



OLATHE HOSPITAL

2026-2027

PGY1 PHARMACY RESIDENCY PROGRAM HANDBOOK



Accredited

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MANUAL PURPOSE & ACKNOWLEDGEMENT

Our goal is for all residents to feel prepared, supported, and ultimately successful in their pharmacy residency training program. This manual serves as a foundational resource to guide residents through the structure, expectations, and responsibilities of the PGY1 Pharmacy Residency Program at The University of Kansas Health System– Olathe Hospital. It outlines the structure, policies, procedures, expectations, and resources necessary to support residents throughout their training year. Residents are expected to use this manual as a guide to navigate daily responsibilities, track progress toward program goals, and uphold the standards of professionalism and patient care consistent with our institution’s mission.

The information contained in this manual reflects the requirements of ASHP-accredited residency training, the values of The University of Kansas Health System, and the expectations of the Department of Pharmacy. While the manual is not exhaustive of all institutional policies, it should be used in conjunction with official organizational policies and PharmAcademic™ documentation.

Residents are expected to:

- ▶ Review the manual and essential policies related to leave, licensure, duty hours, program completion and remediation in full during the first 14 days of orientation
- ▶ Refer to it regularly throughout the year, and
- ▶ Acknowledge understanding of the expectations outlined herein.

This document is reviewed and updated annually by the Residency Advisory Committee to reflect changes in accreditation standards, program structure, and institutional practice. Questions regarding the contents of this manual should be directed to the Residency Program Director (RPD).

Resident Signature

Date

Resident Printed Name

Residency Program Director Signature

Date

MISSION, VISION & VALUES

OUR MISSION

As an academic health system serving the people of Kansas, the region and the nation, The University of Kansas Health System will enhance the health and wellness of the individuals, families and communities we serve by:

- Providing efficient, value-added, effective, patient-centered care and outcomes that are second to none
- Working with institutions across the continuum of care to advance optimal outcomes
- Preparing future healthcare professionals to efficiently and effectively manage care and outcomes
- Discovering and deploying new approaches that transform the way care is delivered

OUR VISION

To lead the nation in caring, healing, teaching and discovering.

OUR CORE VALUES

Our core values drive our decisions, our actions and our care.

EXCELLENCE

Excellence in every aspect of patient care and outcomes, as well as system performance, is achieved through a focus on accountability, consistency, safety, efficiency, continuous improvement, and teamwork. We achieve greatness through the active use of our skills, talents and passion, the application of established best practices and the discovery of new approaches for delivering care and service valued by our patients.

COMPASSION

Every action we take in the care and service of our patients, their families and each other reflects kindness, sensitivity, concern, and professionalism and works to reduce the suffering associated with disease and the care process.

DIVERSITY

Our success is gained by actively promoting diversity in our people, those who bring a wide array of thoughts, ideas, and experience to the work we do and the capacity to respect the diversity of those who seek our care and with whom we work.

INNOVATION

Through learning and discovery, agility, creativity and the introduction of new knowledge and approaches across the system, we work each day to efficiently advance the health, wellness and safety of patients and meet the current and future needs of our patients, their families, the community, and our team.

INTEGRITY

Every decision we make will be transparent and reflect our ethical values, respect and commitment to our patients, our learners, our team, and the communities we serve. Through words and actions, our system

supports the professional responsibility of each team member to identify and communicate concerns inconsistent with safe care and a safe working environment.

EVIDENCE-BASED DECISION MAKING

Decisions are based on the best available evidence, data, information, and knowledge. As new discoveries are made and new knowledge shared, the health system integrates these into the decision-making process to advance excellence in every aspect of safe, patient-centered, efficient, and value-added care, outcomes, and infrastructure.

PROGRAM PURPOSE & OVERVIEW

Formerly known as Olathe Health, our organization has grown from a 30-bed hospital in 1953 into a comprehensive regional medical center. In 2023, Olathe Health became part of The University of Kansas Health System. The University of Kansas Health System – Olathe Hospital is a licensed 300-bed acute care facility featuring one of the region’s busiest emergency departments and several centers of excellence, including accredited programs in cardiovascular, cancer, joint, and obstetric care. In 2025, we will also become a new site for an internal medicine medical residency class.

The PGY1 Pharmacy Residency Program is designed to build upon Doctor of Pharmacy (Pharm.D.) education and outcomes to develop residents into confident, independent clinical pharmacists. Residents who successfully complete the program will be skilled in direct patient care, practice management, leadership, and education, and prepared to pursue board certification or advanced postgraduate training (PGY2). The program cultivates the professional competencies necessary to thrive in complex healthcare environments and to contribute meaningfully to interdisciplinary teams and patient outcomes.

The PGY1 Pharmacy Residency Program at The University of Kansas Health System – Olathe Hospital is accredited by the American Society of Health-System Pharmacists (ASHP). This accreditation signifies that the program meets or exceeds rigorous national standards for postgraduate pharmacy training and provides residents with a high-quality, structured, and outcomes-based educational experience.

As an ASHP-accredited program, our goal is to prepare residents who can:

1. **Provide safe, effective, evidence-based patient care** across a variety of disease states and care settings, using the Pharmacists’ Patient Care Process (PPCP).
2. **Communicate effectively** with patients, caregivers, and members of the healthcare team to optimize therapeutic outcomes.
3. **Ensure safe and efficient medication-use systems**, including formulary management, medication access, and event reporting.
4. **Apply leadership and practice management principles** to contribute to the quality and advancement of pharmacy services.
5. **Design, conduct, and present a practice-related project** aimed at improving patient care, pharmacy practice, or operations.
6. **Demonstrate personal and professional growth**, including self-assessment, integrity, and a commitment to lifelong learning.

7. **Provide effective medication education and training** to patients, caregivers, peers, and other healthcare professionals.
8. **Actively participate in health system initiatives**, including departmental meetings, quality improvement projects, and interdisciplinary committees.
9. **Collaborate on population health initiatives**, applying pharmacy knowledge to broader public health concerns and outcomes.

PROGRAM LENGTH: 52 weeks

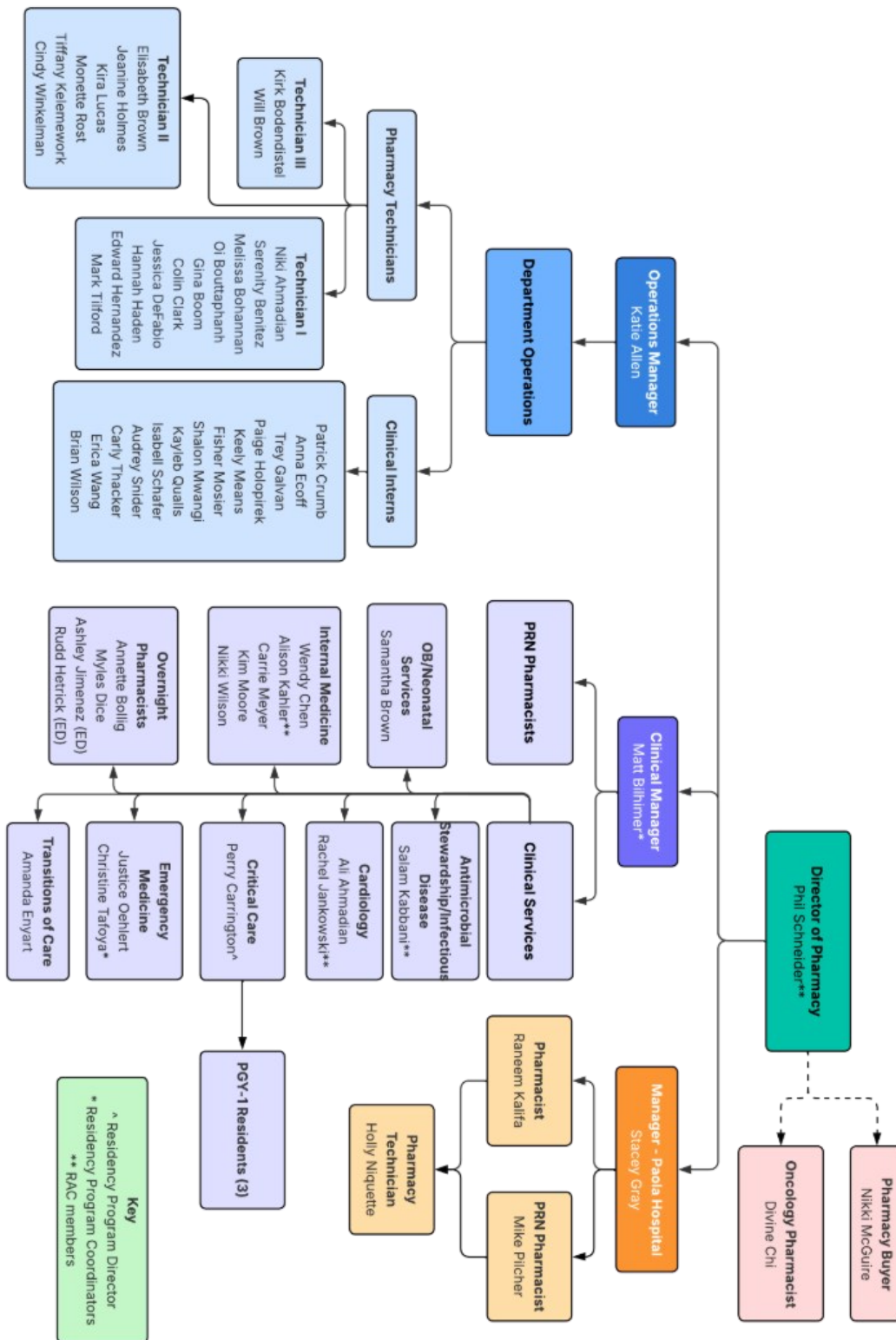
NUMBER OF POSITIONS: 3

BENEFITS:

- ☒ Estimated Stipend: \$52,000
 - ☒ Other Benefits Include: paid time off, health/dental/vision insurance, personal desk space with computer and other professional materials, free on-site parking
 - ☒ Travel/CE allowance: ASHP Midyear Meeting, Midwest Pharmacy Residents Conference
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THE UNIVERSITY OF KANSAS HEALTH SYSTEM– OLATHE HOSPITAL

DEPARTMENT OF PHARMACY



RECRUITMENT AND SELECTION PROCESS

Recruitment activities are consistent with the health system's mission and values, including diversity and inclusion initiatives, and involve various methods such as career fairs, ASHP Midyear, and virtual outreach.

APPLICANT ELIGIBILITY

- ▶ Resident applicants shall be graduates of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program (or one in the process of pursuing accreditation).
- ▶ Resident applicants must be licensed or eligible for licensure as a pharmacist in the State of Kansas prior to the start of the program.
- ▶ Resident applicants shall participate in and adhere to all rules of the Resident Matching Program process.

APPLICATION PROCESS

Applicant Scoring: The residency program abides by the ASHP Resident Matching Program ("the Match") rules in all phases of the recruitment and selection process. Full policy & procedure available on PolicyStat: [Policy: Application, Interview & Selection Process](#)

Each applicant is required to submit the following materials electronically through WebAdmit PhORCAS by the established application deadline:

1. Official copy of applicant's academic transcript from pharmacy school
2. Letter of Intent
3. Curriculum vitae
4. Three reference forms submitted in PhORCAS (two clinical preceptors preferred)

APPLICANT EVALUATION AND INTERVIEW PROCESS

- ▶ **Applicant Scoring:** Applicants are scored on predefined criteria including academic performance, relevant experience, and leadership activities. Applicants with exceptional feedback (positive or negative) from previous rotations or recruitment events may be considered outside the standard scoring rubric.
- ▶ **Interview Process:** Interviews may be conducted in person, virtually, or a combination of both. Interviewers use a standardized rubric to evaluate key competencies and fit. Interviewers provide both numerical scores and narrative feedback for each candidate.
- ▶ **Applicants invited to interview will be provided the following policies:**
 - Licensure policy
 - Extended leave policy
 - Corrective action/probation/dismissal policy
 - Professional leave & personal time policy
 - Requirements for certificate of residency completion
 - Moonlighting policy
 - Duty hour requirements policy

- ▶ **Final Ranking:**
 - The initial ranking list is generated from objective applicant scoring rubrics.
 - After interviews, preceptors who participated in resident interviews will meet to discuss all applicant scores and feedback. The final rank list is determined through Residency Advisory Committee (RAC) discussion facilitated by the RPD.
- ▶ **Phase II:** If the program has unfilled positions following Phase I of the Match, Phase II applicants will be evaluated using the same rubric and scoring criteria as Phase I. The RPD and RAC will review all Phase II applicants and rank accordingly.

DIVERSITY, EQUITY, INCLUSION AND BELONGING

In accordance with The University of Kansas Health System value statement on diversity, it is believed that our success is gained by actively promoting diversity in our people, those who bring a wide array of thoughts, ideas, and experience to the work we do and the capacity to respect the diversity of those who seek our care and with whom we work.

The pharmacy residency programs at The University of Kansas Health System are committed to promoting and creating environments that support diversity, equity, inclusion and belonging for our residents and preceptors, as well as other learners and staff. It is the policy of The University of Kansas Health System to provide equal employment opportunities without regard to race, color, religion, national origin, sex, age or handicap. Our program recognizes that diverse perspectives, backgrounds, and experiences enhance patient care, team dynamics, and the learning environment.

RECRUITMENT AND SELECTION PROCESS

To support this commitment, the program:

- ▶ Participates in career fairs, recruitment events to engage with prospective candidates of all backgrounds.
- ▶ Uses standardized scoring rubrics and structured interviews to ensure equitable assessment of all applicants based on their skills, experiences, and alignment with the program's mission.

PROGRAM ENVIRONMENT AND CULTURE

- ▶ Residents and preceptors are expected to uphold values of diversity, equity, inclusion, and belonging in all professional activities and interactions.
- ▶ Our program provides training and resources on inclusive practices and unconscious bias to ensure a fair and supportive environment for all applicants.
- ▶ We actively seek input from residents, preceptors, and staff on ways to improve and sustain a culture of belonging.

ONGOING COMMITMENT

The residency program recognizes that recruitment and selection are only the first steps. We are dedicated to ongoing efforts to promote the success and professional development of all residents, regardless of background. This includes:

- ▶ Mentorship programs and networking opportunities.
- ▶ Wellness and resilience resources to support residents' overall well-being.

LEARNING EXPERIENCES

The PGY1 Pharmacy Residency Program is a 52-week training program beginning June 22, 2026. The program structure includes a 6-week orientation learning experience, eight 5-week learning experience blocks, four planned project weeks, one dedicated transitions-of-care week, and one dedicated conference (e.g. ASHP Midyear)/staffing week. Required, selective/elective, and longitudinal learning experiences are scheduled to ensure residents meet ASHP-required competency areas, goals, and objectives, including sufficient time in patient care activities.

Resident schedules are maintained in PharmAcademic™ and reviewed by the Residency Program Director to ensure at least half of the residency year is completed in required learning experiences, at least two-thirds of the program is spent in patient care activities, and no more than one-third of direct patient care learning experiences focus on a single disease state, patient population, or patient care service. Longitudinal learning experiences and recurring scheduled activities, including staffing, service commitments, project time, transitions of care, code coverage, and practice leadership, are documented in PharmAcademic™ and/or the applicable learning experience descriptions.

Elective and advanced elective selections must be approved by the Residency Program Director and may be adjusted as needed to ensure appropriate breadth of training, sufficient patient care exposure, completion of required learning experiences, and compliance with ASHP program structure requirements.

Learning experiences are scheduled 5-week rotations or in a longitudinal format. Learning experience descriptions for each rotation are available in PharmAcademic™. Daily responsibilities will be directed by the assigned preceptor and may be adjusted based on the resident's performance, preceptor feedback, or other relevant factors.

Longitudinal*	Required	Electives
▶ Inpatient Staffing ▶ Research Project ▶ Practice Leadership ▶ Emergency Response Coverage ▶ Teaching, Presentation & Scholarship	▶ Orientation ▶ Internal Medicine ▶ Cardiology ▶ Critical Care ▶ Introduction to Antimicrobial Stewardship & Infectious Diseases ▶ Emergency Medicine	▶ Ambulatory Care ▶ Oncology ▶ Obstetrics & Neonatology ▶ Pharmacy Management ▶ Precepting <u>Advanced Electives</u>‡: ▶ Advanced Critical Care ▶ Advanced Emergency Medicine ▶ Antimicrobial Stewardship ▶ Advanced Internal Medicine ▶ Advanced Pharmacy Management

*Includes December as project month. August 1 st thru end of residency.	¥ May be taken as an advanced rotation if rotation has been completed previously. Each non-longitudinal rotation is five calendar weeks. No more than one third of a resident's time can be focused on a specific disease state/patient population.
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OTHER LEARNING EXPERIENCES

- ▶ Basic Life Support and Advanced Cardiac Life Support (American Heart Association) during orientation month – required
- ▶ Teaching Certificate (UMKC School of Pharmacy) – optional
 - Registration for the class will be reimbursed by The University of Kansas Health System – Olathe Residency.
 - The time required to participate in the program will be facilitated during rotation.
 - The RPD will help facilitate the teaching opportunities necessary to meet the requirement for the certificate.
 - Third Wednesday of the month 17:00 – 19:00
- ▶ Research Certificate (GKCSHP/MSHP) – required
 - Registration for the class will be reimbursed by The University of Kansas Health System – Olathe Residency.
 - Varying Wednesdays 17:30 – 19:00 (will not overlap with teaching certificate)

RESIDENT WELLBEING

The pharmacy residency program at The University of Kansas Health System – Olathe Hospital is dedicated to fostering resident wellbeing. We aim to challenge residents to reach their full potential while ensuring they feel supported throughout their training. We prioritize creating an environment that places resident wellness at the forefront.

The Residency Wellness Committee meets quarterly with residents to address any concerns and to plan fun, relaxing events for residents and the department. Additionally, residents are invited to complete a quarterly anonymous survey that evaluates various aspects of the program, including wellbeing and interactions with program personnel.

Residents are encouraged to seek support if they experience signs or symptoms of burnout. Resources include connecting with the wellness committee, a personally selected mentor, the residency program director, or other members of the department. Residents are also encouraged to use the [Employee Assistance Program](#), which provides up to eight free sessions per life event, regardless of benefits enrollment.

See also: [ASHP Workforce Well-Being and Resilience Resource](#)

RESIDENT PROJECT WEEKS

Intermittent project weeks (5 total) are incorporated into the residency schedule to provide residents with dedicated time to make meaningful progress on major longitudinal program requirements. These weeks are intended to support activities such as research project development, IRB submission, data collection, data analysis, manuscript preparation, medication-use evaluation (MUE) development and presentation, clinical

controversy preparation, podium/grand rounds presentation development, formulary or drug class review preparation, and other required residency deliverables. Project weeks are not considered vacation or personal time and should be used for structured residency-related work that supports completion of program requirements and ASHP competency areas, goals, and objectives. Residents are expected to develop a plan for each project week in advance, communicate priorities with the RPD and applicable project or rotation preceptors, and demonstrate progress toward assigned deliverables by the end of the week. Residents are expected to work on-site for at least 8 hours each day unless otherwise approved by the RPD.

PGY1 POLICIES & PROCEDURES

All residency program policies, including those related to leave, licensure, duty hours, remediation, and program completion, will be reviewed with each resident during orientation. Residents must sign an acknowledgment of these policies within 14 days of the program start date, confirming their understanding and acceptance.

RESIDENT LICENSURE POLICY

Residents are required to have taken both National Association of Boards of Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) by July 31st and be fully licensed in the state of Kansas by 90 days after their start date.

[Policy: Licensure - Pharmacy Residents](#)

STAFFING REQUIREMENTS & ATTENDANCE

STAFFING

Residents will staff every third weekend through the entire length of the residency. Residents are responsible for switching any weekends they cannot work once the schedule is set. Residents may trade with another resident for weekend coverage. Two residents will not be scheduled to provide coverage on any weekend or holiday shift without prior approval by the RPD and pharmacy manager. PTO may not be used in lieu of the staffing requirement. Residents will be allowed one weekday off during each month as partial compensation for the weekend staffing obligation. This day must be approved by the preceptor and shared with the RPD. In addition, residents will staff one evening every week in addition to their learning experience for that day. The residents may work additional shifts for sick calls or for pay in times of departmental need as outlined in the Staffing Requirement Policy available in PharmAcademic™. Staffing requirements include:

- ▶ 28 weekend days
- ▶ 50 evenings

CODE COVERAGE

Code coverage (*Code Blues & Code Strokes*) will be on a rotating every other week rotation from 0700 – 1600, M-F. It is the responsibility of the resident who has not achieved validation by December 31st to arrange response with co-residents.

HOLIDAYS

Residents will be assigned no more than three holidays. The holiday assignment will be determined during the orientation month. The holiday staffing obligation will also include consecutive days around whichever holiday(s) is/are assigned as determined by the RPD and the Director of Pharmacy. Consistent with the longitudinal staffing rotation goals, the staffed holiday shifts will generally be operational in nature.

DUTY HOURS

Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences and committee meetings that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor. Residents will document their duty hours monthly in PharmAcademic™.

- ▶ **Maximum hours of work per week:** 80 hours per week over a 4-week period, inclusive of moonlighting (internal and external)
- ▶ **Mandatory time free of duty:** residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- ▶ Residents should have a **minimum of 8 hours** between scheduled duty periods.

See [ASHP Duty Hour Requirements for Pharmacy Residencies](#).

MOONLIGHTING

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the program. Moonlighting Policy is available on PharmAcademic™.

INTERNAL MOONLIGHTING

Supplemental pay is provided when extra shifts are worked outside of residency obligation. Residents may not moonlight internally until the month of November with the following requirements:

- i. The resident does not have a Resident Action Plan in place, and
- ii. Approval is granted by RPD and current preceptor

EXTERNAL MOONLIGHTING

Residents must submit a written request for moonlighting and receive approval by the RPD. The [External Moonlighting Documentation Form](#) is available on the F Drive as well as PharmAcademic™ and will be scanned into resident's profile upon signature from RPD. A formal request will be required for each external site the resident wishes to moonlight.

Any moonlighting hours are counted toward the 80-hour weekly limit on duty hours when averaged over a four-week period. Residents are only allowed to work a maximum of 40 hours per month for extra pay. Any hours worked above 40 hours must be approved by both the RPD and Director of Pharmacy in consultation with resident's current preceptor.

External moonlighting is not allowed during normal resident duty hours or when residents are scheduled as part of their staffing commitment. Residents who are found to be not in compliance with Duty Hour Requirements or the Moonlighting Policy may be placed on Corrective Action/Resident Action Plan. Any resident PTO does not count towards duty hours unless he/she is taking PTO and moonlighting at an external site the same day.

ATTENDANCE

A resident may not be absent from a rotation for more than 5 days per 5 week rotation without approval by the Residency Program Director and preceptor. Any program-required leave, professional meeting days, teaching duties and/or required staffing do not apply to the 5-day limit.

PAID TIME OFF (PTO)

Residents will accrue PTO at the same rate as any new full-time employee within The University of Kansas Health System. Residents may not be absent for more than 5 days per month for personal time off, therefore, vacation time may not be accumulated to take all personal leave in June. Any unused PTO will be paid upon completion of the residency. Vacation (PTO) days will be requested through UKG Pro and will display on the timecard.

EXTENDED LEAVE AND PROGRAM COMPLETION POLICY

As associates of The University of Kansas Health System – Olathe Hospital, pharmacy residents are eligible for leave as described in The University of Kansas Health System [Personal Leave](#) and [Personal Medical Leave](#) policies. However, extended leave may affect their ability to complete the 52-week residency program.

Extended leave defined as: More than 37 days away from the program, including all personal and professional time.

- ▶ Residents must promptly notify the Residency Program Director (RPD) if extended leave is needed and formally request a leave of absence.
- ▶ Accrued Paid Time Off (PTO) must be used before unpaid leave, and PTO does not accrue during unpaid leave.
- ▶ For leave exceeding 37 days, all missed time must be made up within 60 weeks of the program start date to meet program requirements. Residents will continue to receive salary, benefits, and PTO accrual while making up missed time.
- ▶ The RPD will revise the residents' development plan as needed, and the plan must be approved by the Residency Advisory Committee (RAC) and the Director of Pharmacy.
- ▶ If the resident is unable to complete all residency goals and objectives by the end of 60 weeks from the program start date, the resident will not meet program requirements and may be subject to termination from the residency.

RESIDENT GENERAL EXPECTATIONS, RESPONSIBILITIES, AND CONDUCT

PROFESSIONAL CONDUCT AND ATTITUDE

- ▶ Display professionalism and respect in all interactions and environments.
- ▶ Always uphold and adhere to the standards of the pharmacy profession.
- ▶ Demonstrate a positive, proactive attitude and be open to constructive feedback with continuous self-reflection.
- ▶ Be on time, well-prepared, and organized; clarify instructions when needed and follow through on responsibilities.
- ▶ Provide timely, SMART feedback (Specific, Measurable, Achievable, Relevant, and Time-based) to preceptors, RPD, and program leadership.
- ▶ Attend all assigned meetings, conferences, events, and learning experiences punctually and with active participation.
- ▶ Represent the residency program professionally in all conference or off-site activities, including appropriate business attire and engagement in programming.

COMMITMENT TO PATIENT CARE AND CLINICAL PRACTICE

- ▶ Prioritize patient care above all other duties and respond to clinical questions promptly, especially those with higher acuity.
- ▶ Serve as a pharmacy generalist and demonstrate accountability for medication-related issues affecting the care team.
- ▶ Provide comprehensive, literature-supported recommendations to preceptors and healthcare teams.
- ▶ Thoroughly evaluate the entire clinical picture daily and complete accurate medication reconciliations.
- ▶ Uphold the “5 Rights” of medication use: right patient, medication, dose, route, and time.
- ▶ Communicate medication plans and pharmacy interventions to appropriate staff.
- ▶ Participate in Code Blue and emergency response per schedule, with readiness and professionalism.

LEARNING EXPERIENCE AND PROGRAM PARTICIPATION

- ▶ Function as a self-directed learner; research topics and gather information independently prior to asking questions.
- ▶ Review LEDs and manual for rotation and residency expectations
 - If a resident cannot find the information or have more questions regarding expectations, he/she is expected to contact that rotation’s preceptor(s) first, followed by RPD if needed.
 - Resident is responsible for clarifying expectations they do not understand. This will help foster independence and problem solving.
- ▶ Demonstrate the ability to educate and lead peers, patients, and other healthcare providers regarding medication therapy.
- ▶ Attend all required learning experiences, staff meetings, departmental and organizational meetings, and residency program events.
- ▶ Collaborate with preceptors and fellow residents on consults, monitoring, documentation, and other care activities during staffing shifts.

ACADEMIC INTEGRITY

Residents are expected to demonstrate the highest level of academic and professional integrity throughout the residency year. Plagiarism, defined as using another individual's work, ideas, or words without proper citation, is strictly prohibited. This includes copying published content, submitting work completed by previous residents, or collaborating inappropriately with co-residents on assignments that are meant to be completed independently.

Residents are expected to maintain the highest standards of integrity and professionalism in all aspects of their practice. This includes a steadfast commitment to honesty, ethical conduct, and the responsible use of emerging technologies, such as artificial intelligence (AI). Relying on AI-generated content bypasses the essential process of learning how to critically evaluate medical literature, apply clinical judgment, and develop fluency in key pharmacy resources. To ensure meaningful growth as clinicians, residents must build proficiency competency in utilizing and interpreting primary literature, clinical guidelines, and drug information references. When using AI, residents must treat it as a supplemental tool and not as a replacement for professional judgment or in a manner that impedes learning/professional growth. **No patient information should ever be entered into an external AI platform.** Residents should consult their preceptor(s) or residency program director (RPD) prior to the use of AI. Preceptor(s) and/or RPD may indicate when the use of AI is not permitted (such as when it impedes a resident's professional growth). Residents must also disclose any use of AI in their work, including topic discussions, drug information responses, clinical care, and any deliverables associated with the residency program. If AI is used to assist with the development of any deliverable, it must be properly cited in written materials. Residents are responsible for critically evaluating AI-generated recommendations to ensure they align with best practices in medication management, as they remain ultimately accountable for all recommendations and deliverables, regardless of the source.

RESIDENT DEVELOPMENT PLAN

Each resident will work with RPD to create a Resident Development Plan at the start of the residency program. To develop the customized plan, the resident will complete the following documents for the RPD to review and learn more about them.

- ▶ Updated CV
- ▶ ASHP Entering Resident Self-Assessment Form
- ▶ Resident's Self-Reflection and Self Evaluation
 - Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience.
- ▶ Strength Finder

QUARTERLY PROGRESS DOCUMENTATION

The customized resident development plan and resident progress toward meeting program completion requirements will be reviewed and updated by the resident and RPD each quarter. These updates will be reflected in the resident's individualized development plan in PharmAcademic™.

- ▶ Initial development plan – within 30 days from residency start date
- ▶ Second updated plan – by day 90 of residency
- ▶ Third updated plan – by day 180 of residency

- ▶ Fourth updated plan – by day 270 of residency

Fifth updated plan – required only if resident has identified need or not on track for successful completion of the residency. Due date to be determined between RPD and advisor, if plan update needed.

DOCUMENTATION & CO-SIGNATURE REQUIREMENTS

Residents are required to have all pharmacy consult notes and pharmacist progress notes co-signed by their assigned preceptor or a designated licensed pharmacist until the Residency Advisory Committee (RAC) formally determines that the resident has demonstrated sufficient competency to document independently. The RAC will review each resident's readiness for removal of the co-signature requirement no later than November 1st. Removal of the requirement is not automatic and will be based on documented performance, preceptor feedback, and the resident's overall progression. If the RAC determines that additional oversight is needed, the co-signature requirement will remain in place and may be reconsidered at a later date. The rationale for continuation and the criteria for removal will be documented. A Resident Action Plan will be initiated as appropriate when continued co-signature is related to identified performance concerns, patient safety concerns, or failure to progress as expected.

While the co-signature requirement remains in effect, residents may not serve as co-signing pharmacists for pharmacy intern documentation. Residents are responsible for notifying the assigned preceptor or designated pharmacist when documentation is complete and ready for review and for ensuring that all notes are reviewed and co-signed in a timely manner in accordance with departmental and medical record documentation standards.

Even after the formal co-signature requirement has been removed, an assigned preceptor may, at their discretion, require the resident to route notes for review and co-signature during the initial portion of a learning experience. This may be used to assess resident documentation within a new practice area, patient population, or workflow and does not, by itself, reinstate the program-wide co-signature requirement or indicate a performance concern. The preceptor should clearly communicate the duration and expectations of this rotation-specific review to the resident.

If documentation concerns arise after the formal co-signature requirement has been removed, the preceptor must notify the Residency Program Director promptly and provide specific examples of the concern. The RPD will determine whether review by the Residency Executive Committee, RAC, or both is warranted. The preceptor may require interim review and co-signature of the resident's documentation while the concern is evaluated. Any formal reinstatement of the program-wide co-signature requirement will be determined by RAC, with the rationale, expectations for improvement, and criteria for subsequent removal documented. A Resident Action Plan will be initiated as appropriate.

ROTATION SELECTION

- ▶ Rotation selection for the first half of the residency year will be determined in July after the residents spend half day with preceptor on elective rotations. All rotation selections will be approved by the RPD.
- ▶ Rotation selection for the second half of the year will be chosen prior to Midyear.

RESIDENT COMMITTEE RESPONSIBILITIES

Residents are required to attend all quarterly Olathe & Paola Pharmacy, Therapeutics, and Dietary (PT&D) Committee meetings. Residents are expected to arrive prepared, participate professionally, and complete any assigned committee-related responsibilities. Absence from a required meeting must be approved in advance by Pharmacy Manager and Residency Program Director, except in cases of illness or emergency. Residents must notify the RPD as soon as possible when an unexpected absence occurs. Conflicts with learning experience activities should be communicated to the assigned preceptor in advance.

BEFORE & AFTER LEARNING EXPERIENCES

PRE-LEARNING EXPERIENCE EXPECTATIONS

One to two weeks before the start of each learning experience, **residents are expected to reach out via email to all assigned preceptors for the learning experience**. The resident should provide the preceptor with the following:

- ▶ **A schedule or list of meetings and other obligations** for the month that may require time away from the rotation.
- ▶ **Two to three individualized goals** the resident hopes to achieve during the learning experience (*some preceptors may have pre-rotation questionnaires*).

Discussion may include:

- ▶ Daily start time and scheduling logistics
- ▶ Clarification of learning experience expectations
- ▶ Goals or objectives the preceptor has for the resident
- ▶ Assigned readings or preparation that should take place prior to the first day
- ▶ Scheduling midpoint and final evaluations
- ▶ Discussion of mutual expectations between the preceptor and resident

EVALUATIONS

TYPES OF EVALUATIONS

- ▶ **Midpoint evaluation:** performed verbally by the resident (self-evaluation) and preceptor at the midpoint of each learning experience rotation.
- ▶ **Summative evaluation:** performed by the resident (self-evaluation) and preceptor at the end of each learning experience rotation.
- ▶ **Preceptor evaluation:** performed by the resident at the end of each learning experience rotation.
- ▶ **Learning experience evaluation:** performed by the resident at the end of each learning experience rotation.
- ▶ **Quarterly evaluation:** performed by the resident and longitudinal preceptor(s)
- ▶ **Self-evaluations:** Resident self-evaluations are not routinely required but may be assigned if resident is struggling to achieve R3.1.2.

- ▶ For **longitudinal learning experiences** greater than 12 weeks in duration, summative resident evaluations will be completed at evenly spaced intervals, with no more than 12 weeks between evaluations, and at the end of the learning experience. Resident evaluations of the learning experience will be completed at the midpoint and end of the experience. Resident evaluations of preceptors will be completed according to the PharmAcademic™ schedule.

EVALUATION STRATEGY

- ▶ Final evaluations for all learning experiences will be conducted using the PharmAcademic™ system and must be completed by both the preceptor and the resident within 7 days of the rotation's end date (or due date for longitudinal rotations).
- ▶ Evaluations for longitudinal learning experiences will occur at predetermined intervals, typically at the end of each residency quarter.
- ▶ Depending on the specific learning experience or resident needs, additional formative feedback evaluations such as midpoint evaluations or resident self-evaluations may also be utilized through on-demand evaluations in PharmAcademic™ or simpler methods, such as direct feedback on presentations, journal clubs, or face-to-face interactions.
 - Code Blue and Code Stroke validation will be tracked through associated formative feedback evaluations in PharmAcademic™
- ▶ All summative and formative evaluations conducted by the preceptor will be discussed with the resident in person and submitted upon the resident's completion of the learning experience. If a face-to-face evaluation cannot be conducted due to extenuating circumstances, this must be documented in the written evaluation in PharmAcademic™.
- ▶ The RPD will review all evaluations after the resident and preceptor have met to discuss them at the end of the learning experience.

If multiple preceptors are involved in the learning experience, they are expected to communicate regularly to coordinate feedback and address any resident concerns.

SELF-EVALUATION

Self-evaluation is a critical skill that supports the development of competent, independent pharmacy practitioners. While it is essential during residency training, the practice of self-assessment remains vital throughout one's professional career—shaping daily clinical decisions, performance reviews, and lifelong learning.

Resident Responsibilities in the Self-Evaluation Process:

Residents play an active role in developing their self-assessment abilities. This includes:

- ▶ Taking ownership of learning and improvement, especially regarding self-evaluation.
- ▶ Internalizing performance criteria and striving to make accurate, honest judgments.
- ▶ Seeking feedback from preceptors about both performance and the accuracy of self-assessments.

Effective self-evaluation involves a structured six-step process:

1. Define the criteria for successful performance - understand what success looks like for the specific task, rotation, or objective.

2. Gather data on your performance; ask reflective, performance-based questions such as:
 - ☐ How many patients are you able to follow comprehensively during rounds?
 - ☐ Are you missing key information during patient workups?
 - ☐ How frequently do you identify interventions, and what types are they?
 - ☐ Are your interventions accepted and implemented promptly?
 - ☐ Are your medication orders accurate and complete?
 - ☐ Do you use appropriate patient education methods when counseling?
 - ☐ Are you adequately prepared for topic discussions, and can you apply new knowledge to real patient cases?
 - ☐ Can you adapt a patient care plan when new clinical information becomes available?
3. Compare your performance to the criteria for success
4. Evaluate your own performance; determine how well you did, honestly and objectively.
5. Decide on specific actions to improve your performance moving forward.
6. Apply those changes in future situations - integrate what you've learned to grow and improve in the next experience.

LEARNING EXPERIENCE EVALUATION CRITERIA

Ratings should reflect the resident's performance relative to the assigned objective, the resident's stage of training, and the expected level of performance for the learning experience.

The examples provided below are intended to support rating calibration and are not exhaustive. Not every example must apply, and no single example automatically determines a rating. Preceptors should consider the overall pattern, frequency, significance, and context of the resident's performance.

NEEDS IMPROVEMENT

Defined As: The resident is not progressing at the expected rate for their stage of training or does not consistently perform the objective at an acceptable level. The resident requires frequent instructing, modeling, direct intervention, correction, or repeated prompting to complete activities accurately, safely, or reliably. Needs Improvement is not reserved only for severe misconduct, patient harm, or failure of the learning experience. It is an appropriate developmental rating when the resident's performance does not meet the criteria for Satisfactory Progress.

Examples

- ▶ Routinely omits or inaccurately collects information necessary to complete patient-care, research, operational, or educational activities.
- ▶ Requires repeated prompting to develop an appropriate problem list, assessment, plan, or approach to an assigned activity.
- ▶ Requires substantial preceptor direction to complete routine or expected activities.
- ▶ Does not recognize important knowledge or performance limitations or seek assistance when needed.
- ▶ Requires significant support to communicate or function effectively with the healthcare team.
- ▶ Frequently fails to follow up on responsibilities or requires repeated reminders or intervention.
- ▶ Continues to require primarily instructing or modeling for activities expected at the resident's current stage of training.

- ▶ Repeatedly misses deadlines or submits incomplete work without appropriate advance communication.
- ▶ Does not consistently incorporate previously provided feedback, resulting in recurring deficiencies.
- ▶ Demonstrates recurring inaccuracies, unreliable performance, or patient-safety concerns.
- ▶ Is not demonstrating expected progression despite feedback, coaching, and available support.

SATISFACTORY PROGRESS

Defined As: The resident is developing knowledge, skills, and independence at an appropriate pace for their stage of training. The resident generally performs routine activities independently but continues to require coaching, clarification, or directed preceptor guidance to ensure completeness, accuracy, efficiency, or appropriate application. The resident has not yet demonstrated the consistency or independence required for Achieved but is progressing as expected. Satisfactory Progress should not be selected solely because the resident has avoided a serious error or disciplinary concern. It indicates that the resident is genuinely progressing at the expected pace.

Examples:

- ▶ Accurately collects most pertinent information but occasionally requires guidance to ensure completeness or appropriate prioritization.
- ▶ Performs routine activities independently and appropriately seeks assistance with unfamiliar, complex, or higher-risk situations.
- ▶ Develops generally appropriate assessments or plans but requires coaching to refine depth, efficiency, completeness, or application.
- ▶ Participates and communicates effectively with the healthcare team, although some preceptor support remains necessary.
- ▶ Usually follows through on clinical, project, operational, or educational responsibilities, with only occasional prompting.
- ▶ Recognizes many limitations and asks relevant questions to guide learning.
- ▶ Demonstrates increasing independence over the course of the learning experience.
- ▶ Incorporates feedback, although application is not yet fully consistent across situations.
- ▶ Is progressing at the expected pace but has not yet demonstrated the consistency and independence required for Achieved.

ACHIEVED

Defined As: The resident consistently performs the objective comprehensively, safely, and independently at the expected level for completion of the learning experience. The preceptor primarily functions in a facilitating role, with substantive coaching, redirection, or intervention required only occasionally. The resident performs the objective independently and at the expected level in approximately **80% or more of representative opportunities**.

The 80% benchmark is intended as a general calibration guide rather than a rigid mathematical cutoff.

Ratings should also consider:

- ▶ The complexity and clinical significance of the activities observed
- ▶ The range and representativeness of available opportunities
- ▶ The type and frequency of preceptor intervention required
- ▶ Resident ability to recognize limitations and seek assistance appropriately

- ▶ The consistency with which feedback is incorporated
- ▶ The accuracy, safety, and reliability of the resident's performance

Appropriate consultation, confirmation of high-risk decisions, or guidance during unusually complex or unfamiliar situations does not necessarily preclude an Achieved rating. Achieved does not mean flawless or expert-level performance and does not indicate that no further professional growth is expected. It means the resident has met the objective at the expected level for completion of the learning experience.

Examples:

- ▶ Performs the objective independently and at the expected level in approximately 80% or more of representative opportunities.
- ▶ Provides accurate, complete, timely, and appropriately prioritized performance across the activities associated with the objective.
- ▶ Provides thorough clinical pharmacy services, including complete data collection, patient assessment, treatment planning, communication, and follow-up.
- ▶ Independently manages routine activities and appropriately manages relevant complex situations, seeking assistance when indicated.
- ▶ Recognizes limitations and appropriately consults the preceptor regarding unfamiliar, unusually complex, or high-risk decisions.
- ▶ Consistently follows through on responsibilities without prompting.
- ▶ Consistently incorporates feedback and applies prior learning to subsequent situations.
- ▶ Independently identifies and resolves problems with only occasional substantive preceptor intervention.
- ▶ Communicates effectively with patients, caregivers, healthcare professionals, preceptors, and other stakeholders.
- ▶ Demonstrates the professional judgment, accountability, and independence expected at the completion of the learning experience.

DEFINITIONS USED IN APPLYING THE RATING SCALE

- ▶ **Representative opportunities:** Activities that reasonably reflect the scope of the assigned objective and include an appropriate range of routine, relevant complex, and higher-risk situations available during the learning experience.
- ▶ **Substantive preceptor intervention:** Intervention in which the preceptor must redirect, correct, prompt, or complete a meaningful portion of the activity to ensure accuracy, completeness, timeliness, or safety. Routine discussion, collaborative clinical reasoning, appropriate consultation, and confirmation of high-risk decisions should not automatically be considered substantive intervention.

ACHIEVED FOR RESIDENCY

Achieved for Residency is a cumulative determination made by the Residency Advisory Committee and is distinct from an Achieved rating assigned by an individual preceptor for a specific learning experience. The RAC will review resident progress at least quarterly and determine Achieved for Residency status by considering:

- ▶ Performance across all learning experiences in which the objective has been evaluated
- ▶ The consistency and sustainability of Achieved-level performance

- ▶ The range and complexity of activities completed
- ▶ Preceptor evaluation ratings and narrative comments
- ▶ Formative feedback and documented performance concerns
- ▶ Resident incorporation of feedback
- ▶ Resident readiness to perform the objective independently across practice settings

An individual Achieved rating does not automatically result in Achieved for Residency status. **Once an objective is designated ACHR, the resident is expected to maintain that level of performance throughout the remainder of the residency year.** RAC may remove Achieved for Residency status if subsequent performance demonstrates that the resident is no longer consistently meeting the established criteria.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM

Educational Goal Achievement

Progress toward and achievement of ASHP educational goals and objectives will be assessed via PharmAcademic™ evaluations.

- ☐ A minimum of 25 of the 31 objectives must be rated as “Achieved for Residency” (ACHR) by year-end.
- ☐ No objectives may be rated “Needs Improvement” (NI) on the final summative evaluation.
- ☐ Final determination of goal achievement is made by the Residency Advisory Committee (RAC).

<i>Patient Care</i>				
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process)				
			ACHR Required	ACHR Optional* (Minimum of 8)
	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
Practice Advancement				
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	
Leadership				
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	
	R3.2.3	Demonstrate responsibility and professional behaviors.	x	

	R3.2.4	Demonstrate engagement in the pharmacy profession and/or the population served.		x
Teaching and Education				
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	Employ appropriate preceptor role for a learning scenario.		x

Staffing and Service Commitments

- ☐ Complete all assigned staffing shifts
- ☐ Provide coverage and assist with new consults, levels, and pend follow-up during scheduled service hours.

Required Deliverables

Successfully complete all the following:

- ☐ One major research project with a publishable manuscript approved by the project preceptor(s)
- ☐ One formulary monograph or drug class review
- ☐ One medication use evaluation (MUE) with poster presentation
- ☐ Submission of one adverse drug reaction report or medication safety event; email screenshot to RPD

Deliver the following presentations during the residency year:

- ☐ One 60 min formal podium presentation (e.g., grand rounds, CE/CNE/CME/CPE)
- ☐ One clinical controversy (≥30 min)
- ☐ One formal patient case presentation (approx. 30 min)
- ☐ Research project presentation at Resident Research Day
- ☐ One poster at a professional meeting (e.g., KCHP, ASHP Midyear)
- ☐ Final research project presentation at a residency conference (MPRC) or other approved forum
- ☐ Four journal clubs (quarterly)

While not required for residency completion, preceptors may elect for residents to complete additional presentations and/or educational in-services as part of their learning experience.

Program Feedback

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

Resident Portfolio

- ☐ Residents are expected to **save all final residency portfolio deliverables** and other required documents in **F drive folder** (RX → Residency → Resident Portfolios).
 - ☐ Deliverables will be uploaded by RPD/RPC in Resident PharmAcademic™ profile

CORRECTIVE ACTION/PROBATION/DISMISSAL

Corrective action may be initiated if a resident fails to:

- ▶ Adhere to University of Kansas Health System policies
- ▶ Obtain Kansas licensure within 90 days of the program start date
- ▶ Demonstrate professionalism or ethical behavior. Examples of unprofessional behavior include dishonesty, repetitive failure to complete assignments, tardiness, plagiarism, etc.
- ▶ Make satisfactory progress toward residency goals and/or required deliverables (i.e. failure to progress – defined below)
- ▶ Complete all required learning experiences and evaluations
- ▶ Make up time exceeding approved vacation/sick/leave allowances

CORRECTIVE ACTION STEPS

Corrective action steps may include verbal and written counseling, initiation of Resident Action Plan ([see Appendix B](#)), probation, suspension, or termination; however, The University of Kansas Health System – Olathe Hospital may, in its sole discretion, utilize whatever form of discipline is deemed appropriate under the circumstances, up to and including immediate discharge. No order of discipline is required. Policies regarding discipline are guidelines and are not intended to limit or alter the at-will employment relationship or Olathe Hospital's right to change any employee's position, title, job responsibilities, or compensation at any time, with or without notice.

1. INITIAL REVIEW AND PLAN

- The RPD, preceptor, program representatives and/or Pharmacy Director meet with the resident to review concerns and develop a written corrective action plan with measurable goals. The [Failure to Progress Process / Resident Action Plan](#) may be used as applicable, [see Appendix B](#)
- The plan is signed by the resident and RPD, filed with the program and forwarded to Human Resources (HR).

2. FOLLOW-UP

- If goals are not met or new concerns arise, the next step of progressive discipline is invoked.
- The Residency Advisory Committee (RAC) will be convened to review documentation and make a recommendation (e.g., no action, probation, dismissal).
- The Pharmacy Director reviews RAC recommendations and determines final action.

3. MEETING AND DOCUMENTATION

- The RPD and appropriate preceptors/program representatives meet with the resident to communicate decisions.

FAILURE TO PROGRESS & REMEDIATION

If a resident is not progressing in alignment with the expectations set by their preceptor and RPD, the Failure to Progress process may be initiated to offer structured support and guidance.

Lack of progress can present in various ways, such as repeatedly missing deadlines, struggling to manage expected patient volumes, difficulty retaining clinical information, patient safety concerns, medication-related errors, or making multiple incorrect recommendations over time. These concerns can apply to any area of the residency program.

The decision to begin the Failure to Progress process rests with the RPD and/or the Residency Advisory Committee (RAC).

Situations that may warrant initiation of the Failure to Progress process include:

- i. Repeated performance concerns documented through evaluations or preceptor feedback
- ii. Receipt of two or more “Needs Improvement” ratings in a single summative evaluation
- iii. A pattern of “Needs Improvement” ratings on the same learning objective across different learning experiences
- iv. Patient safety incidents or near-misses attributed to resident action or inaction
- v. Missed deadlines, incomplete assignments, or failure to meet program requirements
- vi. Difficulty demonstrating professional behavior, communication, or team integration
- vii. At the discretion of the RPD, when structured support and monitoring are deemed beneficial for the resident’s progression

When a resident is identified as not progressing satisfactorily, the following structured process should be followed to provide targeted support and evaluation:

STEP 1

- ▶ The Residency Program Director (RPD) will initiate the process by presenting the resident with documented concerns in the form of a Resident Action Plan ([see Appendix B](#)). This document will outline how the resident’s current performance does not align with expectations outlined in learning experience objectives and preceptor assessments.
- ▶ The resident must review the concerns and contribute their input to the “Strategies for Improvement” section of the Action Plan, focusing on the specific learning objectives and performance issues identified.
- ▶ A follow-up timeline, not to exceed four weeks, will be established and documented.
- ▶ At the initial follow-up, the RPD and resident will reassess progress. If the resident has met expectations, the Action Plan may be closed. If not, the process will move to Step 2.

STEP 2

- ▶ If performance has not improved by the end of the initial four-week period, the RPD and coordinators will meet with the resident and the preceptor of the upcoming rotation to revise the Action Plan. A new four-week improvement timeline will be set.
- ▶ The resident will be expected to show measurable progress during this time.
- ▶ At the end of the second follow-up period, the RPD, coordinators, and resident will reconvene to evaluate progress. If expectations are met, the Action Plan may be closed. If not, Step 3 will be initiated.

STEP 3

- ▶ If the resident still fails to meet improvement expectations, they will be placed on formal probation.
- ▶ While on probation, the resident's progress will be reassessed at least every two weeks. If adequate progress is not demonstrated within six weeks, the resident may face suspension or dismissal from the program. Extensions may be considered by the RPD based on documented progress and individual circumstances.
- ▶ Continued failure to meet expectations outlined in the probation plan beyond the designated period will result in dismissal from the program under the Corrective Action/Dismissal – Pharmacy Residents Policy.

Probation

Residents may be placed on probation outside of “Failure to Progress” procedure (ex. failure to obtain licensure). If placed on probation:

- ▶ A detailed improvement plan with timelines and expectations is issued.
- ▶ At the end of the probation period, RAC will reassess and recommend continuation, extension, or dismissal.
- ▶ Residents failing to meet expectations during or after probation remain subject to dismissal following the same review process.

[Policy: Corrective Action/Dismissal – Pharmacy Residents](#)

RESOURCES AND TECHNOLOGY

Residents will be equipped with technology resources and support to facilitate their professional development and ensure a successful learning experience. These resources include:

- ▶ A laptop and charger
- ▶ Double computer screens with a docking station
- ▶ A personal pager
- ▶ Access to library materials (journals, databases) through the University of Kansas Medical Center (KUMC) Library
- ▶ Statistical analysis software and/or assistance for research projects
- ▶ Web and phone applications for Lexicomp and the Sanford Guide

REMOTE ACCESS

While our residents do not routinely work remotely on patient care activities, they are provided with secure remote access to electronic medical record system and clinical resources if needed. All staff are expected to adhere to all institutional policies regarding confidentiality and security when accessing patient care systems remotely.

During comprehensive orientation, residents will be guided through how to navigate library resources and other digital tools essential for their clinical, research, and educational activities.

PRECEPTOR POLICIES

RESIDENCY ADVISORY COMMITTEE (RAC)

RESPONSIBILITIES OF RAC

- ▶ Develop and maintain residency program to meet ASHP standards.
- ▶ Assure the program goals and objectives will be met.
- ▶ Guide the residency program in providing residents with an experience consistent with the mission of The University of Kansas Health System– Olathe Hospital.
- ▶ Identify and assist with quality improvement opportunities for the program.
- ▶ Oversee resident research projects.
- ▶ Review and approve adjustments to resident development plans.
- ▶ Oversee preceptor qualifications and development.
- ▶ Oversee learning experience development and maintenance.
- ▶ Review and provide recommendations regarding professional, educational, and programmatic issues related to the training of residents.

RAC MEMBERSHIP

- ▶ The RPD, Residency Program Coordinators (RPC) and Director of Pharmacy will be permanent members of the RAC.
- ▶ The RPD will be the chairperson of the RAC.
- ▶ Appointed members will include:
 - A minimum of 3 residency preceptors
 - A minimum of 1 non-pharmacy healthcare provider. These members may be physicians, department directors, nurses or other members of the healthcare team.
- ▶ Appointed members will serve a term of two years. Members may serve for two consecutive terms; after which he/she must sit out a term prior to serving again.
- ▶ Membership to the RAC is voluntary and members can resign at any time.
- ▶ Should a member resign, potential candidates to replace the previous member will be nominated by current members of the RAC. Appointment of the new member will be carried out by a majority vote of the RAC.

RAC MEETINGS

- ▶ Regular meetings will be scheduled at least quarterly throughout the residency year and as needed for specific issues that need to be discussed.

The RAC determines final scoring of all residency learning objectives for each resident. The Committee considers scores on evaluations, preceptor feedback and overall resident progress to determine final status of each learning objective as ACHR, SP or NI.

[Policy: Residency Advisory Committee](#)

RESIDENCY EXECUTIVE COMMITTEE (REC)

PURPOSE OF THE RESIDENCY EXECUTIVE COMMITTEE

The Residency Executive Committee is a focused leadership committee responsible for supporting the strategic direction, operational planning, and administrative oversight of the PGY1 Pharmacy Residency Program. The committee serves as a smaller working group to identify program needs, review operational concerns, monitor progress on program priorities, and support timely decision-making between Residency Advisory Committee meetings.

The Residency Executive Committee is distinct from the Residency Advisory Committee. The RAC remains the primary committee responsible for residency program oversight, resident progression, preceptor input, learning experience review, and formal program recommendations. The Residency Executive Committee may develop recommendations, assign action items, and bring items forward to RAC for review, discussion, or approval when broader committee input is needed.

RESPONSIBILITIES OF THE RESIDENCY EXECUTIVE COMMITTEE

- ▶ Support strategic planning for the residency program.
- ▶ Review program operations, structure, and resource needs.
- ▶ Monitor accreditation readiness and progress on ASHP-related action items.
- ▶ Identify and prioritize quality improvement opportunities for the residency program.
- ▶ Support coordination of resident research infrastructure, timelines, and project oversight.
- ▶ Review preceptor development needs and opportunities for targeted support.
- ▶ Evaluate recruitment strategy, applicant pipeline, and program visibility.
- ▶ Identify resident, preceptor, or program concerns that may require leadership-level intervention.
- ▶ Develop recommendations for RAC review when broader input, documentation, or formal committee action is needed.
- ▶ Address other administrative, strategic, or operational issues related to the sustainability and advancement of the residency program.

REC MEMBERSHIP

- ▶ The RPD, Residency Program Coordinator, Residency Research Coordinator, and Pharmacy Clinical Manager will serve as permanent members of the Residency Executive Committee.

- ▶ The RPD will serve as chairperson of the Residency Executive Committee.
- ▶ Additional individuals may be invited to attend meetings on an ad hoc basis based on the topic being discussed.
- ▶ Membership is role-based and not subject to term limits.

PRECEPTOR REQUIREMENTS

QUALIFICATIONS

In order to be eligible to be a preceptor, pharmacists must meet at least one requirement in each of the following areas (I, II and III).

- I. Preceptors must be licensed pharmacists who meet one of the following requirements:
 - A. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted
 - B. Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted
 - C. Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
- II. Demonstrate content knowledge/expertise in the area(s) of pharmacy practice precepted (ASHP Standard 4.6.a) as demonstrated by at least one of the following:
 - A. Active BPS Certification
 - B. Postgraduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
 - C. Completion of Pharmacy Leadership Academy (DPLA)
 - D. Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP)
 - E. Certificate of completion in the area precepted (minimum 14.5 contact hours) from ACPE-accredited certificate program or accredited college/university
 - F. Subject matter expertise as demonstrated by one of the following:
 - i. Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted.
 - ii. Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted.
 - iii. PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted.
 - iv. At least 5 years of practice experience in the area precepted.
- III. Preceptors demonstrate contribution to pharmacy practice in the area precepted by documenting at least one example that meets the following criteria (Academic and Professional Record). Examples are from the last four years of practice and occurred after preceptor obtained pharmacist licensure and after completion of residency training, if applicable, and include at least one of the following (ASHP Standard 4.6.b):
 - A. Contribution to the development of clinical or operational policies/guidelines/protocols.
 - B. Contribution to the creation/implementation of a new clinical or operational service.

- C. Contribution to an existing service improvement.
- D. Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees.
- E. In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different in-services/presentations given in the past 4 years, OR a single in-service/presentation given at least annually within the past 4 years.

Pharmacists new to precepting who do not meet the qualifications for residency preceptors must be assigned an advisor, who is a qualified preceptor, and have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. Preceptor Development Plan will be documented in PharmAcademic™

All preceptors will update their APR annually in PharmAcademic™. The residency program director (RPD) in conjunction with residency coordinators will be responsible for the following on an annual basis:

- ▶ Annual assessment of preceptor eligibility, responsibilities and qualifications (based on the preceptor's annual completion of the ASHP Preceptor APR)
- ▶ Annual assessment of preceptor development needs
- ▶ Development of individual and program-based preceptor development plans
- ▶ Periodic review of effectiveness of plan(s)

PRECEPTOR EXPECTATIONS AND RESPONSIBILITIES

Preceptors serve as role models and educators within the residency program. They are essential to the growth and development of residents and the advancement of the program. Preceptors are expected to fulfill the following responsibilities:

- ▶ **Contribute to Resident Success and Program Goals**
 1. Provide individualized guidance and support to help residents achieve program goals and objectives.
 2. Encourage critical thinking, self-directed learning, and professional growth.
 3. Provide timely, constructive, and actionable feedback throughout the learning experience.
 4. Meet with the resident regularly to determine progress toward learning objectives and rotation goals; provide assistance and adjust learning activities as needed.
 5. Review the resident's development plan during the first week of the rotation and modify learning objectives based on baseline knowledge, prior experience, and aptitude.
- ▶ **Design and Deliver High-Quality Learning Experiences**
 1. Develop and maintain structured, challenging learning experiences tailored to residents' developmental needs and aligned with ASHP standards.
 2. Design specific activities to help residents achieve ASHP residency goals and objectives.
 3. Orient each resident to the learning experience using the learning experience description, which includes:
 - Description of the practice area and pharmacist roles

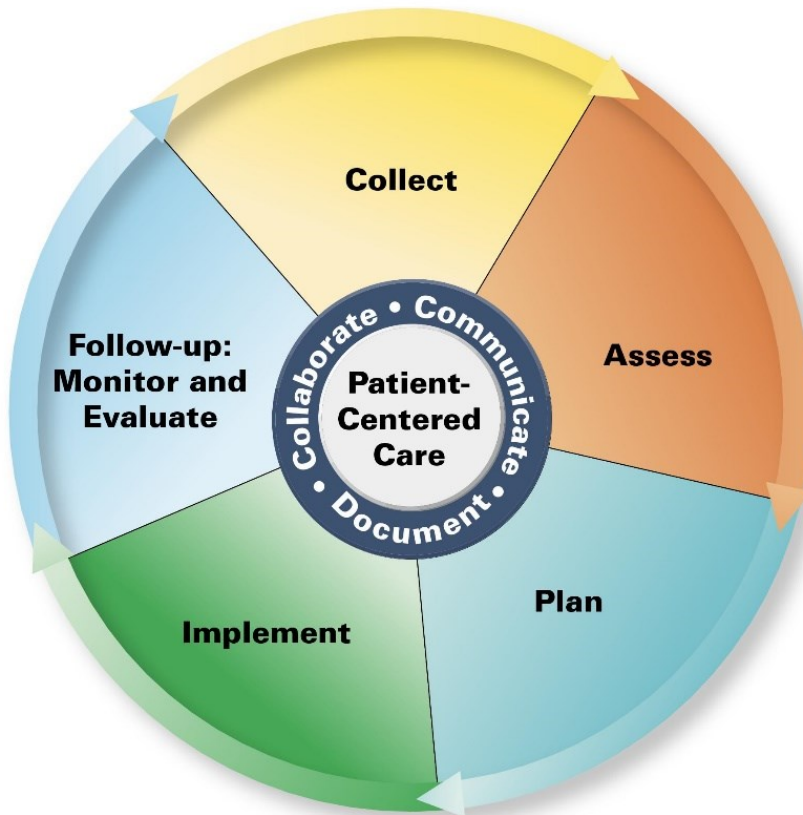
- Goals and objectives to be taught and evaluated
 - Associated learning activities and expectations
 - Evaluation strategies
 - 4. Incorporate evidence-based practice and current clinical guidelines into teaching.
 - 5. Discuss expectations regarding:
 - Rounding and communication
 - Monitoring of patients
 - Required activities and deadlines
 - On-site hours and procedures for absence notification (e.g., illness, PTO)
- **Demonstrate Practice Expertise and Lifelong Learning**
1. Model clinical and professional excellence in daily practice.
 2. Stay current with emerging trends and advances in pharmacy practice.
 3. Participate in preceptor development activities:
 - Attend at least 4 of the 8 quarterly preceptor development meetings over a two-year period
 - Lead a preceptor development session once over the course of 2 years
 - Attend monthly resident pass-off meetings
 - Complete the post-rotation preceptor self-reflection after each month-long rotation and quarterly for longitudinal rotations
 - Complete the annual Academic and Professional Record (APR) and submit an updated biography to the RPD
 - Stay accurate and up-to-date with reporting of preceptor hours
 4. Enhance precepting skills through continuing education, peer feedback, and self-reflection.
- **Participate in Program and Quality Improvement Activities**
1. Regularly assess and refine learning experiences based on resident and program feedback.
 2. Engage in program evaluations and contribute to continuous quality improvement initiatives.
 3. Share best practices and innovative ideas with colleagues and the residency advisory committee.
- **Adhere to Policies and Uphold Professional Standards**
1. Comply with all residency program and departmental policies related to resident supervision, documentation, and evaluation.
 2. Ensure a safe, supportive learning environment that prioritizes patient care and resident well-being.
 3. Provide frequent verbal feedback and complete all required evaluations in a timely manner.

If any of the above preceptor responsibilities are not fulfilled, or if concerns arise regarding a preceptor's performance, the RPD will promptly address the issue directly with the preceptor. If concerns persist, the matter will be brought to the Residency Advisory Committee (RAC) for formal review and further action as necessary.

[Policy: Pharmacy Residency Preceptor Requirements and Responsibilities](#)

APPENDIX A: JCPP PHARMACIST'S PATIENT CARE PROCESS

Pharmacists' Patient Care Process



Source: http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

APPENDIX B: RESIDENT ACTION PLAN

In accordance with the Residency Handbook, an action plan may be initiated when a resident is not progressing as expected. It outlines areas of concern, examples, expectations for improvement, and a timeline for follow-up. The following template will be used and action plan will be uploaded into PharmAcademic™.

Resident Name:					
Step 1					
Unmet Performance Competency	Performance Expectation	Support Provided to Date	Actions for Improvement	Support Requested	Consequences
Next Scheduled Follow-up Date (not to exceed 4 weeks):					

Resident Signature	Date	RPD Signature	Date
--------------------	------	---------------	------

Step 2	Date:	
Resident progress towards improvement	On-going strategies for improvement (if applicable):	Learning Experience
Next Scheduled Follow-up Date (not to exceed 4 weeks):		

Resident Signature	Date	RPD Signature	Date
--------------------	------	---------------	------

Step 3:	Date:	
Resident progress towards improvement	Next steps/dismissal	Learning Experience
Next Scheduled Follow-up Date (not to exceed 2 weeks):		

Resident Signature	Date	RPD Signature	Date
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APPENDIX C: CODE BLUE VALIDATION

Goal validation date is December 31st. Final validation must be completed by one of the ECC/CCU pharmacists and provided to RPD. Preceptor and resident documentation will occur in RedCap™. Resident is responsible for notifying evaluating preceptor which step of he/she is in the validation process, so that sign off can be recommended if/when appropriate. Quarterly, RPD will review data in RedCap for longitudinal “Emergency Response” rotation evaluations (done in PharmAcademic™) and “Achieved for Residency” will be completed by RAC. Resident is responsible for completing quarterly RQI assignments.

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Code Blue Validation

1) Resident _____

2) Your Name _____

3) Date of Code Blue Response _____

4) Preceptor Role _____

- ☐ Modeling - Preceptor demonstrates observable actions and "thinks aloud" while performing the skill
- ☐ Coaching - Resident performs while preceptor observes and gives real-time feedback
- ☐ Facilitating - Resident performs independently; preceptor remains available and debriefs afterward

5) Assesses & Applies JTI and H&T's appropriately

The resident correctly assessed the patient history of present illness (HPI) and applied the ACLS H's and T's (potential reversible causes of cardiac arrest);

- ☐ Not demonstrated/not discussed
- ☐ Novice - unable to complete without step-by-step instruction
- ☐ Advanced beginner - can complete parts with guidance
- ☐ Competent - completes independently but may lack efficiency under stress
- ☐ Proficient - manages independently and anticipates needs

6) Follows ACLS Algorithm

The resident followed the Advanced Cardiac Life Support (ACLS) algorithm steps appropriately during the code.

- ☐ Not observed/lack of opportunity
- ☐ Novice - unable to complete without step-by-step direction
- ☐ Advanced beginner - can complete parts with guidance
- ☐ Competent - completes independently but may lack efficiency under stress
- ☐ Proficient - manages independently and anticipates needs

7) Medications: Appropriate indication, dose, preparation, timing
The resident recommended or prepared medications with appropriate indication, dose, preparation, and timing during the code.

- ☐ Not demonstrated/observation only
- ☐ Novice - unable to complete without step-by-step instruction
- ☐ Advanced beginner - can complete parts with guidance
- ☐ Competent - completes independently but may lack efficiency under stress
- ☐ Proficient - manages independently and anticipates needs

8) Effective communication with team
The resident communicated effectively with the interprofessional team during the code.

- ☐ Not demonstrated/unable to assess
- ☐ Novice - unable to complete without step-by-step instruction
- ☐ Advanced beginner - can complete parts with guidance
- ☐ Competent - completes independently but may lack efficiency under stress
- ☐ Proficient - manages independently and anticipates needs

06/01/2026 2:45pm

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9)	Resident participated in debriefing after code ☐ Yes - with preceptor only ☐ Yes - with team ☐ No (please explain why below)
10)	Provide comments below.
11)	Overall Comments
12)	ER/ICU pharmacist recommending sign-off: - Preceptor served in facilitating role only - Resident demonstrated all skills above at either "Competent" or "Proficient" levels Final sign off to occur when this is marked as "yes" on two separate occasions. ☐ Yes ☐ No

*Survey is in RedCap - Reference Only

Resident Code Blue Evaluation

Please complete the survey below.

Thank you!

Your Name _____

Date of Code Blue Response _____

Which preceptor role did you primarily experience during this code?

- ☐ Modeling - Preceptor demonstrated skills and explained as needed
☐ Coaching - I performed with observation and real-time feedback/guidance
☐ Facilitating - I performed independently; preceptor observed and we discussed afterward

Assessed & Applied HPI and H/S/T's

How well did you assess patient history and apply ACLS H's & T's?

- ☐ Not demonstrated/not discussed
☐ Novice - needed step-by-step instruction
☐ Advanced beginner - completed parts with guidance
☐ Competent - completed independently but not always efficient under stress
☐ Proficient - managed independently and anticipated needs

Followed ACLS Algorithm

Did you follow ACLS steps appropriately?

- ☐ Unable to demonstrate
☐ Novice - required direction
☐ Advanced beginner - partial completion with guidance
☐ Competent - completed independently but not always efficient under stress
☐ Proficient - managed independently and anticipated needs

Medications

Did you recommend/prepare medications appropriately (indication, dose, timing)?

- ☐ Unable to demonstrate
☐ Novice - needed instruction
☐ Advanced beginner - partial with guidance
☐ Competent - independent but not always efficient under stress
☐ Proficient - independent, efficient, anticipated needs

Communication with Team

How effectively did you communicate during the code?

- ☐ Not demonstrated
☐ Novice - limited, needed prompting
☐ Advanced beginner - partial with support
☐ Competent - effective but could improve under stress
☐ Proficient - consistently effective, anticipatory

06/24/2026 8:00am

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Debrief Participation

Did you engage in debriefing afterward?

- ☐ Yes - with preceptor only
☐ Yes - with team
☐ No (please explain)

Please explain regarding debrief participation.

Final Reflection

Please address the following:

- What did you feel most confident about?
 - What do you need to improve for the next code?

***Survey is in
RedCap -
Reference Only**

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APPENDIX D: CODE STROKE VALIDATION

Goal validation date is December 31st. Final validation must be completed by one of the ECC/CCU pharmacists and provided to RPD. Preceptor and resident documentation will occur in RedCap™. Resident is responsible for notifying evaluating preceptor which step of he/she is in the validation process, so that sign off can be recommended if/when appropriate. Quarterly, RPD will review data in RedCap for longitudinal “Emergency Response” rotation evaluations (done in PharmAcademic™) and “Achieved for Residency” will be completed by RAC. Resident is responsible for completing quarterly RQI assignments.

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Resident Code Stroke Evaluation (Preceptor)

Page 1

Please complete the survey below.

Thank you!

Resident Name

Date of Code Stroke Response

Your Name

Preceptor Role

- ☐ Modeling - Preceptor demonstrated while “thinking aloud”
- ☐ Coaching - Resident performed with observation and real-time feedback
- ☐ Facilitating - Resident performed independently; preceptor debriefed afterward

Resident Reviews HPI & Inclusion/Exclusion Criteria
Assessed patient HPI and applied stroke inclusion/exclusion criteria to determine TTK candidacy.

- ☐ Not demonstrated/not discussed
- ☐ Novice - needed step-by-step instruction
- ☐ Advanced beginner - partial completion with guidance
- ☐ Competent - completed independently but not always efficient under stress
- ☐ Proficient - managed independently and anticipated needs

Identified and managed concurrent issues (e.g., blood pressure) affecting TTK candidacy.

- ☐ No applicable issues
- ☐ Novice - needed step-by-step instruction
- ☐ Advanced beginner - partial completion with guidance
- ☐ Competent - completed independently but not always efficient under stress
- ☐ Proficient - managed independently and anticipated needs

Patient/Family Education

Explained risk vs. benefit to patient/family to obtain informed consent.

- ☐ Not demonstrated/unable to assess
- ☐ Novice - limited explanation, required support
- ☐ Advanced beginner - partial with guidance
- ☐ Competent - independent but not always efficient under stress
- ☐ Proficient - consistently clear, anticipatory communication

TTK Dose Preparation

Determined correct TTK dose and prepared efficiently at bedside.

- ☐ Not demonstrated
- ☐ Novice - needed instruction
- ☐ Advanced beginner - partial with guidance
- ☐ Competent - independent but not always efficient under stress
- ☐ Proficient - independent, efficient, anticipatory

06/24/2026 8:01am

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Page 2

Overall comments

ER/ICU pharmacist recommending sign-off:

- Preceptor served in facilitating role only
- Resident demonstrated all skills above at either “Competent” or “Proficient” levels. Final sign off to occur when this is marked as “Yes” on two separate occasions.

- ☐ Yes
- ☐ No

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Resident Code Stroke Self-Evaluation

Please complete the survey below.

Thank you!

Your Name _____

Date of Code Stroke Response _____

Preceptor Role Experienced
Which best describes how your preceptor guided you during this code stroke response?

- ☐ Modeling - Preceptor demonstrated while "thinking aloud"
- ☐ Coaching - I performed with observation and real-time feedback/discussion
- ☐ Facilitating - I performed independently; preceptor debriefed afterward

HPI & Inclusion/Exclusion Criteria

I assessed patient HPI and applied stroke inclusion/exclusion criteria to determine TNK candidacy.

- ☐ Not demonstrated/not discussed
- ☐ Novice - needed step-by-step instruction
- ☐ Advanced beginner - partial completion with guidance
- ☐ Competent - completed independently but not always efficient under stress
- ☐ Proficient - managed independently and anticipated needs

Concurrent issues

I identified and managed concurrent issues (e.g., blood pressure) affecting TNK candidacy.

- ☐ Not applicable / No issues
- ☐ Novice - needed step-by-step instruction
- ☐ Advanced beginner - partial completion with guidance
- ☐ Competent - completed independently but not always efficient under stress
- ☐ Proficient - managed independently and anticipated needs

Patient/Family Education

I explained risk vs. benefit to patient/family to obtain informed consent.

- ☐ Not applicable/unable to demonstrate
- ☐ Novice - limited explanation, required support
- ☐ Advanced beginner - partial with guidance
- ☐ Competent - independent but not always efficient under stress
- ☐ Proficient - consistently clear, anticipatory communication

Please describe _____

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TNK Dose Preparation
I determined the correct TNK dose and prepared it efficiently at bedside.

- ☐ Not demonstrated
- ☐ Novice - needed instruction
- ☐ Advanced beginner - partial with guidance
- ☐ Competent - independent but not always efficient under stress
- ☐ Proficient - independent, efficient, anticipatory

Orders & Documentation
I entered orders correctly and documented appropriately in the patient chart.

- ☐ Not demonstrated
- ☐ Novice - required step-by-step instruction
- ☐ Advanced beginner - partial with guidance
- ☐ Competent - independent but not always efficient under stress
- ☐ Proficient - accurate, timely, anticipatory

Please describe _____

Overall Comments on Performance _____

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Presenter: _____ Date: _____

Evaluator: _____

1 = Significant improvement needed
2 = Some improvement needed
3 = Acceptable
4 = Good
5 = Exceptional; no improvement needed

Introduction	Score	Comments
- Selects a clinically relevant topic that examines a pharmacotherapeutic controversy - Develops measurable learning objectives using Bloom's Taxonomy Action Verbs - Title and objectives are clear and concise - Secures audience attention at the beginning	1 2 3 4 5	
Organization - The patient information and hospital course is in a logical order / systematic chronological sequence - The disease state information is in a logical order - Appropriate use of time (20-25 min)	1 2 3 4 5	
Content - Accurately states the patient problem list (CC, HPI, ROS, PE, etc.) as applicable to case and reports relevant labs/tests - Reviews background information and discusses pathophysiology and pertinent sequelae for the disease or clinical issue - Treatment options are organized and based on primary literature and include relevant clinical practice guidelines (as available) A minimum of three clinical studies are critically reviewed - The drug treatment options and information are correct and complete (medication, dose, route, frequency, potential ADRs, PK parameters, etc.) - Provides appropriate conclusions supported by presented data - Provides key takeaways and explains how the information presented may be used in clinical practice at the site - Patient case is revisited at the end with follow-up treatments and case synopsis - The appropriateness of prescribed regimen is critiqued	1 2 3 4 5	
Visual Aids - Uncluttered visuals - Slides are visually appealing and legible - Makes good use of figures, graphs, and tables - References are appropriately cited using AMA formatting - Printed material are accurate, clear and effective (complement verbal presentation)	1 2 3 4 5	
Presentation delivery - Well-prepared (expands on presentation more than reading handout/slides) - Avoids reading slides - Verbal transitions used when proceeding from one topic to the next - Displays confidence and enthusiasm in presenting material - Incorporates presentation techniques (e.g. appropriate pauses, increased voice, repeat important words/phrases) to emphasize key points and increase audience attention - Makes direct eye contact with audience - Absence of nervous habits or mannerisms - Smooth delivery	1 2 3 4 5	
Ability to answer questions - Answers are presented logically - Answers questions with ease and confidence - Answers are accurate and well thought out - Answers are supported by data - Identifies when answers not known and offers follow-up	1 2 3 4 5	

Additional Comments:

Resident Grand Rounds/Podium Presentation Evaluation Rubric

Duration: 45–60 min (including 10-15 min Q&A)

Resident Name: _____ Presentation Name: _____

Date: _____ Evaluator: _____

Criterion	Pts	Exceeds (4)	Proficient (3)	Needs Improvement (2)	Unsatisfactory (1)
1. Content & Clinical Accuracy (30 pts)					
Background & pathophysiology	___/4	Concise; connects pathophys directly to treatment rationale	Accurate and appropriately detailed	Minor factual gaps or excessive detail	Inaccurate or missing
Evidence review & critical appraisal of literature	___/12	Critically appraises landmark and recent studies; discusses limitations, NNT/NNH	Accurately summarizes key trials; notes study design	Superficial review; missing key studies or limitations	Evidence absent or significantly misrepresented
Guideline integration	___/6	Current guidelines cited accurately; deviations explained with evidence	Major guidelines referenced correctly	Outdated or partially correct	Guidelines absent or incorrect
Patient-centered application	___/4	Individualization for special populations, comorbidities, cost/access discussed	Patient factors acknowledged and applied	Generic approach; limited individualization	No patient-centered consideration
Takeaway / practice pearls	___/6	3–5 actionable pearls that synthesize the presentation	Clear summary with 2–3 useful takeaways	Vague or restates slides	Missing
2. Organization & Structure (20 pts)					
Logical flow	___/4	Seamless transitions; audience is never lost	Clear sequence with signposting	Minor gaps in flow	Disorganized or hard to follow
Introduction & learning objectives	___/4	Compelling hook; 3–5 SMART objectives clearly stated using Blooms Taxonomy	Objectives present and relevant	Objectives vague or too broad	No objectives stated
Slide design & visual aids	___/4	Minimal text; effective figures/tables/algorithms; consistent formatting	Readable; visuals support content	Cluttered or inconsistent; visuals unclear	Distracting or unreadable
References & citations	___/4	All slides cited; AMA formatting	Most claims cited; bibliography present	Some claims uncited	No citations
Time management	___/4	Finishes within 45–60 min; pacing balanced across sections	Within ±3 min of target	3–8 min off; rushed ending or slow start	>8 min over/under or significantly unbalanced
3. Delivery & Professionalism (25 pts)					
Verbal communication	___/4	Clear, appropriately paced; minimal filler; terminology accurate	Generally clear; occasional filler	Frequent filler; pace too fast/slow	Difficult to understand

Criterion	Pts	Exceeds (4)	Proficient (3)	Needs Improvement (2)	Unsatisfactory (1)
Engagement & eye contact	___/4	Consistent eye contact; reads the audience; adjusts accordingly	Frequent eye contact; mostly not reading slides	Mostly reads slides or notes	No engagement with audience
Confidence & composure	___/4	Poised throughout; navigates unexpected questions gracefully	Generally confident; minor nervousness	Visibly nervous; affects delivery	Composure significantly impairs presentation
Audience interaction	___/4	Strategically poses questions; fosters discussion; summarizes contributions	Invites questions or poses case questions	Minimal interaction; one-directional	No audience involvement
Professionalism & preparation	___/4	Clearly prepared beyond slides; demonstrates ownership of topic	Well-prepared; follows professional norms	Appears underprepared in places	Unprepared or unprofessional
Answering questions (Q&A)	___/5	Thoughtful, evidence-based answers; acknowledges uncertainty; redirects well	Addresses most questions accurately	Struggles with depth; some inaccuracies	Unable to answer or answers incorrectly

4. Critical Thinking & Clinical Reasoning (15 pts)

Evidence synthesis	___/5	Integrates conflicting evidence; draws nuanced, well-supported conclusions	Synthesizes evidence into clear conclusions	Summarizes without synthesis	No synthesis; conclusions absent or unsupported
Identification of gaps & controversies	___/5	Identifies key evidence gaps; discusses ongoing trials or future directions	Acknowledges at least one controversy or limitation	Gaps mentioned superficially	No gaps identified
Application to practice setting	___/5	Addresses institutional formulary, patient population, or policy implications	Connects content to local or general practice	Generic application only	No connection to practice

5. Overall Impression (10 pts)

Holistic assessment	___/10	Exceeds (9–10): Conference-ready presentation. Proficient (7–8): Meets PGY1 expectations. Needs Improvement (5–6): Needs targeted coaching. Unsatisfactory (1–4): Does not meet PGY1 standard; remediation required.			
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Score Summary Total: ___ / 100

Content	Organization	Delivery	Reasoning	Overall
___/30	___/20	___/25	___/15	___/10

90–100 Exceeds expectations | 75–89 Meets expectations | 60–74 Needs improvement | <60 Unsatisfactory

Evaluator Comments

Strengths:

Areas for growth:

Journal Club Presentation Evaluation Rubric

Maximum = 29 points · Study Analysis & Critique is scored × 2

Presenter: _____ Date: _____ Reviewer: _____

Article / Citation: _____

Criterion	Pts	3 Points	2 Points	1 Point	0 Points
I. Study Overview (6 pts)					
Introduction, Design & Patients/Subjects Intro: authors' affiliations/study support; objective(s) & rationale. Design: case-control/cohort/controlled exp.; design type (cross-over, parallel); assignment used; blinding. Patients: how/where enrolled; inclusion/exclusion criteria; # enrolled per group.	___/2		Accurately and completely reported ALL relevant introduction, study design, and patients/subjects components.	Accurately and completely reported MOST of the relevant introduction, study design, and patients/subjects components.	Did not accurately and completely report most of the relevant introduction, study design, and patients/subjects components.
Treatment Regimens, Outcome Measures & Data Handling Treatment: treatments used; dosages/administration; therapy duration. Outcomes: primary & secondary measures. Data handling: intention-to-treat / per-protocol; # lost to follow-up; reasons for dropouts.	___/2		Accurately and completely reported ALL relevant treatment regimens, outcome measures, and data handling components.	Accurately and completely reported MOST of relevant treatment regimens, outcome measures, and data handling components.	Did not accurately and completely report MOST of relevant treatment regimens, outcome measures, and data handling components.
Statistics, Results & Conclusion Statistics: tests used; power of study. Results: each outcome measure; confidence intervals; p-values; compliance; adverse events. Conclusion: authors' conclusion(s).	___/2		Accurately and completely reported ALL relevant statistics, results, and authors' conclusion components.	Accurately and completely reported MOST of the relevant statistics, results, and authors' conclusion components.	Did not accurately and completely report MOST of the relevant statistics, results, and authors' conclusion components.
II. Study Analysis & Critique (× 2 - 8 pts)					
Analyzed all parts of study <i>Refer to Supplement sheet for guidance.</i>	___/4 × 2	4 pts ALL parts appropriately critiqued, with ALL relevant questions accurately addressed with strengths, weaknesses, and their impact described. 3 pts Missed only ONE or TWO considerations or relevant questions; the rest appropriately addressed with strengths, weaknesses, and impact described. 2 pts MOST parts appropriately critiqued; some relevant questions with strengths, weaknesses, and impact overlooked or inaccurate. 1 pts Only SOME parts appropriately critiqued; most relevant questions with strengths, weaknesses, and impact overlooked or inaccurate. 0 pts Failed to appropriately critique any part; all relevant questions with strengths, weaknesses & impact overlooked or inaccurate.			

Criterion	Pts	3 Points	2 Points	1 Point	0 Points
III. Study Conclusion (3 pts)					
Clear, concise conclusion stated	___/3	Summarized accurately & completely ALL of: key points from study (reflecting study limitations); drug's role in therapy / clinical practice implications; AND need for further research.	Did not summarize accurately & completely ONE of: key points from study; drug's role / clinical practice implications; or need for further research.	Did not summarize accurately & completely TWO of: key points from study; drug's role / clinical practice implications; or need for further research.	Failed to give a conclusion OR conclusion completely inaccurate.
IV. Preparedness (5 pts)					
Knowledge of study details	___/2		Presenters each well prepared; thoroughly explained ALL details of the study.	Not all presenters well prepared OR thoroughly explained only some study details.	No presenter well prepared OR did not thoroughly explain any study details.
Response to questions	___/3	Correctly answered ALL questions in a confident manner.	Correctly answered ALL questions in a non-confident manner OR correctly answered MOST questions in a confident manner.	Correctly answered MOST questions in a non-confident manner OR correctly answered only SOME questions.	Incorrectly answered all questions OR handled questions unprofessionally.
V. Presentation (7 pts)					
Speaking style	___/2		Spoke clearly; easy to hear and understand.	Difficult to hear or understand SOME things spoken.	Difficult to hear or understand MOST things spoken.
Timing	___/1			Within 12 minutes (± 3 minutes).	> 15 or < 9 minutes.
Distracters or distracting mannerisms ("uhs, uhms," etc.)	___/2		Used few (or no) distracters or distracting mannerisms.	Used several distracters or distracting mannerisms.	Used distracters or distracting mannerisms throughout.
Eye contact	___/2		Maintained eye contact throughout.	Occasionally looked at evaluators.	Read the presentation.

Score Summary

I. Overview	II. Analysis ×2	III. Conclusion	IV. Preparedness	V. Presentation	TOTAL
___ / 6	___ / 8	___ / 3	___ / 5	___ / 7	___ / 29

Evaluator Comments

Strengths:

Areas for growth: