time accomplishing this with a minimal amount of time away from rotational activities. It is important to note that some residents will have more opportunities to gain experiences in different areas than others, depending on rotation schedule.

Co – precepting of students

The structure of this educational opportunity will be largely left up to the preceptor of the resident and student(s).

Teaching Certificate Program

The teaching certificate program is provided by The University of Kansas School of Pharmacy. Participation in the teaching certificate program is not a mandatory residency experience but is highly encouraged. The privilege of participation in the program is based on the prospective participant's application and feedback from the RPD. An email will be sent in July or August for participation as well as explaining the schedule and requirements.

Exit Survey

Prior to the completion of the residency program, the residents will have the opportunity to express thoughts on ways of improving the program. An anonymous midpoint survey typically occurs in December and is used to improve the program as recommended by the residents. A formal exit interview will take place at the end of the residency year.