

Health System Pharmacy Administration & Leadership (HSPAL) Residency Program Specific Manual

The material in the program specific guide is intended to supplement the overarching PGY1 & PGY2 Programs Residency Manual to provide information to residents that is specific only to the HSPAL Residency Program.

HSPAL Residency Program Purpose Statements-

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available. A PGY2 health-system pharmacy administration and leadership residency builds upon PGY1 residency graduates' competence in the delivery of patient-centered care and in pharmacy operational services to prepare residents who can assume high level managerial, supervisory, and leadership responsibilities. Areas of competence emphasized during the program include safe and effective medication-use systems, quality assurance and improvement, the management of human resources, the management of financial resources, use of technology, and advanced leadership. The residency lays the foundation for continued growth in management and leadership skills. Upon graduation, residents are prepared for a clinical or operational management/supervisory role in a variety of work settings.

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HSPAL Program Leadership-

- Rick Couldry RPh, MS – Executive sponsor/mentor for the HSPAL program
 - Rick's role as executive sponsor and mentor for the HSPAL program will aid in the development of TUKHS HSPAL residents. Rick will be included in coffee chat discussions as well as shadow experiences offering insight for topic discussions and development from a C-Suite perspective.
- Harold N. Godwin, MS, RPh, FASHP, FAPhA, Professor Emeritus
 - Harold is the founder of the HSPAL residency at The University of Kansas Health System. Harold serves as an advisor to the program leadership, a mentor for residents, and potential instructor for the MS coursework.
- Sarah K. Daniel PharmD, MS, BCPS – Residency Program Director
 - As director, Sarah will provide direction for the HSPAL coordinator and is the primary contact for second year residents regarding learning experience schedule, including proposed changes and HSPAL resident expectations.
- Sarah L. Mester PharmD, MS, BCPS – Residency Program Coordinator
 - Sarah will provide guidance for the first year HSPAL residents. She will be the primary contact for first year resident questions/concerns regarding recruitment (interviews/application/PPS), on-boarding/training, learning experience schedule and proposed changes, research experiences, and HSPAL resident expectations.

Professionalism-

HSPAL residents serve as role models and set professionalism standards for all residents and other learners throughout the Pharmacy Enterprise. Aligning our daily practice to the organization's vision, mission, and values is essential for success.

Our Vision-

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

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 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.

Pharmacy Enterprise Principles and Behaviors-

- The Pharmacy team has spent the past several years working on continuous improvement of the pharmacy department culture. The department worked together to identify an ideal state and has been steadily working toward that goal through improvement work. Residents are expected to participate in continuous culture improvement by exhibiting the principles and behaviors listed below.
- Pharmacy Enterprise Principles and Behaviors
 - Respect:
 - First Listen.
 - Speak TO not about, with candor and grace.
 - Humility:
 - Practice gratitude.
 - Own mistakes, apologize, and make amends.
 - Self-reflection of daily interactions.
 - Trust:
 - Make the charitable assumption.
 - Walk the walk.
 - Teamwork and Inclusion:
 - Win and lose together.
 - Disagree and commit.
 - All perspectives are heard and valued.



Resident Learning

Program Structure: Learning Experiences

Practice Based Learning and Improvement

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

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

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

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

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

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

At least one week prior to the start of each learning experience, the resident will contact the learning experience preceptor to arrange for a meeting. For clinical learning experiences, the preceptor is identified by the pharmacist staffing that area on the first day of learning experience per the pharmacist schedule. At this meeting, the resident will provide the preceptor with the following:

1. Schedule or list of meetings and other commitments the resident has for the month that will require time away from the learning experience
2. Learning experience specific goals (3-5)

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

PGY1 Required Learning Experiences

Required Learning Experiences	
Orientation	2 weeks
Training	6 weeks
Acute Care (Selective)	4-6 weeks
Specialty Acute Care (Selective)	4-6 weeks
Ambulatory Care	4-6 weeks
Medication Use, Safety, & Policy (MUSP)	4 weeks
Introduction to Administration	2-4 weeks*
Longitudinal Service Commitment	Longitudinal & 1-3 non-consecutive weeks blocked
Research	Longitudinal & 2-3 non-consecutive blocked weeks
Grand Rounds & Leadership Topic Discussion	Longitudinal

*4 weeks for HSPAL residents

PGY1 Program Specific Electives		
PGY1 Pharmacy	PGY1/2 MUSP	PGY1/2 HSPAL
Critical Care (Selective) 4-5 weeks	Critical Care (Selective) 4-5 weeks	Transitions of Care 4-5 weeks
Advanced Independent Practice 2 weeks	Advanced Independent Practice 2 weeks	Advanced Administration 4-5 weeks
3 general electives 4-5 weeks each 1 of 3 must be in direct patient care setting	Advanced MUSP 4-5 weeks	Leadership Expansion 4-5 weeks
	2 general electives 4-5 weeks each 1 of 2 must be in direct patient care setting	1 general elective 4-5 weeks Must be in a direct patient care setting

Orientation:

Residents are required to complete one week of health system and pharmacy orientation to prepare them for all learning experiences throughout the residency program. Orientation includes Health System orientation and a review of health system policies, residency manuals, the residency purpose statement, competency areas, goals, and objectives, required and elective learning experiences, pharmacy culture, and the health system electronic medical record system.

Longitudinal Service Commitment:

Residents are required to complete a longitudinal service commitment experience throughout the residency year. This experience includes training in acute care, training in retail, weekend staffing, and holiday staffing. Residents will staff the first half of the year in an acute care setting. Residents will staff the second half of the year in the retail setting.

Transitions of Care:

Residents are required to complete a transitions of care learning experience, ideally prior to their acute care experience. In Transitions of Care, residents will learn how to effectively support patients from inpatient acute care to outpatient care.

Acute Care Selective:

Residents are required to complete an acute care selective learning experience during the program. Acute care options include Internal Medicine and Cardiology.

Ambulatory Care Selective:

Residents are required to complete an ambulatory care learning experience during the program. Ambulatory clinic options are listed in the PGY2 Ambulatory Residency Program Manual & website. Options will be dependent upon preceptor availability.

Direct Patient Care Selective:

Residents are required to select a direct patient care selective during the PGY1 year. Options include all rotations available to general PGY1 residents as electives as long as they include direct patient care. Examples include critical care, ambulatory care, specialty acute care, and emergency medicine.

Introduction to Pharmacy Administration:

Residents are required to complete the Introduction to Pharmacy Administration learning experience. This serves as an introductory experience to provide the resident exposure to team management, departmental planning, Lean principles, Human Resources / recruitment, and staffing / scheduling during the first residency year. Residents will build upon concepts and skills learned in this learning experience during the Advanced Pharmacy Administration learning experience and throughout the second year.

Medication Use Safety & Policy:

Residents are required to complete the Medication Use Safety & Policy learning experience during the program. This learning experience provides the resident exposure to drug policy, Pharmacy and Therapeutics Committee, and Medication Safety.

Advanced Pharmacy Administration:

Residents are required to complete the Advanced Pharmacy Administration learning experience during the PGY1 year with an operations manager and must be in a different area from the Introduction to Pharmacy Administration learning experience. This serves as an advanced experience to continue to build upon the skills learned in the Introduction to Pharmacy Administration learning experience. Area options include acute care, operations, ambulatory care, cancer care, investigational drugs, and infusion care.

Expansion Learning Experience:

Residents will complete an expansion learning experience that is intended to prepare the resident and serve as orientation for their Administrative Longitudinal Management Track learning experience for the second year.

DUE:

Residents are required to complete a DUE project. Part of the rotation includes a scheduled research week and Academic Fridays. See page 14 for additional information regarding resident research.

Longitudinal Research Project:

Residents are required to complete a PGY1 research project. Part of the experience includes a scheduled research week and Academic Fridays. See page 14 for additional information regarding resident research.

PGY2 Learning Experiences

Learning Experience	Time of Year	Number of Weeks
Administrative Longitudinal Management Track	July	2 weeks and throughout the year
Longitudinal Service Commitment	n/a	Every 4 th weekend
Pharmacy Informatics	n/a	6 weeks
Acute Care Management	n/a	6 weeks
Ambulatory and Specialty Pharmacy Services	n/a	6 weeks
Pharmacy Supply Chain & System Support Utilization	n/a	8 weeks
Cancer Care, Infusion, and Investigational Drug Services	n/a	6 weeks
Pharmacy Executive Leadership	n/a	4 weeks
Health System Executive Leadership	n/a	4 weeks
Administrative Elective	Second ½ of year	5 weeks
Master's Research	Throughout	3 weeks

*The learning experience scheduled during Thanksgiving and Midyear will be lengthened by 1 week from listing.

Administrative Longitudinal Management Track:

Each second year HSPAL resident will participate in a longitudinal management track which includes the longitudinal learning experience at the start of the year. During the first residency year, residents will apply to available longitudinal tracks and the residency program director with assistance from RAC will match the residents with a longitudinal management track. The Longitudinal Learning experience is designed for the resident to become oriented to that area in order to complete the learning objectives and goals associated with the longitudinal learning experience throughout the PGY2 year. Longitudinal learning experiences vary year to year based on interests of the resident and department needs. Examples of past longitudinal tracks include acute care, ambulatory, cancer care, and pharmacy informatics. Learning objectives include:

- Serve as the direct supervisor for a group of employees
- Create agenda, record minutes and lead team meetings
- Manage all human resources related activities including performance evaluations
- Coordination of track-specific duties within the residency program
- Facilitation of projects in cooperation with the management-track preceptor
- Completion of longitudinal implementation project

Longitudinal Service Commitment:

Residents are required to complete a longitudinal service commitment experience throughout the residency year. This experience includes training in the longitudinal area during administrative longitudinal management track experience followed by weekend and holiday staffing.

Pharmacy Informatics:

Residents will gain basic understanding of the language and concepts of information technology (IT) thereby equipping the resident to function in the interdisciplinary environment of informatics project teams to advance the professional duties and responsibilities of a pharmacy informatics specialist. The rotation also provides exposure to the Health Information Technology Services (HITS) department, its daily activities, policies and procedures, and management.

Acute Care Management:

This experience will provide experiences to develop an understanding of clinical services management, medication distribution systems and process, sterile and non-sterile compounding, perioperative pharmacy services, formulary management, employee engagement, change management, professional relationship development, and leadership principles within a large academic medical center. The resident will become familiar with a variety of leadership roles and responsibilities through active participation in

Acute Care Management (continued):

committees, meetings, and projects. The resident will develop leadership and pharmacy management skills in an academic medical center and will develop a strong foundation in clinical pharmacy services through experiences in clinical management, medication distribution systems and processes, formulary management, information technology, medication management, and employee education.

Ambulatory and Specialty Pharmacy Services:

This experience is intended to provide residents with the opportunity to experience and understand ambulatory clinical services management, operations management, and the business of specialty and retail pharmacy. Residents will have an opportunity to collaborate with ambulatory leaders throughout the rotation on various projects. They will also have the opportunity to learn how the ambulatory pharmacy department communicates with executive leadership at an academic health system.

Pharmacy Supply Chain and System Support

The experience is designed to provide the resident with exposure to financial analysis as it relates to the economics of a health-system based pharmacy. Specifically, this includes a review of pertinent financial statements, analysis of contractual opportunities, budget preparation and compliance, and review of contract compliance. Other activities include exposure to inventory management techniques, backorder/shortage management, and interaction with pharmaceutical industry representatives. Additionally, residents will work with the various members of system support team to develop understanding of strategic pharmacy system support and improvement. Residents should expect small, introductory projects within those focused learning opportunities as well at least one opportunity to implement a system-wide pharmacy change.

Cancer Care, Infusion, and Investigational Drug Services:

This experience is designed to provide the resident with exposure to pharmacy leadership in the care of cancer patients involving a continuum of care from the inpatient to outpatient setting. In addition, the rotation involves the care of non-oncology infusion and research patients. The resident will gain exposure to similarities and differences in pharmacy practice in these areas compared to the acute hospital setting. Daily operations involve sterile compounding with a focus on hazardous drugs and clean room maintenance to assure timely patient care.

Executive Pharmacy Leadership

This learning experience is designed to provide HSPAL residents the opportunity to spend time with senior pharmacy leaders and the Vice President of Health Professions. The resident will have a variety of experiences related to pharmacy and outside of pharmacy within their preceptor's service lines.

Health System Executive Leadership

This learning experience is designed to provide HSPAL residents the opportunity to witness non-pharmacy leadership at the executive level. While on rotation, the resident will have a variety of experiences in a non-pharmacy area with varying leaders within the preceptor's service lines.

Administrative Elective:

Residents will have an opportunity to complete an administrative elective learning experience in an area of their choice. Residents are encouraged to select a learning experience that affords them experience in the area in which they wish to pursue a career. Learning experience descriptions will be developed when the elective is determined.

Master's Research:

Residents are required to complete a Master's Research project for both residency and Master's coursework requirements. Research days are scheduled throughout the residency year and include Academic Fridays. See page 14 for more information on residency research.

Time away from learning experience-

****(> 3-day unplanned or unexcused time away from any learning experience will result in the resident not passing the learning experience) ****

Professional Days-

Professional days are intended for scheduled time away from learning experience in which the resident is engaging in a mandated or pre-arranged professional activity. During professional days, the resident is 'on-the-clock'. Professional days do not count as unplanned or unexcused time away from a learning experience. Below are example professional day activities:

- Conference Attendance: 7-8 days
 - PARE Resident Exchange (PGY2)
 - ASHP Leadership Meeting (PGY1)
 - Midyear Clinical Meeting
 - Residency Conference
- Interview Days (max 7 days before PTO must be used)

Planned Paid Time Off (PTO) Days-

PTO days are to be used when the resident is away from work for personal reasons. Comp days are not PTO days and are discussed below. Unlike professional days, these days are available for personal use (including interviews after 7 professional days have been exhausted) or days of private appointments. PTO should be requested as soon as the resident becomes knowledgeable of the intent to be off. Residents should consider use during scheduled Research Weeks.

The process for arranging PTO is as follows:

- Resident must gain approval from primary preceptor and HSPAL program leadership
- When sending the request to Program Leadership, the Resident should include the following information:
 1. Has this request been approved by your primary preceptor?
 2. HSPAL and Master's curriculum obligations considered:
 3. Do you have enough PTO stored to take the time off (include balance)?
- Once approved, the resident will send 'free' calendar appointment to admin team for transparency (ex: "John Doe PTO-STW approved") and block their calendar as 'away' separately
- Submit PTO request for approved days in Kronos
- Coordinate with direct reports and longitudinal team, if applicable (second year)

Unplanned PTO (Sick Days)-

Unplanned PTO shall be used when the resident is not fit for duty. When a resident is ill and unable to report to work, the resident must notify the learning experience preceptor and the Residency Program Director/Coordinator at least 1 hour prior to the start of the learning experience via email or text message (per preceptor preference) or as soon as possible. If a resident is ill and unable to work a scheduled staffing shift, the resident must notify the administrator on-call (AOC) in accordance with the Pharmacist Call in Policy. Call-ins that do not follow this procedure are subject to corrective action and can be treated as a no-call no-show, accruing attendance points accordingly.

Comp Days

A comp day is scheduled time away from rotation and staffing in which the resident cannot be onsite. Comp days are used to ensure that residents have adequate time to recuperate mentally and physically during the PGY1 year due to the frequent staffing requirement. Each resident will schedule 1 comp day per month starting in August (the July comp day will be pre-scheduled). Residents are encouraged to take comp days on Mondays after working a weekend, but may schedule it for any day of the week that works best with their rotation schedule. Comp days may not be taken on Academic Fridays unless approved by Residency Leadership. Comp days should be sent as free calendar appointments to the

admin team and primary preceptor for transparency (ex: "John Doe comp day). Residents will block their calendar as 'away' separately.

Telecommuting-

In order to telecommute, residents must have approval from the learning experience preceptor or program director as appropriate and abide by all health system policies. The resident will also be responsible for ensuring appropriate set up and equipment before telecommuting. Telecommute days are of value to residents when weather or other extremes inhibit travel to and from the workplace (approved by your preceptor and HSPAL leadership where appropriate).

Educational Opportunities

The establishment of a teaching requirement is an effort to ensure that the resident develops competency in teaching and training health care professionals and students. The establishment of a teaching requirement also has applicability to ASHP outcomes, goals, and objectives for pharmacy practice training. The ideal situation is for each resident to have a significant exposure in all areas of education, while minimizing the amount of time away from learning experience activities. It is important to note that opportunities will vary from resident to resident, depending on learning experience schedule. However, it is expected that all residents will complete the residency and core objectives for teaching experiences.

Precepting students

The structure of this educational requirement will be largely left up to the preceptor of the resident and student(s). To achieve this goal, it is desired that the pharmacy practice resident would be comfortable, under the supervision of the preceptor, in leading topic discussions, assisting the student on rounds, following up with patients, drug information questions and any other daily activities during the learning experience.

Required Resident Presentations

Resident presentations will be conducted by residents per the schedule provided at the start of the year. These presentations give the resident the opportunity to improve their oral and written communication skills. These meetings will be open to pharmacy staff and PharmD candidates unless otherwise specified. Attendance is required for all residents. If the resident cannot present on their scheduled day, it is their responsibility to switch with another resident and gain approval from Residency Leadership. If the resident must be absent or late for grand rounds due to patient care activities, he or she must inform Residency Leadership. If the resident's preceptor requires them to be excused from grand rounds, then the preceptor must contact Residency Leadership. The presenting resident(s) are responsible for collecting attendance and providing feedback forms for participants.

Additional information is available in the Resident folder on the Pharmacy SharePoint site.

Resident Presentations:

PGY-1 Year:

- 45-min Grand Rounds presentation
 - The resident is required to conduct one 45-minute presentation. The presentation type can include a relevant clinical controversy or drug therapy seminar. Other topics to be considered based on residency leadership/preceptor approval.
 - Residents are required to identify a preceptor for this presentation.
- Present a 60-min presentation eligible for Kansas CE
 - The resident is required to conduct one 60-minute presentation eligible for Kansas CE credit.
 - The Presentation and CE Subcommittee of RAC will determine the topics and preceptors for the CE presentations and residents will be allowed to choose from the topics based on their interest areas.
- Lead a leadership discussion as assigned by RPD (Leadership journal club or leadership book club)
 - Leadership style books will be chosen by residency leadership each year and distributed to the PGY1 resident class.

- The residents will work with each other to determine their focus for their book club session as multiple residents will cover the same book. The format/structure for book club is flexible and the resident may choose to utilize power point, a handout, or no supplemental materials to lead a discussion based on the book.

PGY-2 Year:

- The resident is required to conduct one 45-minute presentation during the PGY2 residency year for pharmacy department leaders. The presentation will take place as scheduled by Residency Leadership. The resident will select their own topic, but it must be a relevant to pharmacy leadership.

PGY-1 and PGY-2 Year:

- The resident is required to present a poster presentation
- 20-minute oral practice presentation of longitudinal or Master's Research at HSPAL RAC
- 20-minute oral presentation of longitudinal or Master's Research at selected residency conference

General Presentation Objectives

- Demonstrate a thorough knowledge for topic presented
- Compose, present, and communicate information that is brief, well structured, and error free
- For clinical presentations:
 - a. Analyze patient cases for pertinent pathophysiologic processes, pharmacotherapy, and drug related problems
 - b. Interpret drug response and evaluate risk/benefit in patient cases
 - c. Identify controversial issues involved in patient cases and develop a therapeutic plan
- Apply critical literature evaluation skills to medical literature

Teaching Certificate Program

The teaching certificate program is provided by The University of Kansas School of Pharmacy. Participation in the teaching certificate program is not a mandatory residency experience. The privilege of participation in the program is based on the prospective participant's time-management skills and commitment to residency / learning experience mandatory responsibilities. Based on the resident's performance during learning experiences, residency leadership reserves the right to terminate a resident's participation at any time. An email will be sent in July or August for participation as well as explaining the schedule and requirements.

Travel and Professional Society Involvement

Residents completing the HSPAL Residency at The University of Kansas Health System are encouraged to develop and maintain involvement in professional society activities on a local, state and national level. Involvement supports the development of the resident, the resident's network, and the achievement of professional and personal goals.

As department funds allow, HSPAL residents may participate in the following conferences:

- PARE Resident Exchange (PGY2 only)
- ASHP Leadership Meeting (PGY1 only)
- ASHP Midyear Clinical Meeting
- Local or regional conference to present longitudinal research

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

HSPAL MS Education

Residents will earn a Master of Science in pharmacy practice from the University of Kansas as part of the residency program. A minimum of 30 hours of coursework is required during the 2-year residency. Classes are taught through the Health Policy and Management Department, College of Business, School of Pharmacy, and by administrators in the pharmacy department. The majority of classes take place during the evenings to avoid interference with clinical learning experiences. A list of available courses is provided by the MS Liaison and Graduate Program Director as well as instruction on how to properly enroll in classes.

Graduate student tuition is paid for by The University of Kansas Health System. Residents who drop classes after the drop/add period in which no refund is awarded by The University of Kansas may be required to reimburse the health system. Similarly, any tuition reimbursement refunded to a resident must be forwarded on to the health system.

Residents are expected to attend all classes required for MS program.

- Planned PTO and comp days excuse the resident from their learning experience but shall not interfere with MS courses and discussions- if unavoidable, special permission must be granted by the MS liaison.
- MS Liaison: Dennis W. Grauer, M.S., Ph.D. Graduate Program Director

Disciplinary action is sanctioned at the discretion of the HSPAL leadership team at any time if residency standards/expectations are not met.

HSPAL Residency Research Projects

Residents are required to complete research projects throughout the 2 residency years. Residents will have 4 weeks dedicated to research each year as well as Academic Fridays to ensure dedicated time to work on research projects.

Academic Fridays

- Occur every second and fourth Friday of the month
- Academic Friday content:
 - Research project time including project meetings
 - HSPAL RAC Attendance
 - Advanced Institutional Pharmacy Services (AIPS) class (may be scheduled on other dates pending instructor availability)
 - 1:1 meetings with Residency Leadership
 - HSPAL Team Meetings

Residents are expected to utilize Academic Fridays to minimize time away from learning experience due to research and other HSPAL obligations, especially during the PGY1 year.

PGY1 Projects:

Each resident is required to complete two projects directed at enhancing personal and professional growth while benefiting the pharmacy department through innovative changes in pharmacy practice in the PGY-1 year. These projects may be in the form of original research, development, enhancement or evaluation of some aspect of pharmacy services. Projects will include a quality-focused Drug Use Evaluation (DUE) to be completed by November for presentation at the Midyear Clinical Meeting and completion of a pharmacy practice project by Spring of the PGY-1 year for presentation at a Residency Conference. Project presentations will be in the form of a poster presentation and an oral presentation at a spring Residency Conference. A final manuscript for the pharmacy practice project must be submitted prior to the end of the PGY-1 year.

DUE projects will be assigned to the resident by the HSPAL Residency Advisory Council (RAC) and Residency Program Leadership (Coordinator and Director). Each resident will select their pharmacy practice project from a list of projects that have been vetted by HSPAL RAC. Project ideas outside of the pre-approved list must be approved by HSPAL RAC and Residency Program Leadership (Coordinator and Director) prior to project initiation. Additional co-investigators may be solicited if needed, keeping in mind the intent of the project is to develop and strengthen the resident's independent project management and investigation skills.

A formal research protocol, with any required supporting documents, must be reviewed by HSPAL RAC and Residency Program Leadership (Coordinator and Director) for approval (required formatting and timetable follows that of the PGY1 program). Prior to submission to the RAC Research Subcommittee, the resident's primary project preceptor must review and approve the protocol.

All residents, preceptors, and co-investigators are required to complete online IRB and associated IHI (Institute for Healthcare Improvement) training. The certificate of completion should be submitted with the as soon as obtained.

Each resident, in coordination with their primary project preceptor, is responsible for securing required approvals for their project. This includes, but is not limited to, Pharmacy Information Technology (IT), review by a statistician, Institutional Review Board (IRB)/Human Subjects Committee (HSC) submission and review (if applicable), Protocol Review and Monitoring Committee (PRMC) review (if applicable), or other groups as needed. Throughout the year, the primary preceptor shall ensure that the resident is

completing the research project according to the established objectives, procedures and timeframe. IRB/HSC approval is not required for the quality-focused project but will be required for the pharmacy practice project.

All projects shall be directed toward useful outcomes and not merely be an academic exercise for the sole purpose of satisfying this requirement. The purpose of the resident project is to further develop the resident's problem-solving skills and expose the resident to research methods while addressing an issue or area in need of study, development or evaluation.

The chosen topic(s) should be of value in the provision of pharmaceutical care or to the department in provision of services. Finally, the pharmacy practice project will be completed with the intent of submitting the written results for publication in an appropriate professional journal. To publish research results that may be applicable to institutions outside of The University of Kansas Health System, IRB/HSC approval is required.

Following completion of the pharmacy practice project, each resident will prepare a final manuscript. The final paper must be approved by the primary project preceptor. The manuscript should follow the guidelines and requirements for the submission of manuscripts established by the anticipated journal of submission (e.g. AJHP).

The resident will follow the projected timetable provided by the RAC Research Subcommittee for the PGY1 program. Anticipated failure to meet deadlines for the interim steps should be proactively discussed with the project's primary preceptor, coach, and RPD/coordinator.

Research Project Goals:

1. Expose the resident to the mechanics of research methodology
2. Afford the resident experience in directing and conducting an original research project from beginning to end
3. Teach the resident how to submit a poster presentation at a national meeting
4. Demonstrate the process of manuscript creation for publication in a peer-reviewed pharmaceutical or medical journal
5. Promote research in pharmacy practice which critically evaluates some aspect of pharmacy practice
6. Develop new and innovative approaches to managing drug and biological therapies for improving patient care

Longitudinal Project:

PGY2 Residents are required to complete a longitudinal project related to the area of their Administrative Longitudinal Management Track in which a new service or idea is implemented or practical improvement of a space or area. Residents will present progress and their final results in an Executive Summary format at HSPAL RAC. This project may be used to meet the Master's Project requirement as described below.

Master's Project Requirement:

During the program, residents are required to complete a longitudinal project that suffices the Master's Project requirement of their coursework. This project must be in alignment with the strategic goals for the department and organization and allow the resident to contribute to an area of pharmacy practice. The resident will be required to prepare a final manuscript. The final paper must be approved by the primary project preceptor. The manuscript should follow the guidelines and requirements for the submission of manuscripts established by the anticipated journal of submission (e.g. AJHP).

Longitudinal Pharmacy Practice Service Commitment

Overview

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

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

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

General

1. Each resident is expected to make every possible effort to be licensed within the state of Kansas as soon as possible.
2. Each resident is expected to practice as a pharmacist in central pharmacy areas
3. Resident staffing will be evaluated monthly during Residency Advisory Committee meetings.

Schedule

Resident crews will have 1-2 residents and 1-2 crews will be assigned each holiday/weekend. This schedule will be set within the first month of the residency year. Residents may be scheduled for a daytime or evening shifts. All PGY1 residents, including HSPAL, are scheduled for an equal number of shifts, but shift times (daytime v. evening) vary and depend on the needs of the department.

PGY1 HSPAL residents will staff shifts approximately every other weekend through January of the residency year and then approximately every fourth weekend through June of the residency year. From approximately January through June of the PGY1 residency year, HSPAL residents will staff a supplemental resident-only 5-hour evening shift in an outpatient retail pharmacy.

PGY2 HSPAL residents will staff shifts approximately every 4th weekend. Shifts will be assigned in the resident's Administrative Longitudinal Management Track assignment. This will provide the resident additional experience in their longitudinal area to understand operational needs of the team they lead.

Residents are responsible for working their assigned shifts without exception. No requests for time off will be granted for assigned shifts. Weekend shifts can be traded with residents or pharmacists to accommodate needs for time off on weekends. Trades must be conducted with a pharmacist or resident competent to staff the assigned shift and must be submitted in accordance with scheduling policies. Residents are expected to decline to participate in trades that would require working:

- Over duty hours requirement
- A shift or area where they are not competent or are in any way uncomfortable.
- More than one “double (> 16-hour day) in one 7-day period
- A “double” order verification shift

HSPAL On-Call Frequency and Expectations-

Residents in their second year may participate in the main campus administrator on call (AOC) while completing their Acute Care Services learning experience based at the main campus. Residents will receive training and have a preceptor to discuss different situations that arise. This experience is intended to facilitate the development of problem solving and leadership skills in stressful situations with the support of a preceptor.

Supplemental Pay

All residents will be eligible for comp days off or supplemental shift pay at the pharmacist rate when additional hours above and beyond the learning experience and staffing requirements occur.

Supplemental Pay will be granted in 4- or 8- hour increments in the following circumstances:

- a. Volunteering for open or “missing shifts” in the final schedule (the resident may not volunteer for shifts that interfere with learning experience without gaining approval from residency leadership)
- b. Other circumstances will be evaluated as necessary

Meetings

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

Required Meetings-

As a health system leader, your attendance is mandatory at the following gatherings:

- Staff Huddles
 - First Year Residents: staff huddles occur in Bell Central Pharmacy and via Teams Meetings. Residents are required to attend while completing inpatient learning experiences at the main campus unless they are on PTO or providing urgent direct patient care. During administrative focused learning experiences, the resident is required to attend huddles at the direction of their preceptor.
 - Second Year Residents: second year residents will attend any staff huddles as required by their Administrative Longitudinal Management Track learning experience or as required by other learning experiences. Residents are required to attend unless they are on PTO or have received approval from longitudinal and learning experience preceptor.
- Acute Care Pharmacist Staff Meetings – First Year Residents
 - The purpose of these meetings is to inform the acute care pharmacy staff of developments occurring within the hospital and department. Residents are expected to attend these meetings while completing inpatient learning experiences at the main campus.
- Team Meetings – First and Second Year Residents
 - Residents are considered part of their longitudinal staffing team. Team meetings are generally held monthly and discuss various aspects of clinical practice and changes. Residents are expected to attend these meetings and become an integral part of their team.
- Resident Meetings – First and Second Year Residents
 - Resident meetings are scheduled on Academic Fridays as needed and cover topics related to research, conference travel, recruitment, and other department or program updates. Meeting appointments will be sent out through Outlook by the Chief Resident. Residents are expected to attend in person or call in when on project days or off-site learning experiences. Residents are not expected to attend when on PTO.
- All meetings as outlined in juncture with HSPAL Academic Fridays

Mentorship Programs

Identifying a mentor early on in residency may be challenging, so the residency program has been structured to offer HSPAL residents guidance and support throughout residency. Residents are encouraged to identify additional mentors throughout the residency program to assist with their professional growth and development.

Clinical Coach (First year)-

- Each first year HSPAL resident may choose a clinical coach from an approved list to serve as a source of guidance on clinical performance and improvement.
- Clinical coaches may also serve as a source of knowledge for staffing questions, review and provide feedback on grand rounds presentation, and any other “pharmacist” or residency content-based needs.
- Clinical coaches are typically clinical preceptors and members of PGY1 RAC.
- Each first year HSPAL resident should plan to check in with their clinical coach after each clinical learning experience at a minimum.

Longitudinal Preceptor and Advisor (First and Second year)-

- First year residents are assigned to their longitudinal area in December of the PGY1 year
- Longitudinal preceptors are meant to serve as a mentor throughout the residency program once assigned.

Residency Program Leadership-

Residency Program leadership is in place to ensure 1:1 development of each resident

- Meet regularly with resident
- Discuss progress toward residency goals and objectives
- Discuss resident development plan
- Gather learning experience feedback from preceptors unable to attend HSPAL RAC and provide that feedback to HSPAL RAC group
- Communicate HSPAL RAC feedback to the resident in a timely fashion

Development and Evaluation

HSPAL residents will be evaluated both formally and informally through multiple facets. Evaluation and feedback will be provided after HSPAL RAC meetings as well as throughout learning experience and professional event recaps. Each resident will be responsible for coming to HSPAL RAC with an agenda and be open to expansion of this meeting to include other HSPAL leaders as deemed necessary.

Resident Baseline Assessment

Purpose

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

The residency program director will meet during orientation training with each resident to individually review the initial customized plan. The plan is meant to be a fluid document that is shaped by the resident's learning experiences throughout the year. The resident should work directly with residency leadership to solicit feedback on quarterly plans for development. The customized residency plan will be reviewed and updated at least quarterly by the RPD and resident, including a final review at the completion of the residency year.

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

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

Baseline assessment is completed through the following:

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

Quarterly Customized Residency Plan for Development

The information obtained through the initial assessment will continue to be assessed throughout the residency year, and the progress of the resident will be followed closely by the coordinator who will act as the intermediary between residents and preceptors. The resident assumes primary responsibility to develop the plan and document their respective goals, interests, strengths, and planned learning experiences and activities. Residents should expect that the areas identified as needing improvement will be re-evaluated as they progress from one learning experience to the next. Ideally, by the end of the year, the resident will gain the knowledge and experience required in order to achieve the goals of the residency.

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

Evaluation Methods

Resident performance will be evaluated in a timely manner during each learning experience or similar education assignment. The evaluation will include objective and subjective assessments of competence in patient care, pharmaceutical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Program leaders will then use multiple evaluators to document progressive resident performance and provide the resident with documented semi-annual evaluation of the performance. The evaluations of the resident performance will be accessible for review by the resident, in accordance with policy.

In order to be evaluated appropriately, the resident must:

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

One-on-One Meetings

'One-on-One' meeting sessions are a time in which the resident will meet with residency leadership and discuss pertinent topics that have taken place in the resident's experience. This is a time in which teaching, counseling, guidance, and feedback will be given to the resident. Scheduling sessions is at the discretion of you and your HSPAL advisor. Ideally, there will occur monthly for the first two quarters and every other month for the fourth quarter.

Topics may include:

- Learning experience progress
- Preceptor feedback
- Residency project progress
- Resident career interests

Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the large context of the department and organization, as well as the ability to call effectively on other resources in the system to provide optimal pharmaceutical care.

Residents are expected to:

- Identify areas of improvement and communicate these to appropriate individuals after learning experiences and/or staffing shifts
- Participate in identifying system errors and implementing potential system solutions

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate pharmaceutical care within the health care system
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population – based care as appropriate
- Advocate for quality patient care and optimal patient outcomes Work in multidisciplinary teams to enhance patient safety

Requirements for Successful Completion of Residency Program

Residents must complete all program specific requirements listed below in addition to general residency requirements as outlined in the residency manual to graduate from the HSPAL program:

PGY1 Residency Program

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

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

Program Presentation Requirements:

- 45-minute Grand Rounds presentation
- 60-minute CE presentation
- Leadership Book Club presentation
- Poster presentation of DUE findings
- Oral presentation for longitudinal PGY1 project

Program Deliverables:

Residents are expected to save all residency related documents in PharmAcademic in addition to any applicable department file locations. These include, but are not limited to:

- MUE/DUE (MUE/DUE (Final research project poster & final research presentation presented at regional or national meetings)
- Research Manuscript
- Final Grand Rounds Presentation
- Final CE presentation
- Drug class review, monograph, treatment guideline, or protocol
- Executive summary (completed during introduction to pharmacy administration learning experience)

Program Minimum Learning Experience/Staffing Days:

- Complete at least 246 learning experience days
- Complete at least 300 staffing hours

Program Feedback:

- Complete surveys and feedback requested regarding program design and structure
- Participate in Exit Survey

PGY2 Residency Program

Residents must obtain at least 80% of objectives rated as Achieved for Residency (ACHR). In addition, residents must be rated as ACHR for the following objectives:

- R5.1.1 (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.
- R5.2.2 (Applying) Demonstrate respect for differences in opinion
- R5.2.3 (Applying) Demonstrate enthusiasm and passion for the profession of pharmacy
- R5.2.5 (Applying) Evidence integrity in professional relationships and actions
- R5.3.1 (Applying) Communicates effectively orally and in writing
- R5.4.3 (Applying) Determine senior administrator (e.g., CEO, COO, CFO, president, vice president) expectations of the pharmacy's leaders.

All objectives must be rated as Satisfactory Progress or higher by the end of the residency year.

PGY2 Residency Program Objectives		ACHR Required
R1.1	Identify patient care services opportunities	
R1.1.1	(Evaluating) Based on one's assessment of the scope of the pharmacy's current services, identify any service opportunities.	
R1.2	Participate in the development and coordination of medication-use policy	
R1.2.1	(Understanding) Develop an understanding of the formulary systems.	
R1.2.2	(Evaluating) Based on an assessment of the adequacy of the pharmacy's current system for inventory control, make any needed recommendations for improvement.	
R1.2.3	R1.2.3: (Evaluating) Based on an assessment of the pharmacy's policies and procedures for the disposal of medications, make any needed recommendations for improvement (i.e. regulatory, financial, environmental impact).	
R1.3	Participate in assuring pharmacy compliance with internal and external compliance	
R1.3.1	(Applying) Participate in a departmental assessment to assure compliance with applicable legal, regulatory, safety, and accreditation requirements.	

PGY2 Residency Program Objectives		ACHR Required
R1.3.2	(Evaluating) Develop effective strategies for reporting internal and external quality data. Criteria:	
R1.4	Understand and evaluate the medication distribution process	
R1.4.1	(Understanding) Understand pharmacy's medication use systems. Criteria:	
R1.4.2	(Evaluating) Evaluate pharmacy's medication use systems to assure practice is safe and effective.	
R1.4.3	(Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.	
R1.5	Design a plan and manage the daily safe and effective use of technology and automated systems	
R1.5.1	(Analyzing) Analyze pharmacy information technology workflow to assure safe and efficient patient care.	
R1.5.2	(Creating) Design and implement an improvement related to the use of information technology and automated systems.	
R2.1	Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services	
R2.1.1	(Applying) Participate in an assessment of customer satisfaction with a specific aspect of pharmacy services.	
R2.2	Participate in coordination of a safety oversight program	
R2.2.1	(Applying) Participates in medication safety oversight programs.	
R2.2.2	(Evaluating) Lead a root cause analysis, gap analysis, or other safety assessments based on a significant patient safety event.	
R2.2.3	(Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.	
R3.1	Utilize productivity measurement in operational decision making	
R3.1.1	(Analyzing) When given a productivity report, draw appropriate conclusions.	
R3.2	Monitor and manage operating and capital budgets	
R3.2.1	(Analyzing) Participates in the operating budget process for a selected aspect of the pharmacy's activities.	
R3.2.2	(Analyzing) Participate in a capital budget process for a selected aspect of the pharmacy's activities.	
R3.2.3	(Analyzing) Participate in the monitoring of financial performance and explanation of variances.	
R3.3	Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy	
R3.3.1	Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy.	
R3.4	Develop strategies to ensure access to medication and implement cost reduction strategies	
R3.4.1	(Understanding) Demonstrates understanding of societal forces that influence rising costs for medications and the provision of pharmacy services.	
R3.4.2	(Understanding) Review the process of negotiating contracts with vendors.	
R3.4.3	(Creating) Design and implement a cost reduction or inventory management initiative.	
R4.1	Contribute to an overall plan for the organization and staffing of the pharmacy	
R4.1.1	(Evaluating) Determine and recommend the staff requirements that match an area of the department's scope of services.	
R4.2	Conduct recruitment and hiring activities	
R4.2.1	(Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.	
R4.2.2	(Applying) Participate in recruitment and hiring for a particular pharmacy position.	
R4.3	Participate in the departmental performance management system	
R4.3.1	(Applying) Supervise the work of pharmacy personnel	
R4.3.2	(Creating) Compose and deliver an employee's performance appraisal.	
R4.3.3	(Applying) Participate in the organization's progressive discipline process or participate in a progressive discipline case or scenario, if not available.	
R4.4	Understand how to design and implement plans for maximizing employee engagement and enhancing employee satisfaction and retention	
R4.4.1	(Understanding) Explain supportive evidence and the organization's strategy regarding employee satisfaction and engagement and effective tactics for recognizing and rewarding employees.	
R4.5	Understand labor and contract management principles	
R4.5.1	(Understanding) Explain laws affecting various aspects of human resources management and the role of unions in organizations, and their impact on human resources management.	
R5.1	Demonstrate the personal leadership qualities and commitments necessary to advance the profession of pharmacy	
R5.1.1	(Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.	X
R5.2	Demonstrate personal, interpersonal, and professional skills	
R5.2.1	(Applying) Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.	
R5.2.2	(Applying) Demonstrate respect for differences of opinion.	X
R5.2.3	(Applying) Demonstrate enthusiasm and passion for the profession of pharmacy.	X
R5.2.4	(Applying) Demonstrate ability to manage, prioritize, and execute on assigned responsibilities and tasks.	
R5.2.5	(Applying) Evidence integrity in professional relationships and actions.	X
R5.3	Demonstrate business skills required to advance the practice of pharmacy	

PGY2 Residency Program Objectives		ACHR Required
R5.3.1	(Applying) Communicates effectively orally and in writing.	X
R5.3.2	(Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.	
R5.3.3	(Applying) Use effective conflict management skills.	
R5.4	Demonstrate political skills and organizational credibility	
R5.4.1	(Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.	
R5.4.2	(Analyzing) When developing a program with multiple stakeholders and/or when confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.	
R5.4.3	(Applying) Determine senior administrator (e.g., CEO, COO, CFO, president, vice president) expectations of the pharmacy's leaders.	X
R5.4.4	(Applying) Present to an appropriate audience an explanation of the role and importance of pharmacist active engagement and advocacy in the political and legislative process.	
R5.5	Demonstrate ability to conduct and quality improvement or research project	
R5.5.1	(Analyzing) Identify and/or demonstrate understanding of a specific project topic related to a quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession.	
R5.5.2	(Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.	
R5.5.3	(Evaluating) Collect and evaluate data for a practice quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.	
R5.5.4	(Applying) Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.	
R5.5.5	(Evaluating) Assess changes, or need to make changes, based on the project.	
R5.5.6	(Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).	
R5.6	Lead a designated area or program within pharmacy services	
R 5.6.1	(Applying) Perform management functions for a designated area or program within pharmacy services (e.g., prior authorization team, IV room, internal audit function, distribution system, dispensing pharmacy, patient care services).	

Program Presentation Requirements:

- 45-min leadership presentation
- Poster presentation of Master's research
- Oral presentation of Master's research

Program Deliverables:

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

- Projects completed during residency assigned in learning experiences
- Longitudinal Project Executive Summary
- Master's research poster, oral presentation slide deck, and manuscript

Program Minimum Learning Experience/Staffing Days:

- Completion of at least 246 learning experience days
- Completion of at least 200 staffing hours

Program Feedback:

- Complete surveys and feedback requested regarding program design and structure
- Participate in Exit Survey

Other program requirements:

- Successful completion of all MS coursework
- Successful completion of Master's Project will be indicated by:
 - a. A final evaluation by the research project advisor in PharmAcademic
 - b. As instructed by the Program Director, a written manuscript that meets guidelines for submission to a journal and has been reviewed and approved by the project advisor

Appendix A
Residency Development Plans
PGY1:

Resident's Self-Reflection and Self Evaluation					
Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience. Self-Evaluation is related to the Program's Competency Areas					
	Initial	Quarter 1	Quarter 2	Quarter 3	
Date					
Personal Strengths and Weaknesses:	From initial self-reflection: Personal Strengths: Personal areas of Improvement:				
Practice Interests/ Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:	Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to Practice Interests Career Goals:	
Well-being and Resilience:	From initial self-reflection: Current well-being strategies from initial self-reflection:	Current well-being:	Current well-being:	Current well-being:	
Strengths and Areas of Improvement Related to Competency Areas	R1: Patient Care	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R2: Practice Advancement	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R3: Leadership	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

	R4: Teaching & Education	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas					
Date					
Strengths: Opportunities for Improvement:		Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	
RPD: Planned Initial and Quarterly Changes to the Program					
Initial		Quarter 1	Quarter 2	Quarter 3	
Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:		Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:	Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:	Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:	

PGY2:

Resident's Self-Reflection and Self Evaluation					
Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience.					
Self-Evaluation is related to the Program's Competency Areas					
	Initial		Quarter 1	Quarter 2	Quarter 3
Date					
Personal Strengths and Weaknesses:	From initial self-reflection: Personal Strengths: Personal areas of Improvement:				
Practice Interests/ Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:		Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to Practice Interests Career Goals:
Well-being and Resilience:	From initial self-reflection: Current well-being strategies from initial self-reflection:		Current well-being:	Current well-being:	Current well-being:
Strengths and Areas of Improvement Related to Competency Areas	R1: Clinical & Operational Management	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R2: Quality, Safety, & Process Improvement	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R3: Finance & Budgeting	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R4: Human Resource Management	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

	R5: Leadership	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas					
Date					
		Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
RPD: Planned Initial and Quarterly Changes to the Program					
Initial		Quarter 1		Quarter 2	Quarter 3
Changes Related to Competency Areas:		Changes Related to Competency Areas:		Changes Related to Competency Areas:	Changes Related to Competency Areas:
Changes Related to Resident's Self Reflection:		Changes Related to Resident's Self Reflection:		Changes Related to Resident's Self Reflection:	Changes Related to Resident's Self Reflection: