



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

KANSAS CITY DIVISION



PGY1 & PGY2 PROGRAMS

Residency Manual

2025-2026



Accredited

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Residency Programs and Leadership

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. By learning to provide medication management for patients under the guidance and supervision of preceptors and faculty members, value, context, and meaning are given to those interactions. As residents gain experience and demonstrate growth, they assume roles that permit them to exercise those skills with greater independence.

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

Overview

The Post Graduate Year One (PGY1) Pharmacy Residency and Post Graduate Year Two (PGY2) Specialty Residencies at The University of Kansas Health System (TUKHS) provide residents with the skills and knowledge to become a competent pharmacy practitioner. The specific program for each residency (and resident) varies based upon the resident's goals, interests and previous experience. However, all residents are required to complete learning experiences in core subject areas considered essential to the pharmacy practitioner. A broad range of elective learning experiences are available to permit the resident flexibility in pursuing individual goals.

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

Administration of the Program

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

Residency Advisor (RA)

- Maintain history and philosophy of residency training within the health system
- Provide guidance to Residency Leadership Committee

Residency Programs Executive (RPE)

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

Residency Program Director (RPD)

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

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

Residency Program Coordinator (RPC)

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

Residency Program Leadership

Residency Advisors

Rick Couldry, MS, RPh, FASHP

Vice President Pharmacy and Health Professions

Harold Godwin, MS, RPh, FASHP, FAPhA

Professor Emeritus

Residency Programs Executive

Katherine A. Miller, PharmD, MHA, DPLA, FASHP, FKCHP

Senior Director – Acute Care Pharmacy

PGY1 Pharmacy Residency

Director: Sarah Mester, PharmD, MS, BCPS

Assistant Director – Acute Care Pharmacy

Coordinator: Lindsey Fitzpatrick, PharmD, BCPS

Clinical Pharmacist

PGY1/2/MS Health System Administration Pharmacy & Leadership Residency

Director: Sarah Daniel, PharmD, MS, BCPS

Senior Director – Ambulatory and Specialty Pharmacy

Coordinator: Sarah Mester, PharmD, MS, BCPS

Assistant Director – Acute Care Pharmacy

PGY2 Ambulatory Care

Director: Lauren Fox, PharmD, BCACP

Clinical Pharmacist

PGY2 Critical Care

Director: Lucy Stun, PharmD, BCCCP, DPLA

Pharmacy Manager – Critical Care,
Emergency Department, Poison Control Center

Coordinator: Erin Kozlow, PharmD, BCCCP

Clinical Pharmacist

PGY2 Infectious Diseases

Director: Eric Gregory, PharmD, MS, BCIDP, DPLA

Pharmacy Coordinator –
Antimicrobial Stewardship

PGY2 Pharmacy Informatics Residency

Director: Allyce Schenk, PharmD, BCPS

Interim Director – Pharmacy Informatics

Coordinator: Erika LeQuier, PharmD, MS, BCPS

Pharmacy Manager – Informatics

PGY1/2 Medication-Use Safety and Policy

Director: Joann Moore, RPh, DPLA

Pharmacy Manager – Medication Use
Safety and Quality

Coordinator: Amanda Grady, PharmD, BCPS

Pharmacy Coordinator – Drug Information

PGY2 Oncology

Director: Shelbie Gibbs, PharmD, BCOP

Clinical Pharmacist

Coordinator: Maggie Nelson, PharmD, BCOP

Clinical Pharmacist

PGY2 Psychiatry

Director: Claire Herbst, PharmD, BCPS, BCPP

Clinical Pharmacist

Statement of Diversity, Equity, Inclusion, and Belonging (DEIB)

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

The pharmacy residency programs at TUKHS are committed to promoting and creating environments that support diversity, equity, inclusion and belonging for our residents and preceptors, as well as other learners and staff.

Recruitment and Selection of Residents

It is the policy of The University of Kansas Health System to provide equal employment opportunities without regard to race, color, religion, national origin, sex, age or handicap. This standard will be maintained when recruiting residency candidates. Recruitment identifies and engages individuals underrepresented in the profession of pharmacy.

The TUKHS residency programs will continue to follow the current recruitment process, which may include:

- Utilization of standardized applicant scoring tools
- Virtual recruitment sessions
- Virtual interview opportunity
- Utilization of blinded interviews

Additionally, TUKHS residency programs will focus on continued improvement for resident candidate recruitment methods and preceptor and program leadership education related to diversity, equity, inclusion, and belonging.

STANDARD 1: Recruitment and Selection of Residents

Resident Selection and Match Process

Each residency program may have additional application requirements, including at a minimum:

- PhorCAS application
- Applicant CV
- Applicant Letter of Intent
- Three (3) letters of recommendation
- TUKHS HR Application

Application review process varies by program and may have a combination of current residents, preceptors, and residency leadership review applications. All applicants are assigned a score; generally, the top scores are offered invitations to interview; Exceptions include:

- Applicants that had a particularly positive or negative experience on an APPE learning experience(s) at the health system based on preceptor feedback
- Applicants that had a particularly positive or negative experience during a recruitment event based on resident or preceptor feedback
- Applicants that had a particularly positive or negative experience as an employee of the health system

Interviews may be offered in person, virtually, or as a combination of both. Interview evaluation and rank process varies by program. Each interviewer has the opportunity to provide both numerical and summative comments on the candidates. Applicants are reviewed based on their overall score. Discussion among all interviewers occurs to move applicants to create the overall rank list. Discussion includes candidate characteristics that are not “scorable” such as past experience with our preceptors (APPE or PGY1 learning experiences). The RPD has final decision over the rank list submitted.

It is the policy of The University of Kansas Health System to provide equal employment opportunities without regard to race, color, religion, national origin, sex, age or handicap. This standard will be maintained when recruiting residency candidates. Recruitment identifies and engages individuals underrepresented in the profession of pharmacy.

Within 1 week of the release of the Match results, all residents will receive an offer letter from their RPD which meets the requirements of ASHP Standards as well as be contacted by TUKHS HR personnel for formal benefits and salary information. Once TUKHS pre-hire requirements are met, an HR offer letter will additionally be provided.

After match results are released and if a residency position remains open, the program specific Residency Advisory Committee will meet as needed to assess potential candidates. Application and interview procedures for the second match (Phase II) will be followed similar to Phase I review process.

PGY2 Early Commitment Policy

The following procedures formalize a process by which current PGY1 residents may apply for early commitment to the PGY2 residencies at The University of Kansas Health System (TUKHS). The process recognizes that some residents may decide early in the PGY1 year that continued training in the form of a specialty residency is desired. The deadlines for the early commitment process are established to comply with ASHP deadlines for residency match process each year. Deadlines will afford a candidate who applies for early commitment and is denied, the opportunity to seek an external PGY2 residency through the standard process. Early commitment to a PGY2 residency should not be considered a guarantee. Candidates should continue the standard process of investigating PGY2 residencies until they have been formally offered and accepted early commitment to a PGY2 program.

TUKHS PGY1 pharmacy residents are eligible to apply for early commitment to PGY2 residencies if they are in good standing with the PGY1 program with respect to position requirements along with performance on learning experiences and longitudinal requirements. Residents interested in early commitment to a PGY2 residency should submit an updated curriculum vitae (CV) and letter of intent for early commitment to the PGY2 RPD by November 1st of their PGY1 residency year. Prior to doing so, it is highly recommended that the PGY1 resident schedule a meeting with the respective RPD to discuss their interest and to learn more about the program.

Upon receipt of the required materials, the PGY2 RPD will review the candidate's CV and letter of intent as well as previously submitted PGY1 application materials. The PGY2 RPD and respective PGY2 RAC will determine candidate eligibility for an interview. If the candidate is deemed eligible for an interview, the PGY2 RPD will arrange an interview.

After the interview, the PGY2 RPD and respective PGY2 RAC will provide either an offer letter or denial for early commitment to the candidate. Return of the signed offer to the PGY2 RPD within the agreed upon time frame following the applicant's receipt of the letter will serve as a formal written commitment by the resident.

Each individual PGY2 program will decide and communicate with the candidate(s) whether they will consider offering early commitment prior to or after the ASHP Midyear Clinical Meeting. If the PGY2 program decides to wait until after the ASHP Midyear Clinical meeting, the PGY2 RPD will provide either an offer or denial letter for early commitment to the candidate as soon as possible following the ASHP Midyear Clinical Meeting and no later than 24 hours prior to the ASHP Early Commitment deadline. Residents denied early commitment may choose to go through the traditional match process.

If a candidate accepts early commitment the PGY2, the RPD is responsible for notifying the PGY2 RAC along with submitting early commitment paperwork to ASHP and the NMS system.

STANDARD 2: Program Requirements and Policies

Attendance, Paid Time off (PTO), Family Medical Leave (FMLA), Bereavement

Residents will abide by the TUKHS policies relating to attendance and punctuality, paid time off (PTO), Family Medical Leave (FMLA), and bereavement. These policies are available as appendices. Residents accrue PTO based on their years' experience within TUKHS. On average, a first year employee of TUKHS will earn at least 17 days of PTO during their year. Residents are allowed to use all available/accrued PTO days so long as they do not conflict with learning experience requirements. Specific expectations related to PTO requests are program specific and can be found in the program-specific manual. Unused PTO days are paid out to the resident if they are not hired by TUKHS; they roll over into the new role if the resident is hired by TUKHS.

Residents who have been employees of the health system less than 1 year are not eligible for FMLA through the health system. These residents will still be allowed to use unpaid time off in alignment with the FMLA policy (see policy).

Residents requiring FMLA or unpaid time off longer than 2 weeks will be required to make up the missed residency hours in order to meet residency program requirements for completion.

Residents requiring FMLA or unpaid time off longer than 12 weeks will be unable to complete the program requirements in a reasonable time. The resident would be released from the residency program contract terms and conditions. They will be eligible to re-apply for the program during future match cycles.

Residents taking greater than 37 days per 52-week training period, not to exceed 12 weeks, away from training days will be required to make up the missed training days in order to meet residency program requirements. Residents who return to complete their residency through an extension will receive their same biweekly salary and maintain their same selected benefits from HR for hours worked.

Conference or education days when approved as part of the program will not be included in the number of days away from the program. Compensatory days for staffing shifts, if given, are considered to be part of the service commitment and therefore are not counted as time away from the program.

Duty Hours, Resident on Call, Moonlighting

Compliance with the ASHP Duty-Hour Requirements for Pharmacy Residencies is a shared responsibility between residency program leadership and the resident. Residents are expected to read, understand and abide by these requirements which should be considered when volunteering to cover additional pharmacist shifts or making changes to required staffing or on-call schedule. Questions concerning the application of these requirements should be directed to the resident's RPD or the RPE.

DEFINITIONS

Duty Hours

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor.

Scheduled Duty Periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Moonlighting

Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Maximum Hours of Work per Week and Duty-Free Times

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
- At-home call is not included in the 80 hour/week duty-hour calculation unless the resident is called into the organization.
- Residents must have a minimum of one day in seven days free of duty, averaged over a four-week period. At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duty periods.
- Continuous duty periods should not exceed 16 hours.

Residents may choose to cover additional pharmacist shifts above and beyond their required staffing. Residents are reminded that residency is a full-time obligation and moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. All moonlighting hours (internal or external) must be approved in person or via email by the RPD prior to accepting them and may not exceed 16 hours per week. All projects must be up to date and all deadlines must be met at the time of approval.

Internal moonlighting shifts allowed depend on the training and competency of the resident. Residents should not agree to cover shifts for which they have not been trained and deemed competent to staff or they are in any way uncomfortable staffing. Residents volunteering for inpatient pharmacist shifts must email the Pharmacist Scheduler (Pharmacist_Scheduler@kumc.edu) and approved moonlighting hours will be documented on the staffing schedule.

Moonlighting hours and resident performance will be assessed by the RPD monthly upon review of the resident's duty-hour attestation in PharmAcademic™. In addition, if a pharmacist believes the resident is exhibiting signs of fatigue (excessive yawning or sedation) or that participation in moonlight is affecting their judgement, the resident should be relieved of duty and the pharmacist and resident will notify the RPD. If the RPD determines that moonlighting is interfering with the resident's judgement, overall performance, compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies, and/or ability to achieve the educational goals and objectives of the program, the resident's moonlighting hours may be restricted or

eliminated. Health system policy 5.15 Employee Counseling will be used to form actions taken in response to non-compliance.

Compensation and Supplemental Pay

Residents will be eligible for supplemental shift pay at the pharmacist rate or comp days when additional hours above and beyond the learning experience and staffing requirements occur. Comp days will be required to be used when duty hours are at risk of being exceeded. Supplemental pay is available at the discretion of pharmacy leadership.

Duty Hours Tracking

The resident must complete the attestation and document their duty hours, including any moonlighting hours (internal or external) for the past month per the evaluation assigned monthly in PharmAcademic™. The RPD will review monthly and if duty-hour violations are noted they will follow-up with the resident and discuss a plan to ensure future compliance which will be documented in the co-signer comments of the evaluation.

Licensure

Residents are expected to apply for licensure in the state of Kansas as soon as possible following the match and graduation from their Doctor of Pharmacy program.

TUKHS requires that PGY1 residents are licensed within 90 days of the start of residency and PGY2 residents are licensed within 60 days of the start of residency. Licensure delay within the control of the resident beyond the 90 or 60 days will result in corrective action, up to and including termination.

For circumstances beyond the control of the resident, approval for extension beyond 90 or 60 days requires discussion with the RPE. The RPD in conjunction with the RPE has authority to allow flexibility up to 120 days from the start date when appropriate due to circumstances outside of the control of the resident. Delay in licensure may result in the residency program being extended and/or replacement of elective learning experiences to make up required learning experiences and/or staffing days missed.

Failure to obtain licensure beyond 120 days will result in termination and the resident will not receive a residency certificate.

PGY2 Program Verification of Completion of PGY1 Program

All PGY2 Program RPD's or their designee will be responsible for verifying the completion of incoming residents' PGY1 program within 30 days of the start of the PGY2 program. For combined PGY1/PGY2 programs, verification must be completed within 90 days of the start of the PGY2 year.

Verification will be completed through use of Graduate Tracking within PharmAcademic. If completion cannot be verified using this method, either confirmation via direction communication with the PGY1 RPD or a copy of the PGY1 Certificate of Completion will be uploaded to PharmAcademic so as to render this verification electronically retrievable.

Matched PGY2 candidates will be informed of the process for verifying completion of PGY1 residency as part of communications sent along with their offer letter.

Failure by the incoming resident to complete their PGY1 program will result in termination and the resident will not receive a residency certificate.

Requirements for Successful Completion of Residency Program

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

1. Complete ASHP Resident Entering Self-Assessment Form in PharmAcademic™
2. Complete and provide documentation of initial training
3. Complete all required learning experiences as outlined in the Program Supplemental Manual specific to each residency program
4. Residents must obtain at least 80% of objectives rated as Achieved for Residency (ACHR). All objectives must be rated as Satisfactory Progress or higher by the end of the residency year.
5. Complete all additional program specific requirements including any objectives required to be ACHR.
6. Complete all assigned evaluations in PharmAcademic™
7. Complete all aspects of their assigned research project(s) including a final evaluation by the research project advisor and submission of manuscript in publishable form.
8. Present project research at the designated conference or equivalent.
9. Complete all learning experience/approved meeting days and staffing shifts required by their designated residency program
10. Upload all projects, presentations, and evaluations completed outside of PharmAcademic™ (ex: presentation evaluations) to PharmAcademic™
11. Provide end of the year program feedback to the Residency Program Director
12. Monthly duty hours submitted in PharmAcademic™
13. All Quarterly Development Plans submitted in PharmAcademic™

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

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

Resident Dismissal Policy

TUKHS pharmacy residents will be evaluated at a minimum quarterly by the RPD and/or RPC along with the Residency Advisory Committee and the resident Coach (if applicable) to ensure they are on track to completing all required competencies, goals, and objectives set forth by the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies. If a resident is not completing the necessary requirements, TUKHS pharmacy leaders will utilize a process of documentation and structured communication with the resident as necessary. Items where improvement is needed will be discussed with the resident in an ongoing fashion as each quarterly customized plan is developed and again at the end of the program. A formal action plan approved by Human Resources and the RPE may be used to be consistent with documentation.

Performance management of the resident will be conducted in accordance with TUKHS's Human Resource Policies (see policy). Examples of situations in which the performance management process may be initiated include the following:

- Consistently failing to complete goals and objectives or maintain programmatic standards of the residency training program
- Consistently exhibiting poor performance on goals and objectives of the program
- A serious or repeated act or omission compromising acceptable standards of patient care
- Failure to perform the functions and duties of a resident including staffing requirements and Advanced Institutional Practice learning experience
- Failure to become a licensed pharmacist in the state of Kansas by the date designated by the residency program and ASHP Accreditation Standards
- Consistently exhibiting unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the residency training program
- A material omission or falsification of a residency training program application
- Some conduct may be of such and unethical or unprofessional nature to warrant immediate dismissal. Examples of this type of conduct include, but are not limited to theft, illicit drug use, and workplace abandonment without notification. Should conduct of this nature occur the RPD, along with the RPE and Human Resources, will determine appropriate action based on the circumstances of the occurrence.

Research, Conference Attendance and Financial Support

Research Projects

- Each resident will complete research projects aimed at enhancing the personal and professional growth of the resident while benefiting the pharmacy through evaluation of pharmacy practice
- Findings will be presented within the health system and at regional and national meetings
- Preparation of a manuscript suitable for submission for publication is required

Travel

- Meeting attendance is dependent on the conference opportunities available
 - Financial status of the health system will determine if financial support is available for attendance
 - If supported, registration will be reimbursed up to the early bird member rate
- PTO may be required to be used to account for days out of the department if the conference/meeting/travel is not approved by the residency program.
- Professional days are granted for residents for interview days at the discretion of the RPD. Professional days are not granted for travel to interviews. Financial support for travel to interviews is not supported by the residency program.

Additional Financial Support

- Professional organization membership fees are not supported by the department
- Required certifications and advanced degree programs, as outlined by the individual residency programs, are rewarded by the department
- Professional promotion materials such as headshots, rewarded as available from the department

- Scrubs, workstations, and other necessary equipment will be available for use during time of employment
- For residents working remotely, appropriate technology and equipment is provided to allow residents to fulfill program responsibilities
- Annual Professional Certification Recognition Award for professional certifications not required for employment, such as BPS, rewarded as available from the health system

Applicable Health System Policies

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

STANDARD 3: Structure, Design and Conduct of the Residency

Refer to each program supplemental manual for program specific design and conduct related to learning experiences and learning objectives.

Evaluation of Resident

Preceptor's Responsibilities

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

Expected Resident Progression Through Learning Experience

Clinical Learning Experiences

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

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

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

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

Quality/Med Safety/Admin Learning Experiences

Day 1: The resident should have met with the assigned preceptor before the start of the learning experience (5 to 7 days before) to review the learning experience's learning activities and expectations. The preceptor will orient the resident to their daily responsibilities. The preceptor and resident should identify selected projects, topic discussions or other activities for the learning experience.

Week 1: The resident should attend assigned meetings with their preceptor and begin work on identified learning experience projects. The resident should schedule meetings with preceptor for identified topic discussions or project support.

Mid-point: The resident should provide the preceptor with examples of project progress, drafts and plans for project completion. The resident should actively engage in meetings, work groups or topic discussions as scheduled.

Beginning of final week of learning experience: The resident should submit complete projects at the beginning of the final week of learning experience to demonstrate the skills and knowledge gained during the learning experience. The resident should have completed all assigned projects in a satisfactory manner or develop an adequate timeline for completion along with the preceptor.

Longitudinal Staffing Learning experience

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

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

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

Traditional Longitudinal Research Learning Experience

(Example progression through a project, refer to program specific timelines)

Quarter 1:

- Establish research project, design and timeline
- Perform literature research pertaining to selected research project

Quarter 2 & 3:

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

Quarter 4:

- Manuscript development and presentation for assigned residency presentation platform (i.e. conference if applicable)

- › Final manuscript, poster and podium presentations should be submitted to the preceptor and uploaded into the PharmAcademic portfolio.
- › Resident should demonstrate the fundamental skills necessary to independently design and execute future research and quality improvement projects

Flipped Longitudinal Research Learning experience

Quarter 1 (Project 1):

- › Establish research project, design and timeline
- › Perform literature research pertaining to selected research project
- › Implement intervention if applicable

Quarter 2 (Project 1):

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

Quarter 3 (Project 1):

- › Manuscript development

Quarter 3 (Project 2):

- › Establish research project, design and timeline
- › Perform literature research pertaining to selected research project
- › Obtain IRB approval if applicable
- › Identify data source, collect and review initial data

Quarter 4 (Project 1):

- › Presentation for assigned residency presentation platform (i.e. conference if applicable)
- › Final manuscript, poster and podium presentations should be submitted to the preceptor and uploaded into the PharmAcademic™ portfolio.

Quarter 4 (Project 2):

- › Resident should demonstrate the fundamental skills necessary to independently design and execute future research and quality improvement projects
- › Hand off project to new resident

PharmAcademic Written Evaluation Definitions

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

1. Needs Improvement (NI)

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

- The resident's level of skill on the goal or objective does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress," whichever applies.
- It is acceptable for a resident to receive a NI the first time an objective is evaluated but must reach at least a SP by the end of residency year.

2. **Satisfactory Progress (SP)**

- The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the goal/objective/task in 10-30% of instances. The resident performs task at an acceptable level, reaching defined goals/objectives in a consistent manner.
- This applies to goals/objectives whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full ability to perform the goal/objective by the end of the program.
- Resident can ask questions to acknowledge limitations and/or judgment is not refined.

3. **Achieved (ACH)**

- The resident has fully accomplished the ability to perform the educational objective.
- The resident has the skills/knowledge in this area and requires assistance to successfully complete the goal/objective/task in less than 10% of instances. The resident requires no further developmental work in this area and requires minimal supervision.

4. **Achieved (ACH) for Residency (ACHR)**

- An objective may be achieved for the residency when the preceptor identifies the resident is performing at an achieved level. It may also be achieved by a preceptor if they are the only preceptor evaluating the objective.
- May also be completed by Residency Program Director based on the review of completed evaluations and objective evaluation status (NI, SP, ACH).

STANDARD 4: Requirements of the RPDs and Preceptors

Preceptors

Each learning experience has a pharmacist preceptor(s) who develops and guides the learning experiences to meet the learning experience and residency program's goals and objectives with consideration of the resident's goals, interests, and skills.

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

Preceptors must regularly participate in organized clinical discussions such as rounds, journal clubs, and/or Grand Rounds. Preceptors should also demonstrate scholarship by publication of original research, presentations at local, regional, or national professional and scientific meetings.

Coaches

A coach may be selected during training and orientation and approved by pharmacy leadership and Residency Leadership Committee, as appropriate per program. The coach will serve as a unique contact for any matters that relate to successful completion of the residency. Residents will be provided with a list of coaches to select from during orientation. The clinical coaches for the PGY1 residents are generally frontline preceptors. They work hand in hand with the RPD/RPC and the Resident Advisory Committee to assure the resident's successful completion of their residency.

Residency Leadership Committee

The Residency Leadership Committee is a standing committee of the Department of Pharmacy. It is composed of all Residency Program Directors and Coordinators and chaired by the Residency Programs Executive (RPE). The Committee strives to maintain and improve the quality and consistency of the residency programs.

The specific functions of the committee include:

- Maintenance of resident policies/procedures, manual, accreditation standards
- Determination of global requirements/documents versus individualized per residency
- Annual recruitment plan (PPS, showcase, career days); resident screening approach
- Annual quality review (preceptor review, resident exit survey feedback)
- Program start/stop dates
- Oversight of resident scheduling
- Implementation of early commit process for PGY2 programs
- Resident banquet

Residency Advisory Committee

The Residency Advisory Committee guides all elements of the residency programs and supports resident success. The committee is comprised of preceptors, applicable pharmacy leaders and Residency Program Directors/Coordinators. The committee(s) meet at least quarterly. Discussion and decisions of the committee(s) are documented. The committee(s) engage in an ongoing process of assessment of the residency program including methods for recruitment, input from residents who complete the program, and input from resident & preceptor evaluations in PharmAcademic.

Subcommittees of the PGY1 Residency Advisory Committee include Research Subcommittee, Preceptor Education, Support & Development Subcommittee, Recruitment Subcommittee, and Continuing Education & Grand Rounds Subcommittee.

PGY2 Specialty Residencies have program specific RAC meetings to support their individual programmatic needs.

Preceptor Development Policy

This policy applies to The University of Kansas Health System (TUKHS) residency programs. Representatives of each program will review the programs preceptor development policy on an annual basis. A preceptor development plan specific to each program may be developed to identify and address preceptor development needs specific to that program. Each preceptor will be responsible for completing their ASHP preceptor academic and professional record (APR) on an annual basis. This will be reviewed by the residency program director (RPD) and/or supervisor for their respective program. Individual preceptor development plans will be developed for any preceptor who does not meet the ASHP requirements to be a preceptor or will not meet the requirements within two years. The residency program director (RPD) in conjunction with the residency advisory committee (RAC), the preceptor development committee, and the preceptors' supervisor will be responsible for the following on an annual basis:

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

Preceptor Selection: Annual Assessment of Preceptor Eligibility, Responsibilities and Qualifications

- Annually, each preceptor will be required to complete the ASHP Preceptor APR. The due date will be determined by each RPD.
- After the preceptor has submitted their completed ASHP Preceptor APR the RPD will review to assess whether the preceptor meets the responsibilities and qualifications to be preceptors. If qualifications are not met, an individualized preceptor development plan will be developed in conjunction with the RPD and preceptor
- The RPD will determine whether Pharmacist preceptors meet Standard 4.5 (Pharmacist Preceptors' Eligibility) from the ASHP Guidance Document Accreditation Standard for Postgraduate Pharmacy Resident Programs. Pharmacist preceptors must be licensed pharmacists who:

- 4.5.a PGY1 Program
 - have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
 - have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or,
 - without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience
- 4.5.b PGY2 Program
 - have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or,
 - without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area
 - The RPD may review the preceptors ASHP Preceptor APR, previous experiences, PharmAcademic evaluations and feedback from resident(s) to determine if they meet criteria from Standard 4.5
- The RPD will assess the preceptor's ability to comply with Standard 4.6 and 4.7
 - The RPD will utilize the preceptor's self-completed ASHP Preceptor APR or individualized preceptor development plan, evaluations of the residency in PharmAcademic™, feedback from student and resident evaluations to assess whether they have met the following criteria:
 - 4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted
 - 4.6.b. Contribution to pharmacy practice in the area precepted
 - 4.7.a Preceptors actively participate and guide learning when precepting residents

Annual Assessment of Preceptor Development Needs

- On an annual basis, preceptors are required to complete and/or update their ASHP Preceptor APRs and submit them to the RPD annually by the date determined as outlined in Table 1
- The RPD will review all the completed ASHP Preceptor APRs to identify preceptor development needs specific to that program
- The RPD will review resident(s) evaluations of preceptors and learning experiences annually to identify preceptor development needs
- The RPD will solicit verbal and written feedback from resident(s) to identify preceptor development needs (at a minimum during the resident(s) annual survey)
- The RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify recommendations or areas of partial compliance which pertain to precepting skills

Process for Development of the Annual Preceptor Development Plan

- The RPD from each program will review the annual plan from the overall preceptor development committee and preceptor development needs identified through annual assessment (described above). The RPD will assure that the needs of their specific program are met. If not met, an annual

preceptor develop plan for each respective residency program may be developed based on the discretion of each RPD and the needs of that program.

- If a program specific preceptor development plan is needed, the RPD in conjunction with that programs' respective RAC will come to a consensus on the areas of preceptor development to focus on for the upcoming year. The program specific preceptor development plan will be reviewed and voted on for approval at the respective RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the overall preceptor development plan, the RPD in conjunction with the preceptors' supervisor may develop individual plans for these preceptors.

Review of Effectiveness of Previous Year's Annual Preceptor Development Plan

- The current residency year's preceptor development plan will be reviewed annually at the end of the residency year by each RPD and RAC. Effectiveness will be assessed as follow:
 - Review of the current residency years overall preceptor development plan and if available program specific preceptor development plan(s) to determine if any needs from the past year are not met.
 - Discussion with the preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs.
- This discussion will be used when developing the subsequent year's plan.

Process for Development of Individualized Preceptor Development Plans

- Individualized preceptor development plans will be created as needed based on each preceptor's annual assessment of preceptor eligibility, responsibilities, and qualifications.
- Each preceptor's individualized preceptor development plan will be reviewed by the RPD and the preceptor's supervisor.
- The preceptor's supervisor will work with the preceptor to ensure that they continue to function as a preceptor or if they are not yet a qualified preceptor that they meet the goals / expectations to be a preceptor within the allotted time frame (maximum of 2 years).
 - Each program will have their own individualized preceptor development plan template.

Initial Assessment of Potential / New Preceptors

- New preceptors will complete the ASHP Preceptor APR.
- The RPD will review and determine if the preceptor meets requirements to be a preceptor. If the preceptor does not meet requirements an individualized preceptor development plan will be developed .
- The RPD or representative will meet with the preceptor prior to precepting residents to review the following:
 - Basic understanding of preceptor roles and responsibilities:
 - Define Competencies, Goals, and Objectives to explain residency requirements and assessments
 - Discuss Blooms Taxonomy levels and their application when designing and evaluating learning activities for specified objectives

- Review the 4 preceptor roles (direct instruction, modeling, coaching, facilitating)
- Review the ASHP Accreditation Standard for the respective program
- Review Competency Areas, Goals and Objectives for the residency they will precept
- Review TUKHS Residency Manual (all residency)
- Review supplemental manual for the residency they will precept
- Review the preceptor development policy and any additional policies developed for the individual residency which they will serve as a preceptor
- Train on PharmAcademic™

Table 1: Activity Timeline for Preceptor Development

Activity	Responsible Party	Frequency and Due Date
Evaluate TUKHS Pharmacy Residency Preceptor Development Policy	RLC	Annually; March
Review of Effectiveness of Previous Year's Annual Preceptor Development Plan	RPD, RAC	Annually; May/June
Completion of the APR	Preceptor	Annually; May/June
Development of the Annual Preceptor Development Plan	RPD, RAC or Preceptor Supervisor	Annually; June/July
Assessment of Preceptor Development Needs	RPD, Preceptor	Annually; July
Development of Individual Preceptor in Training Plans	RPD, Preceptor Supervisor	Annually; August/September
Initial Assessment of Potential/New Preceptors	RPD	Ongoing

References:

ASHP Accreditation Standard for Postgraduate Residency Programs. 2024 ®