

**Department of Pharmacy**

**PGY2 Psychiatric Pharmacy**

**Residency Training**

**Supplemental Manual**

**2024-2025**

# The University of Kansas Health System – Bell Tower Hospital

# Pharmacy Department

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**Table of Contents**

|  |  |
| --- | --- |
| Introduction | 3 |
| Overview and Purpose | 3 |
| Residency Program Outcomes | 4 |
| Rotations | 5 |
| Required Core Rotations | 6 |
| Other Potential Learning Opportunities | 6 |
| Longitudinal Clinic | 6 |
| Meetings | 7 |
| Plan for Development and Customized Residency Plan | 7 |
| Pharmacy Practice (Staffing) | 8 |
| Education Opportunities | 8 |
| Co-Precepting of Students | 8 |
| Medication Use Evaluation | 9 |
| Formulary Management & Medication-Use Projects | 9 |
| Psychiatry Topic Discussions | 9 |
| Formal Presentations | 9 |
| Journal Club Presentations | 9 |
| Travel and Professional Organization Involvement | 9 |
| Residency Project | 10 |
| Requirements for Successful Completion of Residency | 11 |
| Exit Survey | 11 |
| Appendices: |  |
| A. Tracking of Former Residents | 12 |
| B. Research Project Proposal Template | 13 |
| C. Important Dates and Deadlines | 14 |

**Introduction**

Residency is an essential dimension of the transformation of the pharmacy student to the independent practitioner along the continuum of education. It is physically, emotionally, and intellectually demanding, and requires longitudinally – concentrated effort on the part of the resident.

Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires residents to assume personal responsibility for the care of patients. The essential learning activity to providing medication management for patients under the guidance and supervision of preceptors and faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth, they assume roles that permit them to exercise those skills with greater independence.

Supervision in the setting of graduate pharmacy education has the goals of assuring the provision of safe and effective patient care; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of pharmacy; and establishing a foundation for continued professional growth.

**Overview and Purpose**

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area.

The Post Graduate Year Two (PGY2) Psychiatric Pharmacy Residency at The University of Kansas Health System (TUKHS) provides residents with the skills and knowledge to become a competent psychiatric pharmacy practitioner. The focus of the residency program is psychiatric and neurologic pharmacy with experiences in adult, child/adolescent, and consult liaison inpatient psychiatry well as ambulatory practice services.

The purpose of the residency is to provide educational and training experiences for pharmacists in the fundamentals of exemplary contemporary psychiatric pharmacy practice in an integrated health care system. Through various clinical, practice management, and pharmaceutical practice training segments, the residency instills a philosophy that embraces the concept that pharmacists must be accountable for optimum drug therapy outcomes and act as leaders in advancing care of patients.

The program is composed of the following elements:

1. Practice – based learning and improvement
2. Interpersonal and communication skills
3. Systems – based practice
4. Professionalism

The specific program for each resident varies based upon the residents’ goals, interests, and previous experience. However, all residents are required to complete rotations in core subject areas considered essential to the psychiatric pharmacy practitioner.

Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major research project related to psychiatric pharmacy practice, development of oral and written communication skills, patient education, participation in various departmental committees, creating or updating a psychiatry-related protocol/policy, and practice in various pharmacy areas throughout the institution. Upon successful completion of the program, trainees are awarded a residency certificate.

The PGY2 Psychiatric Pharmacy Residency is based upon American Society of Health-System Pharmacists (ASHP) standards for specialized pharmacy residencies and the *ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Psychiatric Pharmacy Residencies*. The TUKHS PGY2 Psychiatric Pharmacy Residency Program centers on the development of the knowledge, attitudes, and skills needed to become a well-rounded psychiatric pharmacy practitioner who is able to successfully practice in many different settings. It focuses upon development of special competence in applying pharmacotherapeutic intervention in behavioral health patients. It is assumed that the resident has already achieved a basic level of competence in institutional and clinical pharmacy practice, commensurate with that of a PGY1 Pharmacy Practice Residency. The specific program for each resident may vary in structure and area of emphasis based upon the resident’s entering level of knowledge, skills, and interests. In addition to meeting the requirements set forth in the “ASHP Accreditation Standard for Specialized Pharmacy Residency Training” the resident *must* have previously completed an ASHP-Accredited Pharmacy Practice Residency.

**Residency Program Outcomes**

1. Serve as an authoritative resource on the optimal use of medications used to treat individuals with mental, behavioral, and neurologic health diagnoses.
2. Optimize the outcomes of the care of individuals with mental, behavioral, and neurologic health diagnoses by providing evidence-based, patient-centered medication therapy as an integral part of an inter-professional team.
3. Manage and improve the medication-use process in psychiatric patient care areas.
4. Demonstrate excellence in the provision of training or educational activities for health care professionals and health care professionals in training.
5. Sustain the ongoing development of expertise and professionalism in the practice of psychiatric pharmacy.
6. Conduct psychiatric pharmacy practice research.
7. Participate effectively in clinical investigations in behavioral health settings.
8. Demonstrate the skills required to function in an academic setting.
9. Submit psychiatry-related topics for publication in a peer-reviewed journal.

The PGY2 Psychiatric Pharmacy Residency is a 12-month program. The program consists of advanced clinical rotations in adult inpatient psychiatry, child and adolescent psychiatry, consult liaison psychiatry, and outpatient psychiatry. A rotation for orientation to the Department of Pharmacy Services and inpatient psychiatric pharmacy team will be required. The resident is expected to perform independently and demonstrate proficiency in clinical practice. Clinical staff members serve as preceptors for the rotations. Attending physicians and fellows from the Department of Psychiatry will provide additional expertise. Preceptors provide initial guidance and are available to the resident as a resource throughout the rotations.

Elective rotations permit the resident to expand abilities and skills in area(s) of interest.

The resident obtains further training in a clinically oriented practice experience. Equivalent to 32 shifts per year, the resident will gain experience through active participation in the provision of clinical services and drug distribution by staffing at TUKHS-Marillac and TUKHS-Strawberry Hill campuses.

During the program, the resident must complete a self-directed research project to demonstrate proficiency in clinical research. The scope, magnitude and type of project may vary according to individual interests but must be completed in a manner suitable for presentation and publication. A final written paper suitable for publication is required to complete the requirements of the residency program.

The education component of the program enables the resident to develop teaching and training skills. A least two formal presentations on a psychiatry topic will be required. Additionally, clinical therapeutics lectures will be developed and presented to residents and fellows within the Department of Psychiatry and/or Doctor of Pharmacy students at the University of Kansas School of Pharmacy. Completing at least two of these lectures is strongly recommended. The resident will also participate and lead discussion sessions for the Doctor of Pharmacy students. The resident will co-precept at least one Doctor of Pharmacy student. The resident will lead journal club discussions and in-depth topic discussions on behavioral health diagnoses and psychiatric medications.

Upon completion of the specialized residency program, the resident will be able to function as a psychiatric pharmacy specialist and to apply the experiences accumulated during the 12‑month period toward development of new and improved clinical pharmacy services.

**Rotations**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self – evaluation and life – long learning. 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 health care professionals
* Communicate effectively with physicians, other health professionals, and patients
* Act in a consultant role to other members of the health care team

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

Residents are expected to perform independently and demonstrate proficiency in their rotations. 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 after the rotation is complete.

Frequent, clear communication is the key to a successful resident/preceptor relationship. 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. It is at the discretion of the preceptor to allow such 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 rotation. These goals and objectives may be found in PharmAcademic.

One week prior to the start of each rotation, the resident will contact the rotation preceptor to arrange for a pre-rotation meeting. At this meeting, the resident will provide the preceptor with:

* Schedule or list of meetings and other commitments for the month that will require time away from the rotation
* Rotation-specific goals

Example goals:

1. Identify effective methods for monitoring patients receiving psychiatric medications.
2. Learn tools needed to ensure appropriate transitions of care for behavioral health patients.
3. Gain skills to counsel behavioral health patients.

Additional issues that may be discussed at this meeting include, but are not limited to:

* Rotation description
* Starting time each day
* Rotation expectations
* Specific goals the preceptor has for the resident to accomplish
* Readings to be done prior to the rotation
* Scheduling of a midpoint and end of rotation evaluation
* Generic preceptor expectations of the resident
* Resident expectations of the preceptor

***Required Core Rotations***

|  |  |
| --- | --- |
| Orientation | 3-4 weeks (depending if resident completed PGY1 internal or external) |
| Adult Inpatient Psychiatry | 12 weeks (divided in two experiences) |
| Child/Adolescent Inpatient Psychiatry | 6 weeks |
| Consult Liaison Psychiatry | 5 weeks |
| Inpatient Neurology | 4 weeks |
| Quality and Administration | 5 weeks |
| Outpatient Psychiatry Clinic | 4 weeks |
| Clinical Research | Longitudinal |
| Psychiatry Staffing | Longitudinal |
| Electives | 9-11 weeks (divided in two rotations) |

*Rotations are subject to change based on previous PGY1 experience*

***Electives:***

* Poison Control/Toxicology
* Outpatient Movement Disorders Clinic
* Emergency Psychiatry
* Advanced Outpatient Psychiatry Clinic
* Academia

***Other Potential Learning Opportunities:***

* Outpatient Substance Use Disorder Clinic
* Outpatient Neurology
* Geriatric Psychiatry

***Ambulatory Clinic***

The resident will participate in outpatient psychiatry clinic. The preferred rotation will be longitudinal: one day per week starting in the fall of the residency program year, based on when training on the ambulatory component of the electronic health record can occur. Following training, the resident will have a minimum of 20 days of experience in the outpatient psychiatry clinic. Based on availability of preceptors, the experience may be tailored into a block rotation.

**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 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.

***Department of Psychiatry Meetings***

The psychiatric pharmacy resident will attend meetings pertaining to the Department of Psychiatry as requested by the RPD or team leadership. Outlook appointments will be sent to the resident when attendance at these meetings is requested.

***Department of Psychiatry Grand Rounds***

Psychiatric pharmacy residents will attend as rotations permit.

***Psychiatric Pharmacist Team Meetings***

Psychiatric pharmacy huddles occur daily – the resident is expected to attend when on rotation at Strawberry Hill or Marillac campuses. Psychiatric pharmacy team meetings are held weekly, and the psychiatric pharmacy resident is required to attend these meetings to stay updated on team-specific goals, issues, and planning. The resident may be excused towards the end of the meeting if further discussion regarding the residency program needs to take place.

***TUHKS Resident Program Meetings***

Resident meetings will cover various topics related to research, conference travel, and updates and will be scheduled as needed to support residency program needs as determined by the RPD or team leadership.

***Inpatient Pharmacy Department Grand Rounds***

Psychiatric pharmacy residents will attend as rotations permit.

***Pharmacy Leadership Journal Club Discussions***

Psychiatric pharmacy residents will attend discussions whenever possible as rotations permit.

**Plan for Development and Customized Residency Plan**

Consistent with ASHP residency standards, each pharmacy resident completing the training program shall have an individual customized plan for development. The Residency Program Director assumes a role to mentor the resident and assist in the decision process for the resident. Within the framework of ASHP resident standards and the program's administrative guidelines, the resident is encouraged to assume ownership of their training experience.

To assist the RPD in preparation of a development plan, the resident should address specific topics via assigned questionnaires in PharmAcademic. The RPD will meet with the resident during orientation training to 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. The 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 weaknesses will be accounted for by incorporating specific learning activities to facilitate development. The plan will account for each resident’s specific interests while not interfering with the achievement of the program’s educational goals and objectives. The RPD will evaluate progress each quarter and meet with the resident to discuss changes, updates, etc.

**Pharmacy Practice (Staffing)**

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 resident will staff a minimum of 32 shifts within the residency year at TUKHS-Strawberry Hill Pharmacy or TUKHS-Marillac Pharmacy. These shifts will be assigned at the beginning of the residency year. If unable to staff, resident is responsible for finding a trade with a preceptor.

The temporary schedule be released electronically (via Teams) from the psychiatric pharmacy schedule with a deadline on adjustments/changes. Staff members including residents are responsible for reviewing information on the schedule and communicate discrepancies to the psychiatric pharmacy scheduler prior to the final schedule being released. The final schedule will be posted on Microsoft Teams. The resident is expected to decline to participate in trades that would require working a shift or area where they are not competent or are in any way uncomfortable.

The resident will receive 1 compensatory day off per rotation to be scheduled at their convenience. The day should be approved by the preceptor and RPD and placed on outlook calendars for awareness.

**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 competency areas, goals, and objectives for pharmacy practice 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. However, it is expected that all residents will complete the residency and core objectives for teaching experiences.

***Co–Precepting of Students***

To achieve this goal, it is desired that the psychiatric pharmacy resident would be comfortable in leading a discussion an hour in length, with a student, under the preceptor’s oversight, at least two times in a rotation month. Also, a resident may assist the student on rounds, following up with patients, drug information questions or other daily activities of a rotation month. The Psychiatric Pharmacy Residency Program is structured to have psychiatric pharmacy resident co-precept students during their various rotations.

***Medication-Use Evaluation***

The resident will participate in a medication-use evaluation on psychiatric medication over the course of the residency.

***Formulary Management and Medication-Use Projects***

The resident will be required to create or update an existing psychiatry-related medication-related guideline, protocol, policy, drug class review, and/or monograph. As schedule allows, the resident will be responsible for education and implementation of their project.

***Psychiatry Topic Discussions***

PGY2 Psychiatric Pharmacy Residents will be assigned topic discussions that they will lead approximately throughout the core required rotations. Schedule will vary based on the rotation schedule for the year. Topic discussion requirements may be met by participating in lectures for medical residents or fellows, academic rotation requirements, or other venues as determined appropriate by the RPD.

***Formal Presentations***

A minimum of two formal presentations are required. The presentation should be at least 45 minutes in length and should be done in PowerPoint format. This presentation will be presented to Psychiatry Grand Rounds. Topic should be approved by RPD. The resident will be required to have a practice session with the presentation preceptor prior to the presentation. The resident will be evaluated by the audience followed by a formal discussion with the presentation preceptor.

***Journal Club Presentations***

The article selected should either be a timely article (e.g. published in last three months) or a monumental article (i.e. changed practice) for the area that the resident has an interest or need based upon rotation. The resident will be responsible for conducting a minimum of **two** journal clubs during the year. The journal club may be presented to peers, learners, through AAPP (highly recommended), or other area as approved by RPD. The resident should email the RPD for documentation of completion.

**Travel & Professional Organization Involvement**

Residents completing the program at TUKHS are expected to develop and maintain an involvement in professional organization activities on a local, state, and national level. Involvement is critical to the development of the resident, the resident’s network, and the achievement of professional and personal goals.

Suggested involvement includes:

1. Membership to the College of Psychiatric & Neurologic Pharmacist (AAPP).
2. Membership to the Greater Kansas City Health Systems Pharmacists.
3. Membership to the Kansas Council of Health System Pharmacists (KCHP).
4. Membership to American Society of Health–System Pharmacists.
5. Residents are encouraged to join other organizations and practice groups that support their professional needs.

As part of the resident’s professional and personal development, travel to and attendance at meetings on a national level is encouraged. The financial status of the health system will determine if financial support is available for attendance.

Approval to attend meetings beyond those outlined for the residency program, or not directly related to the goals of the residency program, is at the discretion of the RPD. The option exists for the resident to use paid time off (PTO) to attend these meetings if approved by the Director of Pharmacy. Requests for time off with pay and funding to support travel is at the discretion of the Director of Pharmacy. Although approval to attend the meeting may be provided, full or partial funding may not be available based on budgetary issues and the value of the meeting for the Department of Pharmacy.

**Residency Project**

Each resident is required to complete a research project directed at enhancing personal and professional growth while benefiting the pharmacy department through innovative changes in the way pharmacy is practiced. This project may be in the form of original research, development, enhancement, or evaluation of some aspect of pharmacy services.

Each resident must select a “primary research associate” to serve as a project preceptor or co-investigator throughout the year. Other co-investigators may be solicited if needed, keeping in mind the intent of the project is to develop and strengthen the resident’s independent practice and investigation skills.

A formal research proposal must be submitted to the RPD for evaluation and approval. Other preceptors, at the discretion of the RPD, may also be asked to evaluate the proposal for feasibility. Prior to submission the resident’s primary research associate must review and approve the proposal. Throughout the year, the primary research associate shall ensure that the resident is completing the research project according to the established objectives and procedures, and according to the established timeframe.

All residents, preceptors, and co-investigators are required to complete online IRB training prior to submitting a research protocol. The certificate of completion should be submitted with the protocol and printed and saved.

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. Throughout the year, the primary preceptor shall ensure that the resident is completing the research project according to the established objectives, procedures, and timeframe.

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 develop the resident’s problem-solving skills and to expose the resident to research methods while addressing an issue or area in need of study, development, or evaluation.

The topic should be one of interest to the resident and of value in the provision of pharmaceutical care or to the department in provision of services. Finally, the resident project should be selected with the intent of submitting the written results for publication in an appropriate peer-reviewed professional journal.

Each resident will present his/her research project at the AAPP meeting or Midwest Residency Conference (or equivalent meeting). Each resident will be required to have at least one practice presentation to the psychiatric pharmacy group in preparation for this presentation.

The final paper and poster, approved by the primary research associate, should be reviewed for final approval by the RPD. The manuscript should follow the guidelines and requirements for the submission of manuscripts established by the *American Journal of Health-System Pharmacist* or other peer review journal intended for submission. The poster should be completed according to the guidelines of the meeting in which it is to be presented.

The resident should make every effort to complete their project according to the deadlines provided. Failure to meet deadlines for the interim steps should be discussed with the project’s primary research associate. The residency certificate will be withheld until **ALL** requirements are successfully completed.

***Research Project Goals:***

1. To expose the resident to the mechanics of research methodology
2. To give the resident experience in directing and conducting an original research project from beginning to end
3. To teach the resident how to submit a poster presentation at a national meeting or for publication in a peer-reviewed pharmaceutical or medical journal
4. To promote research in pharmacy practice which evaluates some aspect of pharmacy practice
5. To develop new and innovative approaches to managing drug and biological therapies for improving patient care

**Requirements for Successful Completion of Residency Program**

For a residency certificate to be granted, the following items must be completed:

* Documentation of initial training in Workday
* All core/required rotation experiences
* The following documents must be present in PharmAcademic:
  + Completed evaluations for all assigned rotations
  + Marks of Achieved for Residency (ACHR) for at least 80% of required ASHP goals and objectives
    - All objectives must be “Satisfactory Progress” or higher by the end of residency
  + All projects, presentations, and assignment documents uploaded
  + Quarterly development plans
* Two formal education lectures
* Two formal Grand Rounds presentations
  + Written evaluation present in PharmAcademic
* Drug class review, monograph, treatment guideline, or protocol
* Project related to improvement of the medication use system in psychiatric pharmacy
* Medication use evaluation
* Research project as evidenced by a final manuscript and evaluation by project preceptor
  + Poster at the American Association of Psychiatric Pharmacy Annual Meeting
  + Presentation at Midwest Pharmacy Resident’s Conference or equivalent
* A minimum of 52 weeks of rotation/approved meeting days and 32 staffing shifts
* Exit survey

**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 during a monthly resident meeting as well as an exit survey. This exit survey in PharmAcademic is used to improve the program as recommended by the residents. **Appendix A:**

**Tracking Former PGY2 Psychiatric Pharmacy Residents**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Years** | **Name** | **Organization** | **Title** | **Trains Residents** | **Board Certified** | **Email** |
| 2020-2021 | Claire Herbst | The University of Kansas Health System | Clinical Pharmacist; Residency Program Director | Yes | Yes | [cherbst@kumc.edu](mailto:cherbst@kumc.edu) |
| 2021-2022 | Nina Carrillo | Massachusetts Institute of Technology Medical | Clinical Pharmacy Specialist in Psychiatry | No | Yes | [ninapcarrillo@gmail.com](mailto:ninapcarrillo@gmail.com) |
| 2022-2023 | Danielle Dauchot | Northwestern Medicine | Clinical Pharmacist Psychiatry | Yes | Yes | [dbdauchot@me.com](mailto:dbdauchot@me.com) |
| 2023-2024 | Leah Alexandra Wallace Surbaugh | East Tennessee State University | Assistant Professor of Ambulatory Care Psychiatric Pharmacy Specialist |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Appendix B.**

**PGY2 Resident Research Project Idea Submission Form**

|  |  |
| --- | --- |
| Date Submitted |  |
| Person Submitting Idea |  |
| Title |  |
| Background / Purpose / Rationale | |
|  | |
| Description of project (hypothesis, study objectives, etc.). | |
|  | |
| What will this add to existing literature / pharmacy practice at TUKHS etc.? | |
|  | |
| How will patients be identified / what resources will be needed? | |
|  | |
| Estimated number of subjects available and/or included? | |
|  | |
| Anticipated date range that data will be collected | |
|  | |
| Additional information | |
|  | |

**Appendix C.**

**PGY2 Psychiatric Pharmacy Residency Important Dates and Deadlines**

*All research deadlines subject to change per Research Chair Dr. Moeller*

|  |  |
| --- | --- |
| **Date/Due Date** | **Item** |
| July 11, 2024 | First day of residency |
| July 2024 | New resident discusses potential research topics with preceptors and RPD |
| July 2024 | Meet with RPD to create individual customized plan/schedule |
| July 2024 | Initial Customized Quarterly Development Plan |
| August 9, 2023 | Deadline for resident to choose project (otherwise project is assigned by RPD) |
| August 9, 2023 | Deadline for residents to choose Fall Grand Rounds presentation topic |
| September 4, 2024 | Resident presents Resident Research Proposal to RAC |
| September 10, 2024 | Psychiatry Fall Grand Rounds Presentation |
| September 2024 | All letters/protocols submitted to IRB |
| October 2024 | 1st Quarter Customized Development Plan (most recent version uploaded to PharmAcademic) |
| October/November 2024 | Formal presentation practice session to psychiatric pharmacy team (Resident & presentation preceptor will determine a specific date) |
| December 2024 | Resident and research advisor meet and produce a written progress report and timetable for project completion to the RPD |
| December 2024 | AAPP abstracts draft due to research team |
| December 2024 | Final AAPP abstract due to RPD and research advisor |
| December 2024 | Manuscript background and methods section due to RPD research team ***(must be in specific journal format intended for publication submission)*** |
| January 2025 | 2nd Quarter Customized Development Plan (most recent version uploaded to PharmAcademic) |
| ~January 13, 2025  (to be confirmed) | AAPP abstract submission due |
| February 1, 2025 | Deadline for residents to choose Spring Grand Rounds presentation topic |
| March TBD, 2025 | Psychiatry Spring Grand Rounds Presentation |
| March 31, 2025 | 1st draft of AAPPAAPP poster draft due to research team |
| March 31, 2025 | Draft of residency conference abstract/objectives due to research team |
| April 7, 2025 | 2nd draft of AAPP poster due to research team |
| April 2025 | 3rd Quarter Customized Development Plan (most recent version uploaded to PharmAcademic) |
| April or May 2025 (pending finalized residency conference date) | Resident presents practice residency conference presentation to the psychiatric pharmacy team. Slides and data collection should be complete by this time. (Contact RPD and/or research advisor for specific draft due date.) |
| April 2025 | Final AAPP poster due to research team to send to printer |
| April 2025 | AAPP Annual Meeting |
| April 2025 | Final draft of residency conference abstract/objectives due to research team and RPD |
| May 2025 | Manuscript data section due to research team***(must be in specific journal format intended for publication submission)*** |
| May 2025 | Attend and present at MPRCC, KPRC, or alternative pharmacy residency conference as approved by RPD (dates TBD) |
| May 16, 2025 | Full draft of project manuscript draft due to research team ***(must be in specific journal format intended for publication submission)***; Give them a deadline of May 22nd for edits |
| May 23, 2024 | Manuscript edits from research team due to resident |
| May 30, 2025 | Manuscript 2nd draft due to all co-authors |
| June 9, 2025 | Manuscript 3rd draft due to all co-authors |
| June 19, 2025 | Final manuscript due to research team and RPD |
| June 23, 2025 | Final manuscript submitted to due to Journal |
| June 2025 | Complete final evaluations, PharmAcademic evaluations, exit interview, ensure successful completion of residency requirements are documented and uploaded to PharmAcademic |
| July 3, 2025 | Last day of residency |