



**THE UNIVERSITY OF KANSAS HEALTH SYSTEM**

**Department of Pharmacy**

**PGY2 Psychiatric Pharmacy  
Residency Training  
Supplemental Manual  
2025-2026**

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## **Introduction**

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

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

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

## **Overview and Purpose**

Post Graduate Year 2 (PGY2) pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area.

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

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

The program is composed of the following elements:

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

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

Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major research project related to psychiatric pharmacy practice, development of oral and written communication skills, patient education, participation in various

departmental committees, creating or updating a psychiatry-related protocol/policy, and practice in various pharmacy areas throughout the institution. Upon successful completion of the program, trainees are awarded a residency certificate.

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

### **Residency Program Outcomes**

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

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

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

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

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

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

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

## **Standard 1: Requirement and Selection of Resident(s)**

Please refer to main TUKHS PGY1 & PGY2 Programs Residency Manual

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

Information regarding ASHP Accreditation standards 2.1 (term of resident appointment), 2.2 (time allowed away from program), 2.3 (ASHP duty hour requirements), 2.4 (Requirements for licensure), 2.5 (Requirements for successful completion of the program), 2.6 (Residency remediation/disciplinary policies), 2.7 (PGY1 program completion verification process), 2.8 (Program applicants residency information requirements) is available in TUKHS PGY1 & PGY2 Programs Residency Manual.

In addition to the information contained within the TUKHS PGY1&PGY2 Programs Residency manual, additional PGY2 psychiatric pharmacy residency program information and specific requirements and policies are outlined below.

### **Paid Time Off (PTO)**

Residents accrue PTO in accordance with TUKHS policy 303: Paid Time Off. Examples of PTO use include, but are not limited to personal illness, family illness, and vacation. Requests for PTO must be approved by the Residency Program Director (RPD) in conjunction with learning experience preceptors. Please note that PTO requests may not be granted based upon staffing needs of the department. The resident must submit a PTO request to the RPD a minimum of 5 days in advance of desired PTO start date unless otherwise discussed. It is advised that the resident not make flight arrangements until final approval for PTO is received. No time off requests will be accepted to cover the assigned holiday block schedule. Residents needing PTO use beyond what is accrued (e.g. extended personal or family medical needs) will be handled on a case-by-case basis between the resident and RPD.

When a resident is ill and unable to report to work, the resident must notify the learning experience preceptor and the RPD at least one hour prior to the start of the experience via email or other appropriate media. If a resident is ill and unable to work a staffing shift (e.g. a weekend shift), the resident should also notify the Administrator-On-Call as soon as possible, in addition to the RPD.

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.

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

#### **Procedure for requests:**

**Email preceptor for learning experience and request approval for PTO** (residents may only miss two working days of a learning experience. If the resident will miss > 2 working days, the resident's comp day will be forfeited and replaced with PTO).

#### **Email RPD and Behavioral Health Scheduler once preceptor approval and request leadership approval**

- For example, "Requestion PTO on 4/23 and 4/24, approved by Elizabeth Crish, Adult Psych Preceptor."
- Residents are responsible for coverage for residency required event and/or staffing trades if applicable during desired PTO dates.

**Send a PTO calendar reminder to the following people: RPD, preceptor, and Behavioral Health Scheduler.**

#### **Holiday PTO**

The holidays assigned for the resident to staff are Thanksgiving and Memorial Day, subject to change per RPD. Residents will be eligible for PTO during the month of December.

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

### **Learning Experiences**

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

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and apply scientific evidence, and to continuously improve patient care based on constant self – evaluation and life – long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvements.
- Incorporate formative evaluation feedback into daily practice.

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and medication management needs.
- Use information technology to optimize learning.
- Participate in the education of patients, families, students, residents, and other health care professionals.
- Communicate effectively with physicians, other health professionals, and patients.
- Act in a consultant role to other members of the health care team

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

Residents are expected to perform independently and demonstrate proficiency in their rotations. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation after the rotation is complete.

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

Competency-based goals and objectives must be reviewed by the resident at the start of each rotation. These goals and objectives may be found in PharmAcademic®.

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

- Schedule or list of meetings and other commitments for the month that will require time away from the rotation.
- Rotation-specific goals (3-5)

Example goals:

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

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

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

**Required Core Rotations**

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

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

**Electives:**

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

**\*Other Potential Learning Opportunities:**

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

*\*Other learning experiences available by request pending preceptor availability*

**Pharmacy Practice (Staffing)**

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

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

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

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

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



The resident will receive one compensatory (comp) day off per rotation to be scheduled at their convenience. The day should be approved by the preceptor and RPD and placed on outlook calendars for awareness. The resident is highly encouraged to select their day off at the pre-rotation meeting so the preceptor may plan accordingly.

### **Expectations for Comp Days**

- The resident must be off site (not on campus)
- The resident must select their comp day by midpoint of the learning experience, or one will be appointed for them, per the RPD.
  - Comp days may not be used during a mandatory resident event or result in > 2 days off from the learning experience.
  - Once approved by the preceptor – the resident will send a calendar appointment to the RPD, learning experience preceptor, and behavioral health scheduler.
- The resident may pick up extra shifts on their comp day as approved by Residency Leadership. Approved hours must maintain compliance with the [Pharmacy Specific Duty Hours Requirements](#) for the ASP Accreditation Standard for Pharmacy Residencies.

### **Scheduling Policy for Pharmacists**

The pharmacist schedule will be prepared with focus on consistent, high-quality pharmaceutical care. Creating a schedule focused on providing consistent, high-quality patient care, as well as consideration of and flexibility for staff members requires a professional and collaborative effort by both the scheduler and the staff.

### **Communication of the schedule**

The temporary schedule will be released electronically (via e-mail) with a deadline on adjustments/changes. Residents are responsible for reviewing information on the schedule and communicating discrepancies to the RPD and Behavioral Health Scheduler prior to the final schedule being released. The final schedule will be posted on Teams. Information regarding schedule dates is available on Teams under Pharmacist Schedules, including deadlines for PTO & schedule requests, and anticipated temporary and final schedule publish dates. The resident's schedule will also be saved on the resident channel on the Psychiatry Pharmacy Learners Teams. If there is an unresolved discrepancy between schedules, the schedule on the resident channel (made by the RPD) will be the source of truth.

### **Trading**

Residents are expected to decline to participate in trades that would require working:

- A shift or area where they are not competent or are in any way uncomfortable working
- More than one "double" (>16-hour day) in one 7-day period unless approved by RPD
- A "double" order verification shift
- More than 80 hours per work (averaged over 4 weeks)
- More than 6 days in a 7-day period (averaged over 4 weeks)

**An email to the Behavioral Health Scheduler must be completed in all cases and all parties involved in the trade must be included in the email.**

### **Supplemental Pay**

All residents will be eligible for supplemental shift pay at the pharmacist rate.

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

- a. Called into staff while on-call, if an on-call program is in place
- b. Volunteering for open or "missing shifts" in the final schedule
- c. Other circumstances will be evaluated as necessary

Supplemental Pay will not be granted for shifts in the assigned learning experience area. For example, if you are on a learning experience in which your preceptor calls in sick and you cover the shift for the day, you will not receive supplemental pay. If you are pulled from the learning experience to staff an area in which you are not on as a learning experience, you will be compensated.

### **Residency Benefits**

The resident is a full-time salaried employee of The University of Kansas Health System and as such is eligible for full benefits under the compensation and benefit plan of the organization. As a salaried employee, the resident will not be compensated as an “hourly employee” but will be paid a residency stipend. The resident should expect to work more than 40 hours per week and should demonstrate a commitment to work an undefined number of hours to meet learning experience requirements or pharmaceutical care responsibilities.

- Stipend Salary
  - The resident is paid every two weeks in keeping with institutional policy and checks or direct-deposit slips mailed directly to the resident.
- Vacation Days
  - All leave will be coordinated and approved by the RPD/RPC and current learning experience preceptor to ensure that program goals are met.
  - Sick leave will be deducted from PTO (paid time off) bank. Any absences due to sickness must be reported to the RPD and current preceptor / supervisor as early as possible on each day of illness requiring absence.
  - If the resident is pregnant and delivers during the residency year or has a spouse who delivers during the residency year, time taken off after delivery will have to be made up after the previously defined end date of the residency year.
- Qualification for group rate health, dental, life insurance and prescription drug benefits

### **On-Call Responsibilities**

The PGY-2 Psychiatric Pharmacy resident will not be scheduled on a prespecified on-call schedule. They may, however, be called upon as last resort to help provide emergency coverage in the event that normal coverage procedures fail. These staffing responsibilities may be required on occasion during learning experiences. Residents will be compensated for any shifts that are asked to staff outside of the residency staffing requirements (see Supplemental Pay section above). Residents called in to staff during mandatory time free of duty will receive a comp day to be scheduled by Residency Leadership and the Pharmacist Scheduler as needed in order to maintain compliance with ASHP Accreditation Standard for Pharmacy Residencies Pharmacy Specific Duty Hours Requirements.

### **Meetings**

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

### ***Mandatory Resident One on One***

‘One on One’ or ‘Resident Touchbase’ sessions are a time in which the resident will meet with the RPD in a specific area 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. This will occur on a monthly basis.

Topics may include:

- Rotation progress
- Preceptor feedback
- Residency project progress
- Resident career interests
- Conference travel
- Program updates

### ***Department of Psychiatry Meetings***

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

### ***Department of Psychiatry Grand Rounds***

Psychiatric pharmacy residents will attend as rotations permit.

### ***Inpatient Pharmacy Department Grand Rounds***

Psychiatric pharmacy residents will attend as rotations permit.

### ***Psychiatric Pharmacist Team Meetings***

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

### ***TUHKS Resident Program Meetings***

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

### ***Plan for Development and Customized Residency Plan***

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

To assist the RPD in preparation of a development plan, the resident should address specific topics via assigned questionnaires in PharmAcademic®. The RPD will meet with the resident during orientation training to review the initial customized plan. The plan is meant to be a fluid document that is shaped by the resident's learning experiences throughout the year. The plan considers each resident's entering knowledge, skills, attitudes, abilities, and interests and will serve as the resident's roadmap to successfully accomplishing customized goals. Residents' strengths and weaknesses will be accounted for by incorporating specific learning activities to facilitate development. The plan will account for each resident's specific interests while not interfering with the achievement of the program's educational goals and objectives. The RPD will evaluate progress each quarter and meet with the resident to discuss changes, updates, etc.

In order to prepare a plan, the resident should address the following topics as outlined in the Electronic Resident Development Plan on PharmAcademic®

1. State your professional and personal goals, both short term (5 years) and long term (10 years). The focus should be on professional goals, with a brief summary of personal goals. Personal goals may be written on a basis of importance to you, but may include the following areas: family, religion, financial, free time, health, or exercise.
2. Describe your current practice interests.
3. Identify your strengths – clinical and personal.
4. List areas of improvement during the residency year.
5. Include a current copy of your curriculum vitae.

### **Evaluation Methods**

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.

PharmAcademic® will be used for documentation of all scheduled evaluations (per the chart below). Please see the TUKHS PGY1 & PGY2 Programs Residency Manual for evaluation definitions. For all evaluations completed in PharmAcademic®, the resident and the preceptor will independently complete the assigned evaluation and save as draft. The resident and the preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic® following the discussion within 7 days of the conclusion of the learning experience.

Type of Evaluation	Who	When
Weekly informal feedback sessions	Preceptor	End of each week
Summative	Preceptor	End of learning experience
Summative self-evaluation	Resident	End of learning experience
Preceptor evaluation	Resident	End of learning experience
Learning experience evaluation	Resident	End of learning experience

Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.

### **To be evaluated appropriately, the resident must:**

- Meet with the learning experience preceptor prior to the start of each new learning experience, to review and customize the learning experience's goals and objectives.
- Meet with the preceptor on a regularly scheduled basis (weekly), as determined by the preceptor and resident.
- Modify the rotation or its' goals and objectives as necessary.
- Complete the resident self-assessment and rotation/preceptor evaluations in PharmAcademic® in a timely manner following completion of the learning experience.

## **Education Opportunities**

The establishment of a teaching requirement is an effort to ensure that the resident develops competency in teaching and training health care professionals and students. The establishment of a teaching requirement also has applicability to ASHP competency areas, goals, and objectives for pharmacy practice training.

The ideal situation is for every resident to have a significant amount of experience in all areas of education, while at the same time accomplishing this with a minimal amount of time away from rotational activities. It is important to note that some residents will have more opportunities to gain experiences in different areas than others, depending on rotation schedule. However, it is expected that all residents will complete the residency and core objectives for teaching experiences.

### ***Co-Precepting of Students***

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

### **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 program has a limited number of spots each year. The privilege of participation in the program is based on the prospective participant's application and feedback from the RPD. An email will be sent in July or August for participation as well as explaining the schedule and requirements. This program is typically intended for PGY1 residents but may be available for PGY2 residents who have not completed a teaching certificate during their PGY1.

### ***Medication-Use Evaluation***

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

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

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

### ***Psychiatry Topic Discussions***

PGY2 Psychiatric Pharmacy Residents will be assigned topic discussions that they will lead approximately throughout the core required rotations. Schedule will vary based on the rotation schedule for the year. Topic discussion requirements may be met by participating in lectures for medical residents or fellows, academic rotation requirements, or other venues as determined appropriate by the RPD. The resident is responsible for keeping track of their topic discussions along with other presentation on the Lecture and Topic Discussion Calendar saved in the resident's Teams channel.

### ***Formal Presentations***

A minimum of two formal presentations are required. The presentation should be at least 45-50 minutes in length and should be done in PowerPoint format. This presentation will be presented to Psychiatry Grand Rounds. The topic should be approved by the RPD. The resident will be required to have a practice session with the presentation preceptor prior to the presentation. The

resident will be evaluated by the audience followed by a formal discussion with the presentation preceptor.

### ***Journal Club Presentations***

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

### **Travel and Professional Organization Involvement**

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

Suggested involvement includes:

1. Membership to the American Association of Psychiatric Pharmacists (AAPP).
2. Membership to American Society of Health-System Pharmacists (ASHP).
3. Residents are encouraged to join other organizations and practice groups that support their professional needs.

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

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

### **Research**

Each resident is required to complete a research project directed at enhancing personal and professional growth while benefiting the pharmacy department through innovative changes in the way pharmacy is practiced. This project may be in the form of original research, development, enhancement, or evaluation of some aspect of pharmacy services. The project will be a longitudinal pharmacy practice project suitable for presentation of the results at a local/regional/national conference (such as AAPP Annual Conference) and a final manuscript submitted to the RPD prior to the end of the PGY2 year.

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

A formal research proposal must be submitted to the RPD for evaluation and approval. Other preceptors, at the discretion of the RPD, may also be asked to evaluate the proposal for feasibility. Prior to submission the resident's primary research associate must review and approve the

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

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

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

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

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

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

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

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

**Research Project Goals:**

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

### **Requirements for Successful Completion of Residency Program**

The psychiatric pharmacy resident must complete the below requirements in addition to what is outlined in the TUKHS PGY1 & PGY2 Programs Residency Manual. Residents with incomplete requirements will not receive a certification of completion.

- 1) Resident(s) MUST be licensed as a pharmacist in the state of Kansas.
- 2) Resident(s) must obtain at least 80% objectives rated as Achieved for Residency (ACHR). Objectives not marked as achieved shall not be rated Needs Improvement (NI).
- 3) Resident(s) shall successfully complete one longitudinal research project (R2.2.1-6). Successful completion will be indicated by:
  - a. A final evaluation by the research preceptor
  - b. A written manuscript that meets guidelines for submission to a journal and is of publishable quality, as determined by the RPD.
- 4) In case of extenuating circumstances, see TUKHS PGY1 & PGY2 Programs Residency Manual for Leaves of Absence and Bereavement leave.
- 5) Resident(s) must participate in Medication Safety Event review and reporting (R2.1.3)
- 6) The resident must complete the presentations as outlined above in Education Opportunities (R4.1 and R4.2)
- 7) The resident must complete the following projects in addition to their longitudinal research project.
  - a. Prepare or review a drug class review, monograph, treatment guideline or protocol related to the care of psychiatric and neurologic patients (R2.1.1)
  - b. Participate in a medication use evaluation related to psychiatric and neurologic patients (R.2.1.2)
  - c. Complete one administrative project deemed satisfactory by their preceptor.
- 8) Provide direct patient care or demonstrate competency through didactic learning of minimally the disease states and conditions outlined in the Appendix of the Required Competency Areas, Goals, and Objectives for Postgraduate Year Two Psychiatric Pharmacy Residencies

### **Resident Documents**

Residents are expected to save all residency related documents in appropriate locations on the Pharmacy Share Drive, Teams, and PharmAcademic®. Documents include but are not limited to resident self-assessments, development plans, project related documents, learning experience materials, abstracts, etc. The share drive should be updated periodically, and residents are expected to save all materials prior to completing the program.

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

- Documentation of initial training
- All core/required rotation experiences
- The following documents must be present in PharmAcademic®:
  - Completed evaluations for all assigned rotations
  - All projects, presentations, and assignment documents uploaded
  - Quarterly development plans
- Two formal education lectures
- Two formal Grand Rounds presentations
  - Written evaluation present in PharmAcademic®



- Drug class review, monograph, treatment guideline, or protocol
- Project related to improvement of the medication use system in psychiatric pharmacy
- Medication use evaluation
- Research project as evidenced by a final manuscript and evaluation by project preceptor
  - Poster at the American Association of Psychiatric Pharmacy Annual Meeting
  - Presentation at Midwest Pharmacy Resident's Conference or equivalent
- A minimum of 52 weeks of rotation/approved meeting days and 32 staffing shifts
- Exit survey

## **Exit Survey**

Prior to the completion of the residency program, the residents will have the opportunity to express thoughts on ways of improving the program. This exit survey typically occurs in June and is used to improve the program as recommended by the residents.

## Appendix A:

### Tracking Former PGY2 Psychiatric Pharmacy Residents

Years	Name	Organization	Title	Trains Residents	Board Certified	Email
2020-2021	Claire Herbst, PharmD	The University of Kansas Health System	Clinical Pharmacist Psychiatry; Residency Program Director	Yes	Yes: BCPS, BCPP	<a href="mailto:cherbst@kumc.edu">cherbst@kumc.edu</a>
2021-2022	Nina Carrillo, PharmD	Massachusetts Institute of Technology Medical	Clinical Pharmacy Specialist in Psychiatry	No	Yes: BCPP	<a href="mailto:ninapcarrillo@gmail.com">ninapcarrillo@gmail.com</a>
2022-2023	Danielle Dauchot, PharmD	Northwestern Medicine	Clinical Pharmacist Psychiatry	Yes	Yes: BCPP	<a href="mailto:dbdauchot@me.com">dbdauchot@me.com</a>
2023-2024	Alex Surbaugh, PharmD	East Tennessee State University	Assistant Professor of Ambulatory Care Psychiatric Pharmacy Specialist	Yes	Yes: BCPP	<a href="mailto:wallacela1@etsu.edu">wallacela1@etsu.edu</a>
2024-2025	Will Cordell, PharmD	The University of Kansas Health System	Clinical Pharmacist Internal Medicine & Psychiatry	Pending	Pending	<a href="mailto:wcordell@kumc.edu">wcordell@kumc.edu</a>

**Appendix B.**

**PGY2 Resident Research Project Idea Submission Form**

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

## Appendix C.

### PGY2 Psychiatric Pharmacy Residency Important Dates and Deadlines

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

Date/Due Date	Item
July 9 <sup>th</sup> , 2025	First day of residency
July 2025	New resident discusses potential research topics with preceptors and RPD
July 2025	Meet with RPD to create individual customized plan/schedule
July 2025	Initial Customized Quarterly Development Plan
August 15 <sup>th</sup> , 2025	Deadline for resident to choose project (otherwise project is assigned by RPD)
August 31 <sup>st</sup> , 2025	Deadline for residents to choose Fall Grand Rounds presentation topic
Late Aug/ Early September 2025	Resident presents Resident Research Proposal to RAC
September 30 <sup>th</sup> , 2025	All letters/protocols submitted to IRB
October 2025	1 <sup>st</sup> Quarter Customized Development Plan
October/November 2025	Formal presentation practice session to psychiatric pharmacy team (Resident & presentation preceptor will determine a specific date)
November 11 <sup>th</sup> , 2025	Psychiatry Fall Grand Rounds Presentation
December 2025	Resident and research advisor meet and produce a written progress report and timetable for project completion to the RPD
December 2025	AAPP abstracts draft due to research team
December 2025	Final AAPP abstract due to RPD and research advisor
December 2025	Manuscript background and methods section due to RPD research team ( <b><i>must be in specific journal format intended for publication submission</i></b> )
January 2026	2 <sup>nd</sup> Quarter Customized Development Plan
~January 13, 2026 (to be confirmed)	AAPP abstract submission due
February 1, 2026	Deadline for residents to choose Spring Grand Rounds presentation topic
Spring TBD, 2026	Psychiatry Spring Grand Rounds Presentation
March 31, 2026	1 <sup>st</sup> draft of AAPP poster draft due to research team
April 2026	2 <sup>nd</sup> draft of AAPP poster due to research team
April 2026	3 <sup>rd</sup> Quarter Customized Development Plan
April or May 2026 (pending finalized residency conference date)	Resident presents practice residency conference presentation to the psychiatric pharmacy team. Slides and data collection should be complete by this time. (Contact RPD and/or research advisor for specific draft due date)
April 2026	Final AAPP poster due to research team to send to printer
April 19-22, 2026	AAPP Annual Meeting
May 2026	Manuscript data section due to research team ( <b><i>must be in specific journal format intended for publication submission</i></b> )
May 15, 2026	Full draft of project manuscript due to research team ( <b><i>must be in specific journal format intended for publication submission</i></b> ); Give them a deadline of May 22nd for edits
May 22, 2026	Manuscript edits from research team due to resident
May 29, 2026	Manuscript 2 <sup>nd</sup> draft due to all co-authors
June 9, 2026	Manuscript 3rd draft due to all co-authors
June 19, 2026	Final manuscript due to research team and RPD

June 23, 2026	Final manuscript submitted to due to Journal
June 2026	Complete final evaluations, PharmAcademic® evaluations, exit interview, ensure successful completion of residency requirements are documented and uploaded to PharmAcademic®
July 3, 2026	Last day of residency