



**Department of Pharmacy**

**Appendix 1.  
PGY2 Oncology Pharmacy Residency  
Program Training  
Supplemental Manual  
2024-2025**

**THE UNIVERSITY OF KANSAS HEALTH SYSTEM**

**DEPARTMENT OF PHARMACY SERVICES**

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## **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 longitudinal concentration and 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 is to provide 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**

The Post Graduate Year Two (PGY2) Oncology Residency at The University of Kansas Health System (TUKHS) provides residents with the skills and knowledge to become a competent oncology/hematology pharmacy practitioner. The focus of the residency program is adult hematology and oncology, with experiences in hematopoietic stem cell transplantation and ambulatory oncology practice settings. Residents are required to complete rotations in core subject areas including adult hematology, acute leukemia, medical oncology, hematopoietic stem cell transplant, cancer center pharmacy, and a variety of solid tumor ambulatory clinics. A variety of elective rotations are available to permit the resident flexibility in pursuing individual goals.

Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major project related to pharmacy practice, development of oral and written communication skills, boosting patient education skills, participation in various departmental administrative committees, and practice in various areas throughout the health system. Upon successful completion of the program, trainees are awarded a residency certificate.

## **Purpose**

The PGY2 oncology pharmacy residency program builds upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions along with board certification.

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

Upon completion of residency, the resident will be able to:

1. Serve as an authoritative resource on the optimal use of medications used to treat individuals with cancer.
2. Optimize the outcomes of the care of individuals with cancer by providing evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team.
3. Manage and improve the medication-use process in oncology 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 oncology pharmacy.
6. Conduct oncology pharmacy practice research.
7. Function effectively in oncology settings participating in clinical investigations.
8. Demonstrate the skills required to function in an academic setting.
9. Publish on cancer-related topics.

### **Administration of the Program**

Consistent with the commitment of the health system and the Department of Pharmacy, a number of individuals play key roles in the facilitation of the residency programs. The individuals and their respective roles follow:

#### **Residency Programs Executive (RPE)**

- Responsible for global residency accreditation requirements
  - ASHP Commission on Credentialing Updates, etc
- Focus to maintain effectiveness of programs and consistency of expectations
- Chair of Residency Leadership Committee
- Succession planning for residency leadership

#### **Residency Program Director (RPD)**

The Residency Program Director (RPD) has authority and accountability for the operation of the program. The RPD works with the Residency Program Coordinator (RPC), if applicable, to oversee all elements of the residency program.

- Residency goals and objectives
- Residency expectations for graduation
- Recruitment/Interviews/Match
- PharmAcademic maintenance
- Customized residency plans
- Ensure resident expectations align with division goals
- Resident 1:1 meetings

#### **Residency Program Coordinator (RPC)**

The RPC, if applicable to the program, works with the RPD to assure that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives.

#### **Residency Program Chairs**

The Residency Program Chair, if applicable to the program, works with the RPD and RPC to support a component of the residency program. For example, research, recruitment, etc. Responsibilities and expectations are at the discretion of the RPD.

## **Residency Program Coaches**

Each PGY2 oncology resident is assigned a Coach. Responsibilities of the coach include:

- Working with the RPD to ensure that the overall program goals and specific learning objectives are met based on pre-established learning objectives, in addition to monitoring the resident's progress throughout the residency.
- Communicate frequently with the RPD with updates regarding the resident's progress.
- Assist in ensuring evaluations are completed in timely manner by the rotation preceptor and resident as well as provide oversight for meeting residency deadlines.
- Serve as a contact for the resident for clinical, resident-related, and professional advice/mentoring.
- In conjunction with the RPD, serve as a point-person for the team to contact to provide resident feedback.
- After completion of each rotation, review the evaluations to assist in monitoring resident progress; additionally, communicate to team members the needs of the resident and areas to focus on during rotations.
- Serve as an active member of the Oncology Residency Advisory Committee.
- Create and maintain the resident's Individual/Customized Plan each quarter with the RPD, and ensure it's uploaded in PharmAcademic.
- Mentor one preceptor development session to the PGY2 preceptors with a preceptor in training

## **Preceptors**

Each rotation has a primary pharmacist preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives; consideration is also taken regarding the resident's goals, interests, and skills. The preceptor is responsible for reviewing the rotation description with the resident at the beginning of each rotation. The preceptor periodically reviews the resident's performance, with a midpoint evaluation and final written evaluation in PharmAcademic at completion of the learning experience.

Successful preceptors must devote sufficient time to the program to fulfill supervisory and teaching responsibilities; preceptors must also demonstrate a strong interest in the education of residents.

Preceptors must regularly participate in organized clinical discussions, rounds, journal clubs, and weekly topic discussions.

Preceptors should also demonstrate scholarship by publication of original research, presentations at local, regional, or national professional and scientific meetings.

## **Project Preceptor**

The Project Preceptor assumes primary responsibility to guide the resident in completing the required research project. The Project Preceptor assists in defining the scope of the project to assure completion within the time frame of the residency year and providing support for planning and implementing the project design.

## **Oncology Residency Advisory Committee**

The Committee serves to maintain the quality and consistency of the oncology residency program with the input of the program's preceptors. The committee meets at least monthly and consists of the RPD, residency coaches and research chair.

## **STANDARD 1: Recruitment and Selection of Residents**

### **Resident Selection and Match Process**

See the PGY1 & PGY2 Programs Residency Manual. In addition to the application requirements listed in the PGY1 & PGY2 Programs Residency Manual, candidates must have completed an ASHP-accredited PGY1 Pharmacy Residency.

The Oncology Residency Committee will use a designated pre-screening evaluation tool to evaluate PGY-2 candidates' applications. Scores from evaluations will be tabulated giving the candidate an average score. The candidates with the highest scores will be offered an onsite interview.

During their site visit, external candidates will interview with the RPD, current resident(s) and preceptors. The candidates will be evaluated on various characteristics and traits specific to the person(s) conducting that interview session. Scores from session evaluations will be tabulated giving the candidate an average score for their interview day.

The results of these evaluations will be discussed with current residents, preceptors, the Residency Director, and any other representatives as appropriate at a meeting to determine a preliminary ASHP Match rank-list order. The final rank-list order is then determined by the RPD based upon evaluation scores and input from the above meeting.

After match results are released and if a residency position remains open, the Residency Advisory Committee will meet as needed to assess potential candidates. Application and interview procedures for the second match (Phase II) will be followed similar to Phase I review process. On-site interviews may be omitted due to time constraints and can be conducted virtually.

### **Early Commitment and Interview Process**

See the PGY1 & PGY2 Programs Residency Manual.

The PGY2 Oncology Residency offers early commitment after the ASHP Midyear Clinical Meeting. Following the ASHP Midyear Clinical Meeting, the PGY2 early commitment candidate should reach out to the RPD to express if they continue to want to pursue early commitment with the program or if they would prefer to go through the match. If the resident wants to pursue early commitment, the PGY2 RPD will provide either an offer or denial letter for early commitment to the candidate as soon as possible following the ASHP Midyear Clinical Meeting and no later than 24 hours prior to the ASHP Early Commitment deadline. Residents denied early commitment may choose to go through the traditional match process.

## **STANDARD 2: Program Requirements and Policies**

### **Attendance, Paid Time Off (PTO), Family Medical Leave (FMLA), Bereavement**

See the PGY1 & PGY2 Programs Residency Manual.

### **Cancer Care Pharmacy Schedule**

The temporary schedule will be released electronically (via e-mail) from 'CCRXScheduler' with a deadline on adjustments/changes each month. Staff members, including residents, are responsible for reviewing information on the schedule and will communicate discrepancies to the Pharmacist Scheduler prior to the final schedule being released. The final schedule will be posted on Sharepoint. Any changes/trades will also be updated and posted on Sharepoint.

### **Schedule Trading**

Residents may trade with other residents to get certain weekends or evenings off. Staff members are 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. Weekend trades must be done prior to the deadline for the temporary schedule requests. **An email to the 'CCRXScheduler' and RPD must be completed in all cases and all parties involved in the trade must be included in the email.**

### **PTO Requests and Approval**

#### **Requests for PTO must be approved by the RPD in conjunction with rotation preceptors.**

The resident must submit PTO requests to the RPD. If approved the resident should send the approved request to 'CCRXScheduler' prior to the deadline for the temporary schedule requests as outlined in the Scheduling Policy. Residents must work with preceptors to make up required learning opportunities missed while on PTO. Residents should not make flight arrangements until final approval for PTO is received. The resident is responsible for arranging coverage of any staffing during their approved PTO time by trading with another resident.

Residents may only miss 2 working days of each rotation. If a resident misses > 2 working days of a given rotation, a project day will be forfeited; exceptions are at the discretion of the RPD.

When a resident is ill and unable to report to work, the resident must notify the rotation preceptor and the RPD at least 1 hour prior to the accepted start time via written communication (i.e., Email, text message).

Paid time off is not used to attend residency required events. However, if a resident attends such an event for a duration longer than required by the residency program, PTO must be used and approved in advance. Each resident is allowed up to two meeting days (non-PTO) for traveling to and from meeting location (details of which may be arrived at by agreement with RPD).

### **Duty Hours, Resident on Call, Moonlighting**

See the PGY1 & PGY2 Programs Residency Manual.

### **Licensure**

See the PGY1 & PGY2 Programs Residency Manual.

### **PGY2 Program Verification of Completion of PGY1 Program**

See the PGY1 & PGY2 Programs Residency Manual.

## Requirements for Successful Completion of Residency Program

Residents must complete the following requirements by the end of the residency year in order to graduate from the program and receive a residency certificate:

1. Complete ASHP PGY2 Oncology Pharmacy Resident Entering Self-Assessment Form in PharmAcademic™
2. Complete and provide documentation of initial training
3. Complete all required learning experiences as outlined in the PGY2 Oncology Pharmacy Residency Program Training Supplemental Manual
4. 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.
5. Complete all additional program specific requirements including any objectives required to be ACHR.
  - a. Complete a continuing education grand rounds presentation and evaluations
  - b. Present one lecture at the KU School of Pharmacy
  - c. Complete all aspects of their assigned longitudinal administrative project(s) including a final evaluation by the project advisor
  - d. The resident must have presented their research at the Midwest Pharmacy Residency Conference or a similar conference
6. Complete all assigned evaluations in PharmAcademic™
7. Complete all aspects of their assigned research project(s) including a final evaluation by the research project advisor and submission of manuscript in publishable form
8. Present project research at the designated conference (MPRC or equivalent)
9. Complete all rotation/approved meeting days and staffing shifts required by the PGY2 Oncology Pharmacy Residency program
10. Upload all projects, presentations, and evaluations completed outside of PharmAcademic™ (ex: presentation evaluations) to PharmAcademic™ including but not limited to:
  - a. Monday Resident Lecture slides
  - b. H/O/BMT Pharmacy and Therapeutics presentation(s)
  - c. Journal club documents
  - d. KU lecture slides
  - e. Nursing in-services documents
  - f. Teaching certificate documents (if applicable)
  - g. Rotation projects/assignments
  - h. Midwest Pharmacy Residency Conference evaluations
  - i. Midwest Pharmacy Residency Conference final presentation slides
  - j. Final Grand Round Presentation
  - k. Final HOPA poster
  - l. Final manuscript
11. Provide end of the year program feedback to the RPD through the final exit evaluation for the PGY2 oncology program
12. Monthly duty hours submitted in PharmAcademic™
13. All Resident Self-Assessments and Quarterly Development Plans submitted in PharmAcademic™

TUKHS pharmacy residents will be evaluated quarterly by their RPD and coach to ensure they are on track for successful completion of the program requirements. The quarterly reports will be uploaded to PharmAcademic™. If a resident is not on track for completion of the necessary requirements, RPD will utilize a process of documentation and structured communication with the resident as necessary.



If the above items are not completed, a resident may be considered for awarding of a certificate of residency participation on a case-by-case basis at the recommendation of the Residency Advisory Committee when approved by the RPD and RPE.

**Resident Dismissal Policy**

See the PGY1 & PGY2 Programs Residency Manual.

**Conference Attendance and Financial Support**

See the PGY1 & PGY2 Programs Residency Manual.

**Applicable Health System Policies**

- [5.15 Employee Counseling](#)
- [3.09 Family & Medical Leave Benefit](#)
- [3.06 Personal Medical Leave](#)
- [3.07 Paid Time Off \(PTO\) Benefit](#)
- [5.13 Attendance and Punctuality](#)

## **STANDARD 3: Structure, Design and Conduct of the Residency**

### **Rotation Overview**

#### **Practice-Based Learning and Improvement**

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 lifelong 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, 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 upon completion of the rotation.

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, ideally prior to rotation initiation. 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 pre-rotation meeting, the resident will provide the preceptor with the following:

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

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 mid-point and end

of rotation evaluations, and preceptor expectations of the resident as well as resident expectations of the preceptor.

Example goals:

1. Identify effective methods for monitoring patients receiving chemotherapy
2. Learn the tools and resources needed to process chemotherapy orders
3. Gain skills to counsel patients on chemotherapy

### Rotation Pre- and Post-Evaluations

With the start of residency, the resident shall be expected to complete a baseline pre-evaluation to ascertain knowledge of core rotation concepts. Over the course of the rotation, the preceptor will utilize this pre-evaluation to teach the resident core concepts encountered in the practice setting. Following completion of the rotation, the resident will complete a post-evaluation to assess retention of knowledge gained while on rotation. The passing score of the post-evaluation will be set at 80%. If a resident earns less than the passing score on the post-evaluation, they will be required to meet with the resident advisor and RPD to determine further steps, up to repeating the rotation in place of one of their elective rotations.

### Rotation Schedule

A twelve-month schedule of the resident rotations provides a framework for structured learning activities. Rotation changes must be approved by the RPD.

### **Required Learning Experiences**

Rotation	Number of Weeks
Orientation	4
Inpatient/Outpatient Adult Hematology	6 (3 weeks inpatient, 3 weeks outpatient)
Inpatient Adult Acute Leukemia	4
Inpatient Medical Oncology/Melanoma Clinic	3 (2 weeks inpatient, 1 week melanoma)
Inpatient Adult Allogeneic Hematopoietic Stem Cell Transplant	4
Outpatient Adult Hematopoietic Stem Cell Transplant Clinic	2
Cancer Center Pharmacy	2
Breast Medical Oncology / Gynecologic Oncology Clinic	4
Genitourinary Medical Oncology Clinic	3
Gastrointestinal Medical Oncology Clinic	4
Head, Neck, and Lung Medical Oncology Clinic	4
Advanced Independent Practice (AIP) (varies)	4

### Orientation

The first month of the program will orient residents to the Department of Pharmacy Services; this rotation shall be customized to each resident based upon whether they completed a PGY1 Pharmacy Practice Residency at TUKHS or completed an equivalent ASHP-accredited PGY1 residency elsewhere.

### Advanced Independent Practice (AIP) Rotation

Near the end of the residency year, residents will be expected to function autonomously throughout the course of one four-week experience known as the Advanced Independent Practice (AIP) rotation. Goals of the AIP rotation are as follows:

- Broaden clinical knowledge in chosen area
- Develop rapport with multi-disciplinary staff
- Time management
- Display competency in independent practice
- Teaching and precepting pharmacy students (if applicable)
- Practice independently by owning service and responsibilities of the shift

## Elective Learning Experiences

Each resident has 4 weeks for electives. It is their choice whether they would like to complete one or two electives in that time and in discussion with the RPD/coach determine how long each rotation will be.

Elective Rotation	Number of Weeks
Oncology Administration	1-4
Palliative Care	1-4
Infectious Diseases	1-4
Outpatient Solid Tumor Clinic <ul style="list-style-type: none"> <li>• Breast Medical Oncology</li> <li>• Head, Neck, and Lung Medical Oncology</li> <li>• Gastrointestinal Medical Oncology</li> <li>• Genitourinary Medical Oncology</li> <li>• Gynecologic Oncology</li> <li>• Melanoma</li> </ul>	1-4
Outpatient Hematology Clinic	1-4
Chimeric Antigen Receptor (CAR) T-cell Therapy	1-4

## Longitudinal Learning Experiences

### Longitudinal Administration Rotation

The resident will participate in a longitudinal administrative rotation beginning in September of the residency year. This rotation will be scheduled for 6 days spread out throughout the year and the resident will be excused from clinical rotation. This rotation is designed to incorporate many aspects of practice leadership in the area of cancer.

This rotation will also include a longitudinal administration project based on the needs of the department.

Each resident is responsible for at least one new drug formulary review presentation to be given at a Hematology/Oncology/BMT Pharmacy and Therapeutics Committee meeting during the residency year.

### 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

General:

- Each resident will staff one evening a week in an operational oncology shift. If unable to staff, resident is responsible for finding a trade with a co-resident.
- Each resident will work approximately every fourth weekend as designed by weekend schedule provided at the beginning of the residency.
- During AIP rotations, evening staffing will be waived.

Residents will be given one compensation day in the week following their weekend staffing, except during their Advanced Independent Practice (AIP) rotation when they do not staff evening shifts. Selection of the day of the week for the compensation day is to be determined by the resident and their current preceptor to provide the least disruption to the rotation.

Clinical Research

Research Project Days

A total of 4 project days will be granted during the residency year-ideally on a Friday or the lightest clinic day for outpatient rotations. One project day will be scheduled per the discretion of the preceptor and RPD on the following rotations: hematology block, head/neck/lung medical oncology clinic, gastrointestinal medical oncology clinic, and melanoma clinic. Project days may be replaced with rotation days if the resident misses more than the required days on rotation.

Additionally, 1-week of research project time will be provided in the fall and 1-week will be in December.

**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.

University of Kansas School of Pharmacy Lecture

Oncology residents will present at least one lecture during the Oncology Pharmacotherapy elective course.

Student Supportive Care Series

Oncology residents will present a supportive care topic to students on clinical rotations at TUKHS. Residents are expected to select a topic and present during the student's rotations. It is the responsibility of the student to schedule a time that is feasible for the resident to complete this topic discussion presentation.

Co-Precepting of Students

Should the resident desire and students be available on a given rotation, the resident may have the opportunity to co-precept students with the primary preceptor. Residents will be able to participate in or lead topic discussions with students and serve as an additional resource to facilitate student learning. In addition, a resident may assist the student on rounds by following-up with patients, answering drug information questions, or performing other daily activities of a rotation month.

### Formulary Management and Medication Use Projects

The resident will be required to create or update an existing oncology-related medication-related guideline, protocol, policy, drug class review, and/or monograph or another similar activity as part of their longitudinal administrative rotation. As schedule allows, the resident will be responsible for education and implementation of their project.

### **Required Oncology Resident Presentations**

#### Oncology Resident Lectures:

- PGY2 Oncology Residents will be assigned topic discussions that they will lead approximately every four weeks.

#### Journal Club Presentations

- Article should either be a timely article (published in the last 3 months) or a monumental article (i.e. changed practice) for the area that the resident has an interest, or a need based upon rotation.
- Each resident will be responsible for conducting a minimum of three journal clubs during the year. The resident should email the RPD and their Coach for documentation of completion.

#### Pharmacy Grand Rounds

- A minimum of one grand rounds presentation (60 minutes) is required.
- These presentations will be open to oncology practitioners (hematologists, oncologists, advanced practice providers, fellows, nurses, pharmacists), pharmacy staff, and pharmacy externs. A handout with a complete bibliography must be provided for attendees. Topics may include medication toxicity management, case presentations, drug therapy seminars, and clinical controversies.
- Forum Objectives include:
  - Demonstrate a thorough knowledge for topic presented
  - Compose, present, and communicate information that is brief, well structured, and error free
  - Analyze patient cases for pertinent pathophysiologic processes, pharmacotherapy, and drug related problems
  - Interpret drug response and evaluate risk/benefit in patient cases
  - Identify controversial issues involved in patient cases and develop a therapeutic plan
  - Apply critical literature evaluation skills to medical literature

#### Nursing In-Service

- A nursing in-service is required on the Cancer Center Pharmacy rotation.
- This is approximately a 10-minute presentation given to our Cancer Center treatment nurses.
- Example topics may include a new drug update, treatment toxicity management, or identification of adverse effects.

## Residency Research Project

### Project Overview

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 will have a “primary research preceptor” to serve as a project preceptor or co-investigator throughout the year. Each primary project preceptor will be assigned a “junior” project preceptor, typically a pharmacist who has recently completed residency training, to allow the junior preceptor to obtain exposure as a project preceptor. 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 project preceptors and 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 preceptor(s) must review and approve the proposal. Throughout the year, the primary research preceptor(s) 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 professional journal.

Each resident will present his/her research project at the HOPA meeting and Midwest Residency as indicated. Each resident will be required to present their final results to the Cancer Care Pharmacy group.

The final paper and poster, approved by the primary research preceptor, 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

### **Additional Residency Meetings and Responsibilities**

#### 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.

#### Oncology Leadership Series

Oncology residents will meet to discuss leadership development approximately monthly. Dates and times may vary based on schedules. Outlook appointments will be sent to the residents upon finalization of the meeting date and time. If assignments or reading material is required, the material will be sent to the group at least one week prior to the meeting.

#### Clinical Services Staff Meetings

Oncology residents are *highly encouraged* to attend the inpatient pharmacist meetings these meetings especially during inpatient rotations. Cancer Care Team meetings are held monthly on the first Wednesday of the month, the Oncology residents are required to attend these meetings.

### **Evaluation of Resident**

#### 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 RPD and Coach 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.

To create the plan, the resident shall complete a PharmAcademic questionnaire. This information will be used to create the Individualized plan by the coach and RPD. The RPD and coach will meet during orientation 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. 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 and Coach will evaluate progress on the plan for development each quarter and meet with the resident to discuss changes, updates, etc.

### Evaluation Methods and Definitions

Evaluation is an integral part of the residency program. The learning goals and objectives of the various aspects of the residency are taught and evaluated using the ASHP Residency Learning System (RLS).

Resident performance will be evaluated in a timely manner during each rotation or similar education assignment. PharmAcademic evaluations must be completed **within 7 days** of the due date. Every effort should be made to complete evaluations in person before the end of the rotation. Should a meeting prior to the end of the rotation not be possible, an in-person evaluation involving the primary preceptor, resident, and resident coach (if applicable) must occur within 7 days of the conclusion of the experience to review the resident, rotation, and preceptor evaluations.

The evaluation will include objective assessments of competence in patient care, pharmaceutical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

### Preceptor's Responsibilities

Oral communication of resident performance is a part of the preceptor's responsibility during each rotation and is an ongoing process. The preceptor will discuss their rotation evaluation and expectations with the resident at the beginning of the rotation, in addition to providing a verbal midpoint evaluation and written evaluation at the end of the rotation.

## **Expected Resident Progression Through Learning Experience**

### Clinical Rotations

Day 1 - The resident should have met with the assigned preceptor before the start of the rotation (5 to 7 days before) to review the rotation's learning activities and expectations. The preceptor will orient the resident to the clinical service, team and daily responsibilities. The preceptor and resident should identify selected projects, topic discussions or other activities for the rotation. The resident and preceptor will discuss the expectations to be met by the end of the rotation – including whether the resident will be responsible for some/all clinical teams and/or TOC and/or student activities (if applicable) that the preceptor generally covers on the shift.

Week 1: The resident should follow all assigned patients, complete associated patient care responsibilities, and attend relevant interdisciplinary rounds or huddles. The resident should meet with the preceptor to discuss patient care as appropriate.

Mid-point: The resident should transition toward independent practice and begin serving as the primary clinical resource for the interdisciplinary team with oversight from the pharmacist preceptor. If applicable, the resident should also begin to take responsibility for learners.

Beginning of final week of rotation: The resident should be the primary pharmacy resource for the interdisciplinary team. As determined by the preceptor, the resident should manage all designated aspects of patient care independently with limited support from the pharmacist preceptor.

### Longitudinal Staffing Rotation

Quarter 1: Complete orientation and begin staffing independently. Residents should consult clinical pharmacists for support or assistance in monitoring complex clinical patients if needed. Residents should solicit feedback from preceptors regarding their patient care activities from the weekend.

Quarters 2 & 3: The resident should develop increased skill and efficiency in managing complex patient populations independently throughout the weekend. The resident should perform independent documentation of patient care activities, clarification of complex orders and communication with other clinical pharmacists. As applicable, the resident should seek feedback from the pharmacists performing weekday monitoring of the patients to ensure they are providing safe, thorough and effective patient care.

Quarter 4: Resident should have a well-developed independent practice style and efficiency skills to complete all their required activities with minimal oversight or dedicated support from other pharmacists.

### Longitudinal Research Rotation

Quarter 1:

- Establish research project, design and timeline
  - Perform literature research pertaining to selected research project
- Obtain IRB approval if applicable

Quarter 2 & 3:

- Identify data source
- Collect and review pertinent data
- Adhere to all project deadlines, communicate progress with preceptors and other members of research team

Quarter 4:

- Manuscript development and presentation for assigned residency presentation platform (i.e. conference if applicable)
- Final manuscript, poster and podium presentations should be submitted to the preceptor and uploaded into the PharmAcademic portfolio.
- Resident should demonstrate the fundamental skills necessary to independently design and execute future research and quality improvement projects

### PharmAcademic Written Evaluation Definitions

Preceptors are responsible for completing a final PharmAcademic™ written evaluations in addition to verbal feedback throughout the rotation.

1. Needs Improvement (NI)
  - a. The resident is deficient in skills/knowledge in this area and requires assistance to successfully complete the goal/objective/task in more than 30% of instances.
  - b. Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.

- c. The resident's level of skill on the goal or objective does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress," whichever applies.
  - d. It is acceptable for a resident to receive a NI the first time an objective is evaluated but must reach at least a SP by the end of residency year.
2. Satisfactory Progress (SP)
    - a. The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the goal/objective/task in 10-30% of instances. The resident performs task at an acceptable level, reaching defined goals/objectives in a consistent manner.
    - b. This applies to goals/objectives whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full ability to perform the goal/objective by the end of the program.
    - c. Resident can ask questions to acknowledge limitations and/or judgment is not refined.
  3. Achieved (ACH)
    - a. The resident has fully accomplished the ability to perform the educational objective.
    - b. The resident has the skills/knowledge in this area and requires assistance to successfully complete the goal/objective/task in less than 10% of instances. The resident requires no further developmental work in this area and requires minimal supervision.
  4. Achieved (ACH) for Residency (ACHR)
    - a. Completed by the RPD or designee (coach) based on the review of completed evaluations and goal evaluation status (NI, SP, ACH).
    - b. To be marked as Achieved Goal for Residency (ACHR), the resident must have been marked "Achieved" for a given objective by two independent preceptors on two separate rotations
    - c. If a given objective is evaluated one time during the residency year, a marking of "Achieved" by the preceptor for that objective shall be sufficient to be marked as ACHR

Rotation Failure:

If a resident is at risk of failing to meet rotation objectives, the primary preceptor must meet with the resident and identify said objectives with the resident weekly or at their midpoint verbal evaluation, whichever comes first. Upon completion of the rotation, any resident who has obtained two or more objectives being marked as "Needs Improvement" (NI) on their rotation final evaluation will have failed the rotation. Residents who have failed any core rotation will be required to repeat the rotation in place of one of their elective rotations and will need to meet with their coach/RPD to develop a written action plan. Subsequent rotation failures will require the resident to repeat the rotation in place of their other elective rotation, and the resident will be subject to written disciplinary action. If a resident is failing to progress as expected on a rotation, that rotation may also be extended at the discretion of the RPD and preceptor to allow a resident additional time and opportunities to meet rotation goals in the place of an elective rotation.

## Resident Documents and E-Portfolio

- All residency related documents should be saved on the Pharmacy Share Drive (G:\Pharm\_Share\Cancer Care\Resident Final Documents) and hyper-linked following the provided template format prior to completing the program.
- Resident will need to rearrange rotations depending on their scheduled order of completion, as well as update with the date, Preceptor, and any topic discussion names that are not listed already (marked with a \*\*\*)
- Resident is responsible for hyperlinking documents related to required activities and topic discussions (if applicable). a. To hyperlink-Highlight the text, right click, and select Link→Insert Link to select file.
- Resident is also responsible for filling out sections on electives.
- Resident is responsible for creating up to 3 bullet points outlining their personal daily activities on each rotation.
- Document should be completed no later than June 30th of their residency year.

## Resident Wellness

PGY2 Oncology residency leadership recognizes the importance and value of mental health days and their role in supporting wellbeing, resiliency, and burnout management. Mental health days are encouraged when residents experience stress, burnout, or emotional well-being concerns. Mental health days shall be reasonably considered and approved when requested. These are not to be used in place of late PTO requests in circumstances when the resident is not in need of a mental health day. Utilization of mental health days will be reviewed periodically by the Resident Advisory Committee.

Signs and symptoms of burnout that may warrant a mental health day:

- Excessive stress
- Sadness
- Fatigue
- Anger and/or irritability
- Insomnia
- Significant stressors and/or events

Mental health days may be requested in advance or requested with little notice, depending on the situation. The same process should be followed regardless of the urgency of the request. If a preventative mental health day is requested, a meeting with the resident coach and RPD should occur ahead of time to discuss residency related stressors or if any additional support is needed. A mental health day may be requested by emailing the RPD, preceptor and coach. Approval is the responsibility of the RPD.

What kind of information should be included in the request?

- How are you currently feeling? (e.g., stressed, overwhelmed, depressed, anxious)
- Why are you feeling that way? (e.g., work obligations, home stressors, combination)
- What is the urgency of your request? (urgent or preventative)
- How will you address any pre-existing commitments? (e.g., presentations, journal club, resident staffing, etc.)
  - You should ask, rather than assume, that your RPD is aware of and will assist you with resolving and/or addressing any conflicts that may arise
- Of note, residents should not feel obligated to provide extensive details of the circumstances at the time of the request

Expectations of RPD/coach/preceptors

The RPD/coach preceptor will work with the resident to discuss well-being and ways to improve the mental health of the resident. **This discussion should not deter from requesting a mental health day.** Instead, it is encouraged and supported for the resident to work toward anticipating high-stress times to be their own best advocate.

Resident Mental Health Day

The use of PTO is encouraged to maintain health and wellness, both physical and mental. The resident mental health day will utilize PTO. The resident mental health day should ideally not be used to work on residency related activities but rather a day of rest and/or reflection. The day should ideally be spent doing activities that may decrease stress or prevent burnout.

The mental health day request can be withdrawn at the request of the resident.

### Mental Health Resources:

Kansas Crisis Hotline can be found [here](#)  
Missouri Crisis Hotline can be found [here](#)  
National Suicide Prevention Hotlines: 1-800-273-TALK (1-800-273-8255) and 1-800-SUICIDE (1-800-784-2433)  
Crisis Text Line: Text HOME to 741741  
KUMC Spiritual Care: 913-945-7849

**STANDARD 4: Requirements of the RPDs and Preceptors**

See the PGY1 & PGY2 Programs Residency Manual.