



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

**TUKHS PGY1 Pharmacy Residency
Supplemental Residency Manual
2024-2025**

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 Optional (at least 5 from this section must be ACHR)
R1.1	Provide safe and effective patient care services following JCPC (Pharmacists' Patient Care Process)		
R1.1.1	Collect relevant subjective and objective information about the patient.	x	
R1.1.2	Assess clinical information collected and analyze its impact on the patient's overall health goals.	x	
R1.1.3	Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	x	
R1.1.4	Implement care plans.	x	
R1.1.5	Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	x	
R1.1.6	Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	x	
R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders		
R1.2.1	Collaborate and communicate with healthcare team members.	x	
R1.2.2	Communicate effectively with patients and caregivers.	x	
R1.2.3	Document patient care activities in the medical record or where appropriate.	x	
R1.3	Promote safe and effective access to medication therapy		
R1.3.1	Facilitate the medication-use process related to formulary management or medication access.	x	
R1.3.2	Participate in medication event reporting.	x	
R1.3.3	Manage the process for preparing, dispensing, and administering (when appropriate) medications.	x	
R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).		
R1.4.1	Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.		x
R1.4.2	Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.		x
R2.1	Conduct practice advancement projects		
R2.1.1	Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	x	
R2.1.2	Develop a project plan.	x	
R2.1.3	Implement project plan.	x	
R2.1.4	Analyze project results.	x	
R2.1.5	Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.		x
R2.1.6	Develop and present a final report.	x	
R3.1	Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services		
R3.1.1	Explain factors that influence current pharmacy needs and future planning.		x
R3.1.2	Describe external factors that influence the pharmacy and its role in the larger healthcare environment.		x
R3.2	Demonstrate leadership skills that foster personal growth and professional engagement		
R3.2.1	Apply a process of ongoing self-assessment and personal performance improvement.	x	
R3.2.2	Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	x	

PGY1 Residency Program Objectives		ACHR Required	ACHR Optional (at least 5 from this section must be ACHR)
R3.2.3	Demonstrate responsibility and professional behaviors.	x	
R3.2.4	Demonstrate engagement in the pharmacy profession and/or the population served.		x
R4.1	Provide effective medication and practice-related education.		
R4.1.1	Construct educational activities for the target audience.	x	
R4.1.2	Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	x	
R4.1.3	Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	x	
R4.1.4	Assess effectiveness of educational activities for the intended audience.		x
R4.2	Provide professional and practice-related training to meet learners' educational needs		
R4.2.1	Provide professional and practice-related training to meet learners' educational needs.		x

Presentations:

- 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)

Deliverables:

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

- Final research project poster & final research presentation presented at regional or national meetings
- Research manuscript suitable for publication submission
- Project #2 proposal
- Final grand round/CE presentations (2 total)
- Leadership journal club
- Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set

Learning Experience/Staffing Days:

- Complete at least 218 blocked learning experience days (this does not supersede required days on required learning experience days)
- Complete at least 42 staffing days

Program Feedback:

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

PGY1 Program Learning Experience Requirements

The table includes required learning experiences. In addition, residents have the opportunity to complete three 4-5 week elective blocks.

Learning Experience	Type	Duration
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 (MUSP)	Blocked	6 weeks*
Introduction to Pharmacy Department Leadership	Blocked	2 weeks*
Advanced Independent Practice	Blocked	2 weeks**
Research	Longitudinal & 3 non-consecutive blocked weeks	N/A
Longitudinal Service commitment	Longitudinal	n/a

*MUSP rotation is 6 weeks total. First 4 weeks are blocked, following 2 weeks are longitudinal MUSP while resident completes 2 weeks blocked of introduction to leadership.

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

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. The resident is expected to personally inform the preceptor of all absences, schedule conflicts, or concerns that might arise during the month in a timely manner. The preceptor and resident will review and discuss appropriate resolution of any scheduling conflicts. Residents are 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 and preceptor 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 health system orientation, introduction and review of health system policies & standards of practice, residency manuals, competency areas, goals and objectives, required and elective learning experiences, pharmacy team culture, and electronic health record training

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
- Solid Organ Transplant

Ambulatory Care Selective:

Includes both comprehensive care and specialty learning experiences. See PGY2 website for list of available learning experiences.

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
- Health system leadership
- Quality outcomes and compliance

Introduction to Pharmacy Department Leadership

Required learning experience includes exposure to both pharmacy department and health system leadership.

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:

- Advanced Heart Failure
- Chief Resident
- Emergency Department
- Infectious Diseases/Antimicrobial Stewardship
- Palliative Care
- Pharmacy Informatics
- Practice 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 independent 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. They will also spend time in roles focused on the medication use process and supporting patient care through medication order verification.

Schedule

All PGY-1 pharmacy residents will be scheduled for weekend and holiday shifts throughout the residency year. Resident crews will have 1-2 residents and 1-2 crews will be assigned each holiday/weekend. This schedule will be set within the first month of the residency year. Residents may be scheduled for a daytime or evening shifts. All PGY1 residents are scheduled for an equal number of shifts, but shift times (daytime v. evening) vary and depend on the needs of the clinical team. Residents are responsible for working their assigned shifts without exception. Shifts can be traded with other PGY1 residents or pharmacists to accommodate individual needs for time off on scheduled service commitment dates.

PGY1 residents will staff clinical pharmacist shifts approximately every other weekend through January of the residency year and then approximately every fourth weekend through June of the residency year on a decentralized clinical care team. Clinical care teams are re-evaluated each residency year but may include cardiology, pediatrics, internal medicine, and/or surgery.

From approximately January through June of the residency year, residents will staff a supplemental resident-only 5-hour evening shift focused on the medication use process and order verification. This will be rotated to 3-4 different clinical care teams patient populations outside of their weekend/holiday clinical care team which may include cardiology, pediatrics, internal medicine, critical care, and/or surgery.

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 needing time off in excess of their accrued PTO (e.g. extended personal or family medical needs) will be handled on a case-by-case basis between the resident and Residency Program Leaders.

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.

Unscheduled use of PTO resulting in missing a day from a learning experience, including service commitment shifts, may require making up of missed time. This will be evaluated and determined on a case-by-case basis with resident, preceptor and residency program director.

Procedure for PTO requests:

1. Email preceptor for learning experience and request approval for PTO
 - a. As a baseline rule, PGY1 residents may be away for up to 3 scheduled days from a single blocked learning using monthly comp day &/or PTO. If more than 3 days will be missed from a single blocked learning experience, the RPD and/or RPC, current preceptor, and resident will discuss a plan for completing the learning experience requirements as appropriate. This may result in extension or making up rotation days.
 - 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 staff during the holiday block.

Monthly Comp Day

Residents are required to take 1 comp day per calendar month starting in July of the residency year. This results in 12 total comp days. Residents will schedule their comp day in coordination with their preceptor(s) and will inform the RPD and RPC(s) 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. Residents must be off-site on a comp day. Residents may not use comp days on days with required residency program activities without approval of the RPD or RPC.

Meetings

To broaden and coordinate the residency experience, residents may be requested to attend a variety of meetings throughout the year. These include departmental meetings, team meetings, huddles and 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.

Acute Care Pharmacist Staff Meetings

Clinical Pharmacist meetings are held monthly. 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 off-site rotations. Residents are not expected to attend when on PTO or comp day but will be responsible for getting informed on topics discussed from their co-residents.

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.

Customized Residency Plan/Plan for Development

A customized residency plan will be created for each resident and will be evaluated and updated quarterly by both the resident and pharmacy leadership. An assessment of the residents' baseline will serve as the backbone of the customized residency plan.

Resident Baseline Assessment

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 Resident Entering Self-Assessment Form
2. PharmaAcadmeic initial assessment of all learning objectives
3. Customized assessment via survey
4. Computer based and instructor lead clinical pharmacist education modules (Annual Competency)

Quarterly Customized Residency Plan Meeting

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 residency leadership. 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.