THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Department of Pharmacy

PGY2 Ambulatory Care Pharmacy Residency Supplemental Manual 2024-2025

Residency Program Director:
Lauren Fox, PharmD, BCACP

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I. Residency Program Purpose Statement

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

II. Residency Program Description

PGY2 Ambulatory Care Pharmacy Residency at The University of Kansas Health System (TUKHS) is designed to provide PGY1 graduates the opportunity to accelerate growth beyond generalist practice and further the development of specialized practice care areas specific to the needs of ambulatory patients. It is assumed that the resident has already achieved a basic level of competence commensurate with that of a PGY1 Pharmacy Practice Residency. The PGY2 residency focuses on developing the knowledge, attitudes, training and skills necessary to cultivate pharmacists who are competent and compassionate practitioners who are prepared for a role as an ambulatory care pharmacist.

Graduates of the residency have the capability to design, implement, and secure collaborative interdisciplinary practice agreements necessary for establishment and ongoing management of ambulatory practice. Graduates are empowered to treat and appropriately triage the most complex chronic and acute illnesses presented by ambulatory patients, while providing care within the context of a long-term health care partnership with both patients and health care providers that emphasize health improvement and disease prevention. Completion of this PGY2 Ambulatory Care Residency will provide the practitioner the advanced critical thinking skills and clinical knowledge necessary to practice as an ambulatory care pharmacotherapy expert, to enhance ambulatory care services as a clinical coordinator, and/or to share skills with others by serving as an adjunct faculty member. Moreover, program graduates will be primed for ambulatory practice leadership to serve as experts in medication prescribing.

III. Program Structure / Schedule Overview

The PGY2 Ambulatory Pharmacy Practice Residency is a twelve-month program. The program consists of advanced clinical learning experiences in numerous clinical areas. Clinical staff members serve as preceptors for the learning experiences. Attending Physicians, Fellows, Medical Residents, and Advanced Practice Providers from various areas of practice, provide additional expertise.

The specific program schedule for each resident varies based upon the residents' goals, interests, and previous experiences. However, all residents are required to complete learning experiences in a variety of practice areas giving them exposure to multiple ambulatory pharmacists' roles which is considered essential to developing skills to becoming an ambulatory pharmacy practitioner. Comprehensive care learning experiences focused on treating the entire patient along with specialty care learning experiences focused on a more specific disease state are available to permit the resident flexibility to expand their skills and ability to pursue goals in area(s) of interest to the resident.

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

IV. Residency Program Competencies

Residents will develop skills to be competent in the following four areas.

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education, and Dissemination of Knowledge

Within each competency area residents will be taught and evaluated on specific goals and objectives.

V. Learning Experiences

Organized learning experiences provide the structure of resident training in specialized areas of ambulatory care pharmacy practice.

A. Learning Experience Expectations

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

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

Frequent, clear communication is the key to a successful resident/preceptor relationship. To maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of all absences, schedule conflicts, or concerns that might arise during the month. 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.

At least **two weeks** prior to the start of each rotation, the resident should contact the upcoming rotation preceptor to arrange for a handoff/pre-rotation meeting. The resident should send their calendar (required meetings etc.) to the preceptor at this point. The pre-rotation meeting will also serve as a handoff between clinical learning experiences. Thus, the current preceptors should attend the beginning of the meeting to discuss the resident's progress. The purpose of the handoff is to discuss the residents progress throughout their rotation and ensure progress continues on the next rotation. Strengths and areas of focused improvement should be discussed. This meeting is aimed to provide the resident continuity and continued growth throughout learning experiences. The resident should guide the conversation and come prepared to discuss the areas they are working on. This is not required for non-clinical learning experiences.

The pre-rotation meeting should ideally occur during the week before the rotation starts. The resident should bring 3-5 rotation specific goals to the meeting. The goal of the pre-rotation meeting is to set clear expectations with the resident of what is expected of the resident during the rotation.

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 mid-point and end of rotation evaluation as well as the preceptor's expectations of the resident and the resident's expectations of the preceptor.

B. Rotation Goals and Objectives

The resident is expected to consider the goals and objectives for each rotation as a foundation for their experience. Competencies, goals and objectives must be reviewed by the resident at the start of each rotation. These goals and objectives may be found in PharmAcademic and in the rotation descriptions posted on SharePoint.

Residents are expected to develop skills and habits to be able to meet the following goals:

- Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.
- Design and/or deliver programs that contribute to public health efforts or population management.
- Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.
- Demonstrate ability to conduct a research project.
- Demonstrate leadership skills.
- Demonstrate management skills in the provision of care for ambulatory care patients.
- Manage the operation of an ambulatory care pharmacy service.
- Demonstrate excellence in providing effective medication and practice-related education.
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.

C. Core Learning Experiences

Required Learning Experiences

The PGY2 ambulatory care resident is required to complete the following learning experiences for the coordinating durations:

- Orientation (5 weeks)
- Ambulatory leadership (4 weeks)
- Research (2 weeks)
- Introduction to longitudinal clinic (6 weeks)
- Comprehensive care clinic 1 and 2 (each 6 weeks)
- Specialty care clinic 1 (6 weeks)

Clinic Learning Experiences

Residents are required to complete comprehensive care and specialty care learning experiences from the options listed below. All learning experiences are 6 weeks in length.

Comprehensive Care Clinics	Specialty Care clinics
• Primary Care (internal medicine, family medicine, Jayhawk primary care) • Cystic Fibrosis • HIV • Liver Transplant • Kidney Transplant • Heart Transplant • Advanced Heart Failure	• Multiple Sclerosis • Rheumatology • Inflammatory Bowel Disease (IBD) • Epilepsy/Movement Disorders • Allergy • Dermatology • Pulmonology

Longitudinal Rotation

Residents will also have a longitudinal clinic experience. The resident will spend 6-week rotation in the area where they will continue longitudinally (introduction to longitudinal). They will then continue their longitudinal rotation 1 day per week throughout the remainder of the year.

The goals of the longitudinal rotation are for the resident to:

- Broaden / solidify their clinical knowledge in a specialized area of ambulatory care pharmacy
- Display ownership of an ambulatory care service and responsibilities of the entirety of the shift
- Establish themselves as the pharmacotherapy expert
- Develop and utilize time management skills
- Display competency in independent practice
- Experience continuity with patients over time (repeat visits with the same patient)
- Gain confidence and experience of independent practice before going into the work force

Additional Elective Learning Experiences
(additional opportunities may be available based on the resident schedule and interests of the resident)

- Comprehensive or specialty care clinic learning expereinces that the resident has not yet completed (6 weeks)
- Hematology / Oncology Clinic (4 weeks)
- Advance Precepting (4 weeks)

D. Example resident schedule

Rotation	Required vs. Elective	Duration
Orientation	Required	5 weeks
Introduction to Longitudinal Clinic: Primary Care (continued longitudinal)	Required	6 weeks
Specialty Care Clinic 1: Dermatology	Required	6 weeks
Research	Required	1 week
Comprehensive Care Clinic 1: HIV	Required	6 weeks
Comprehensive Care Clinic 2: Advanced Heart Failure	Required	6 weeks
Research	Required	1 week
Elective Specialty Care Clinic: Multiple Sclerosis	Elective	4 weeks
Ambulatory Leadership	Required	4 weeks
Elective Comprehensive Care Clinic: Cystic Fibrosis	Elective	6 weeks
Elective Specialty Care Clinic: Rheumatology	Elective	6 weeks

E. Patient Care Experiences

In accordance with the ASHP PGY2 ambulatory care residency competence areas goals and objectives, residents are required to have exposure to at least 8 patient care areas. Residents are required to document at least 5 direct patient care experiences for each of the 8 required disease states. The resident is required to track patient care experiences in the spreadsheet provided by the RPD. Progress will be discussed with RPD and coaches at 1 on 1 meetings and through the resident's quarterly development plans.

From the standards:
The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions in areas listed below. The resident will also have experience managing patients in these areas.

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of

medications and non-traditional therapies, where relevant, that are applicable to diseases and conditions in the areas listed below.

The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions in the areas listed below.

From the list of 15 areas below, residents are required to have direct patient care experience in at least eight areas. When direct patient care is not possible, up to two of these eight areas may be covered by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.

Cardiology
Dermatology
Endocrinology
Gastroenterology
Geriatrics
Hematology – Oncology
Infectious diseases
Men's health
Nephrology
Neurology
Pediatrics
Psychiatry
Pulmonology
Rheumatology
Women's health

VI. Project / Research

During the program, the resident must complete one major 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 completed manuscript in a format / state suitable for submission for publication is required to complete the requirements of the residency program. The research coordinator and RPD will be responsible for determining whether the manuscript meets these standards.

A. Research Project

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. All projects shall be directed toward useful outcomes and not merely be an academic exercise for the sole purpose of satisfying this requirement. The purpose of the resident project is to develop the resident's problem-solving skills and to expose the resident to research methods while addressing an issue or area in need of study, development, or evaluation. The topic should be one of interest to the resident and of value in the provision of pharmaceutical care or to the department in provision of services. Finally, the resident project should be selected with the intent of submitting the written results for publication in an appropriate professional journal. To publish research results that may be applicable to institutions outside of The University of Kansas Health System, in most circumstances IRB approval is required.

Each resident will be assigned a project preceptor(s) to assist with project direction and to guide the resident throughout the research project. The RPD and research coordinator will also serve as preceptors for each research project.

The resident should create a timetable for deadlines (in addition to those included in the document). The resident should make every effort to complete their project according to the deadlines provided. Failure to meet deadlines should be discussed with the project preceptor(s) and if necessary, the RPD. The residency certificate will not be awarded until all requirements are successfully completed.

It is the resident's responsibility to coordinate meetings with the project preceptor(s), research coordinator, and the RPD at each checkpoint to discuss deliverables. At each check point the expectations and background / "why" and "how to" for the next deliverable will be discussed. Deadlines will also be set.

B. Research Project Checkpoints and Deliverables

a) Research Overview

This will occur early in the residency year and will be dedicated time for the research coordinator, RPD and resident to discuss the overall plan for research. Deadlines and expectations will be discussed. Some topics include research expectations and feedback, guidance (too much vs too little), background of research projects, examples folder, creating an outline, writing a paper etc.)

b) Project Selection (1-2 weeks)

After evaluating the project list and discussing potential projects with preceptor(s) the resident should notify the research coordinator and RPD of their project selection. The research coordinator and RPD will then review and approve the project choice.

c) Project Proposal & Timeline (1-2 weeks)

A formal research proposal must be submitted to the research committee for evaluation and approval. This will be evaluated for appropriateness of the topic and feasibility. Once approved the resident will present the proposal to the residency advisory committee for feedback and approval. A timeline with due dates for checkpoints to discuss deliverables should also be completed and discussed. RPD and/or research committee should be included for review on specified items in table below. All other drafts should be reviewed by project preceptor(s).

d) Data Collection Spreadsheet & Results Template (2-4 weeks)

The resident will create a data collection spreadsheet including a data dictionary and a blank results section (table, figures etc.) prior to starting data collection. These should both be reviewed by the project preceptor(s) for the first draft and the research committee prior to moving forward with data collection.

e) IRB Submission and Approval (occurs alongside C & D)

Each resident, in coordination with their RPD, research coordinator, and project preceptor(s), 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.

All residents, preceptors, and co-investigators are required to complete online IRB training prior to submitting a research protocol to the IRB. Additionally, all residents are required to complete online IRB, CITI (Collaborative Institute Training Initiative) training, and IHI (Institute for Healthcare Improvement) training regardless of whether it is needed for their projects. Residents are required to obtain IRB approval for all projects that will be submitted for publication.

f) Preliminary Data Set and Preliminary Results (2-4 weeks)

After the project is reviewed and approved the resident should collect and compile data for a preliminary group of patients. The number of patients will be determined by the project preceptor(s), research coordinator and RPD. Once the resident has completed this data collection, they should compile their findings and complete their results template with the preliminary findings. These will not be analyzed but will be used to ensure that all data is included and collected in an appropriate manner.

Steps A-F should be completed prior to the residents scheduled research week.

g) Full Data Collection & Updated Results Template (end of research week)

The resident should complete data collection for the resident of their patients. If they have questions, they should consult their project preceptor(s), research coordinator and RPD. Once data collection is complete the resident should send their complete dataset (with dictionary) and their blank results section to the research coordinator, RPD and project preceptor(s) for review. Once approved these should be sent to the statistician for analysis.

h) Abstract for meeting

Due date is to be determined based on the meeting deadline.

i) Methods (manuscript only) due date TBD

At this point the resident should write a complete draft of the methods section of their manuscript. This should be sent to the project preceptor(s) then the research committee along with the results and summary of findings.

j) Results and Summary of Findings (2 weeks for statistician analysis + 2 weeks)

Upon receipt of the results from statistician the resident should evaluate the findings and create a bullet point list summarizing the findings. These should be sent to the preceptor(s), research committee for review and discussion if needed.

k) Presentation (Poster and Oral Presentation) (some work done prior 2-3 weeks)

As appropriate, after the findings have been discussed with the research coordinator, RPD and project preceptor(s) the resident should complete their presentation. This will be in the format of a poster and an oral presentation. These presentations should be reviewed by the project preceptor(s) and research comittee The poster and oral presentation should be completed according to the guidelines of the meeting in which it is to be presented.

l) Executive summary (deadline flexible)

The resident should prepare an executive summary of their project. This should be sent to the research coordinator, RPD and project preceptor(s) for review and approval. It will be shared with clinic or ambulatory leadership as appropriate for the project.

m) Results and Discussion Outline (manuscript only) (2-4 weeks)

The resident should complete the results section of their manuscript (in addition to the methods that were previously completed). Considering the results and summary of findings that were discussed they should draft an outline of the results section. This should then be discussed with the research coordinator, RPD and project preceptors. The resident should discuss the journal intended for submission at this point as well.

n) Complete manuscript (4-12 weeks)

The complete manuscript draft (Introduction and previous sections) should be sent to the project preceptor(s) then the research committee for review. Ideally this needs to be completed 6 weeks prior to the end of residency to allow time for feedback and multiple edits. The

manuscript should follow the guidelines and requirements for submission of manuscripts established by the peer reviewed journal intended for submission.

Project Timeline		
Research Item	**Deliverable**	**Date**
Projection Selection	--	1-2 weeks
Project Proposal	Presented/discussed at Research Committee	1-2 weeks
Project Proposal	Presented/discussed at RAC	1-2 weeks
Data Collection Sheet & Results Template	Presented/discussed at Research Committee	2-4 weeks
Preliminary Results	10-20 patients, presented/discussed at Research Committee	2-4 weeks
IRB Submission	--	1-2 weeks
Final Results	Data collection	Research Week 1
Final Results	Presented at Research Committee	2 weeks
Result Statistics	--	2-4 weeks
MPRC	Abstract	Mid-April
MPRC	Presentation	Early May
Pharmacy Futures	Abstract	Mid-March
Pharmacy Futures	Poster presentation	Early June
Manuscript	Outline (Results & Discussion), presented at Research Committee	2-4 weeks
Manuscript	Word document	Research Week 2
Manuscript	Document edits	1-3 months

C. Research Project Development

The resident will review project idea submissions is required to develop and submit 2-4 research project proposals throughout the residency year. The resident should use the research project proposal template (appendix C) and should submit ideas to the RPD and research coordinator. **Timeline for research proposal deadlines should be discussed with RPD in the fall and/or spring based on other competing project timelines.**

D. Guideline, Protocol, or Policy Development

The resident will be required to create or update an existing ambulatory-related medication-related guideline, protocol, or policy. This can be related to workflow, scope of practice, collaborative practice agreement, or clinical practice protocols). The resident will be responsible for education and implementation of their project.

VII. Presentations

The PGY2 ambulatory care resident will develop and finesse their teaching skills throughout the year. This will be done through a formal Continuing Education (CE) quality presentation (seminar), didactic lectures presented to Doctor of Pharmacy students at the University of Kansas School of Pharmacy, leading journal

club discussions, grand rounds, and in-depth topic discussions on ambulatory practice, applicable disease states, adherence, and appropriate leadership topics.

A. Topic Discussions

The PGY2 Ambulatory Care Resident will be assigned topic discussions regularly on rotation. These discussions should be at a PGY2 level which includes a discussion of primary literature. The rotation preceptor and resident should discuss expectations prior to topic discussions.

B. Seminar

The resident will present one seminar on a clinical controversy to be complete at either the spring or fall ambulatory clinic pharmacist retreat.

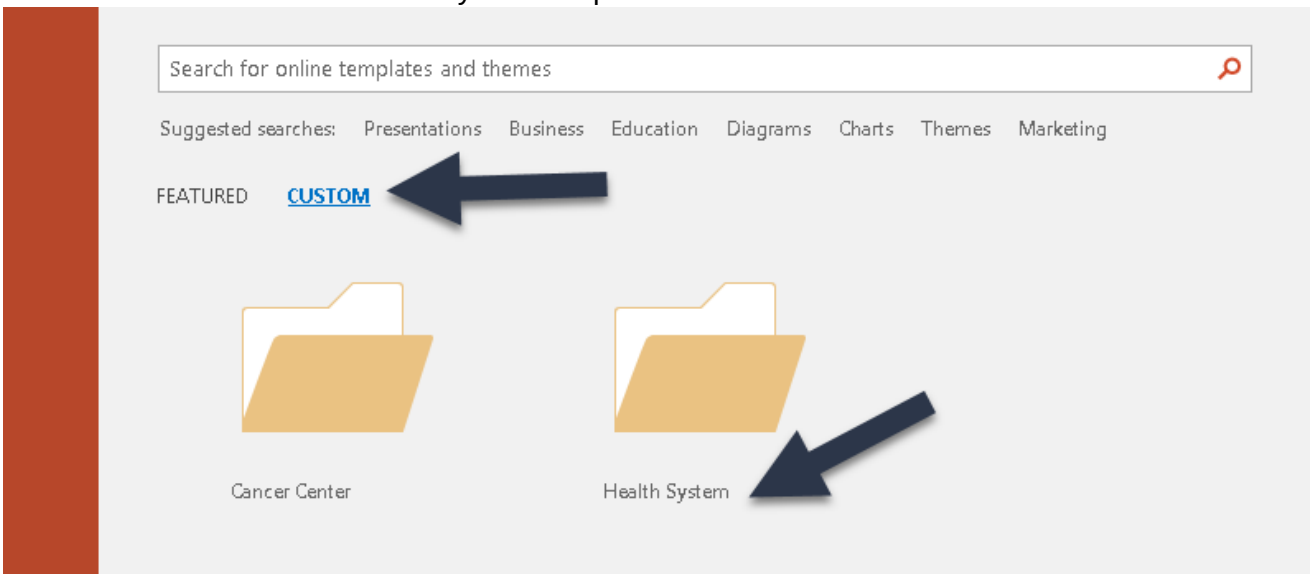
- Format
  - The presentation should be at least 45 minutes in length and should be done in PowerPoint format.
  - A project preceptor needs to be designated for each seminar.
  - This presentation will be presented to a to the ambulatory clinic pharmacist team and other disciplines as appropriate.
- Topics
  - A list of topics is available on SharePoint. If the resident chooses a topic outside of this list it needs to be approved by the RPD. The list will be updated as needed through the year. The resident should send their topic to the RPD and RPC by the due date.
- Presentation
  - The resident will be required to have a practice session with the preceptor(s) prior to the presentation.
- Evaluation
  - Evaluations will be completed by those in attendance and shared with the resident. Feedback will be provided by the project preceptor as well.
  - The project preceptor(s) will compile evaluations, review with the resident, and will upload into PharmAcademic
- The resident will be evaluated by the audience followed by a formal discussion with the CE preceptor.
  - Each seminar will be submitted for Kansas Pharmacy CE.
    - The resident should submit the following items to the Kansas Board of Pharmacy 90 days prior to the presentation date. These should be reviewed by the preceptor prior to submission.
    - Completed Kansas CE Approval Request form (form located on Pharmacy SharePoint -> resident information -> CE and Grand Rounds)
      - You must type on the form – do not handwrite any information onto the fields
        - Provider Name: The University of Kansas Health System
        - Mailing Address: 4000 Cambridge Street, Mail Stop 4040, Kansas City, KS 66160
        - Provider Contact Person: Residency Program Director
        - Mark “Yes” for all Administrative Requirements
        - Method of Delivery: Live presentation
        - Evaluation Methods: The participants will be assessed on their knowledge of the objectives with 3-5 questions posed throughout the presentation.
      - Additional documents to include:
        - Program announcements or promotional items – can use flier template (located on SharePoint: Pharmacy-> Resident information -> PGY2 Ambulatory Care Residency -> Ambulatory Seminars) should also be sent to RPD approval prior to distribution
        - Faculty qualifications - Updated copy of your CV

- Program outline – either submit an outline or slides
- Evaluation forms – submit Ambulatory Grand Round Evaluation Form (located on SharePoint: Pharmacy-> Resident information -> PGY2 Ambulatory Care Residency -> Ambulatory Seminars)
- Participant certificate of completion (located on Sharepoint: Pharmacy-> Resident information -> CE and Grand Rounds). Must state “pending approval by board of pharmacy” once the CE is approved you will remove this verbiage.

- The CE presentation must include 3-5 learning assessment questions to assess the learning of the audience
  - These questions can be at the end of the presentation or throughout

PowerPoint Template

- All PowerPoint presentations should be on TUKHS PowerPoint template. To access that template, open a new PowerPoint presentation, select custom, open the health system folder and then select the health system template.



C. School of Pharmacy Lecture

The PGY2 ambulatory care resident may present a didactic lecture to students at The University of Kansas School of Pharmacy based on lecture availability and resident interest/experience.

D. Outcomes and Value Journal Club

The resident will present a 15 min presentation + 15 min discussion of an article on ambulatory clinic pharmacist outcome or value to service to the ambulatory clinic pharmacist team.

VIII. 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.

A. RPD Meetings

The PGY2 Ambulatory resident will have regularly scheduled 1 on 1 meetings with the RPD. These will occur at a minimum every 2 weeks at the beginning of the residency and will be adjusted as needed. The objective of this meeting is to discuss specific topics important to development of the resident not covered in other aspects of the program. The RPC may be present at this meeting. The resident should update the 1 on 1 template and email it to the RPD prior to the meeting. Other guests may be invited based on the topic being discussed.

B. Mandatory Resident Meetings

Mandatory resident meetings for the entire residency class are scheduled as needed and cover various topics related to research, conference travel and updates. The PGY2 resident is expected to attend these meetings and should notify the RPD if they are unable to attend.

C. Ambulatory Pharmacist Team Meetings or Retreats

The ambulatory residents will attend the mandatory ambulatory pharmacist team clinical meetings, huddles, and/or retreats.

D. Inpatient Pharmacy Grand Rounds

The PGY2 ambulatory care resident can attend the other residents' grand rounds presentations throughout the year when able. Patient care and rotation opportunities should take priority unless the resident is instructed otherwise from their RPD or rotation preceptor.

IX. Plan for Development and Customized Residency Plan

Consistent with ASHP residency standards, each pharmacy resident completing the training program shall have an individual customized training plan to aid in their progress and development throughout the year.

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 administrative guidelines of the program the resident is encouraged to assume ownership of their training experience.

For the RPD to prepare a plan, the resident should address the required topics, through assigned questionnaires from the RPD. This information will be used for the RPD to create the plan. The RPD will meet with each resident during orientation to individually review their customized training 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.

Moonlighting will be discussed with residents each quarter. Whether or not residents are moonlighting will be documented in their development plan(s). If residents are moonlighting, they will be required to track their hours which will be documented in PharmAcademic along with the documentation in the development plan.

The RPD will meet with the resident to gather their input and then update the quarterly development plan using the changes discussed and input from the RPD. The initial development plan will be completed and shared with preceptors within 30 days of the start of residency. Quarterly updates will be completed and shared every 90 days from the start of residency. The residents coach and / or RPD will share updates to the resident's plan at the PGY2 ambulatory RAC meeting.

X. Teaching

Teaching, education, and dissemination of knowledge is one of the four competencies of the resident program. The PGY2 ambulatory care residency training ensures that the resident develops proficient skills in this area.

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.

A. Co-Precepting of Pharmacy Learners

Throughout the residency year, the resident will lead topic discussions and assist with precepting pharmacy learners under the preceptor's oversight. The PGY2 ambulatory care resident should assist learners in reviewing patients prior to clinic, during clinic, following up with patients, reviewing drug information question answers or other daily activities during a rotation. The resident may assist in developing rotation schedules, coordinating and conducting topic discussions, patient discussions and be involved with the learner's evaluation.

B. University of Kansas School of Pharmacy Lectures

The PGY2 ambulatory care residents may present a lecture at the University of Kansas School of Pharmacy if they are interested and if a lecture is available.

C. Teaching Certificate Program

The PGY2 ambulatory care pharmacy resident has the option to choose to complete the University of Kansas Teaching Certificate Program if there are available spots and the resident is interested.

XI. Evaluation

Evaluation is an integral part of the residency program. The PGY2 ambulatory care resident will be evaluated on a regular basis to assess their progress towards meeting the ASHP PGY2 ambulatory care residency competencies, goals and objectives. This will be done in PharmAcademic.

Resident performance will be evaluated in a timely manner during each rotation or learning experience. All PharmAcademic evaluations must be completed by the date they are due and/or the conclusion of the learning experience, whichever comes first.

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

A. Preceptor's Responsibilities

Oral communication of residents' performance is a part of the preceptor's responsibility during each rotation and is an on-going process. The preceptor will discuss their rotation's evaluation and expectations with the resident at the beginning of the rotation as well as provide feedback throughout the rotation along with both verbal and formal written evaluations.

B. PharmAcademic Written Evaluation Summary

1. Needs Improvement (NI)
    a. The resident is not performing at a level where they are going to meet the objective as needed to pass the residency. They have received feedback and after receiving that feedback are not making satisfactory progress.
2. Satisfactory Progress (SP)
    a. The resident is performing and progressing at a level that should eventually lead to achieving the objective as needed to pass the reisdency.
3. Achieved (ACH)
    a. The resident has fully accomplished the ability to perform the educational goal or the objective and rarely requires assistance for standard situations.
4. Achieved for Residency (ACHR)
    a. The resident consistently performs objectives at an Achieved level as defined above.

**Refer to health system pharmacy residency manual for additional definitions*

C. Criteria for Passing or Failing a Rotation (Learning experience)

If a resident recieves a NI on a midpoint evaluation they will be requried to completed an action plan. The resident will be required to formulate the action plan by completing the template. They should schedule a meeting with their preceptor(s), coach and the RPD within 5 days of receiving the NI to review the action plan. The action plan will outline what will be required to achieve SP or ACH by the end of the rotation. If the resident fails to meet the requirements and recieves a NI at the end of the rotation will they fail the rotation. At the end of the rotation they should have achieved SP or ACH in order to pass the rotation.

D. Additional Criteria for Pass or Failing the Residency

- If the resident fails 2 learning experiences they will be dismissed from the program. If the resident fails a rotation they do not have to repeat the rotation in the same area unless the rotation contains goals and objectives that are only available to meet in that rotation.
- The resident much achieve all of the objectives in order to pass the residency. The residents quarterly progress report will review the residents progress towards meeting these requirements. The resident should include this progress in their hand offs to make preceptors aware of their progress.

E. Resident Responsibilities

- Meet with the rotation preceptor prior to the start of each new rotation, primarily to discuss and customize the rotation's goals and objectives
- Review the goals and objectives assigned to the rotation as listed in the rotation description prior to the first day of the rotation.

- Meet with the preceptor on a regularly scheduled basis (weekly), as determined by the preceptor and resident.
- Solicit feedback on performance on a regular basis
- Modify the rotation or its' goals and objectives as necessary
- Complete the resident self-assessment and rotation/preceptor evaluations in PharmAcademic prior to evaluation meeting with preceptor (at a minimum, 1 day prior to the end of the learning experience).

F. Residency Program Director's Responsibilities:

After the completion of each rotation and at the end of each quarter, the PRD will review all the required evaluations and will work with the Advisor to address areas in need of improvement and other comments by developing a plan of action.

XII. Pharmacy Practice (Staffing)

Consistent with the ASHP residency standards, each resident will complete a pharmacy practice component of the residency program to obtain further training through a clinically oriented practice experience. 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.

The PGY2 ambulatory care resident will gain experience through active participation in the provision of clinical pharmacy services by staffing in the retail pharmacy. Responsibilities of this shift include but are not limited to verifying prescriptions, assessing for drug-drug interactions, and patient counseling.

1. Each resident MUST be licensed within the state of Kansas by the 60th day after the start of the residency program. The resident will not be able to staff the shift independently until licensed within the state of Kansas.
2. The PGY2 ambulatory care resident will work the equivalent of 2 shifts in the retail pharmacy every 4th weekend, one major and one minor holiday. Changes to the residents staffing hours will need to be approved by the RPD and the outpatient pharmacy operations manager.
3. The PGY2 ambulatory care resident will need a Missouri Pharmacist Resident license to complete learning experiences in certain clinics. The resident should work with the RPD to determine the timeline to obtain the license based on their rotation schedule.

XIII. Paid Time Off (PTO)

Residents accrue PTO as a standard employee benefit. PTO may be used for personal reasons, professional reasons, family illnesses and personal illness. Requests to use PTO must be submitted to and approved by the RPD and clinical manager. Residents should submit a PTO request to the RPD and clinical manager in the form of an outlook calendar invite. If an explanation is required, the resident should discuss with the RPD in person or communicate with them via email. Requests for scheduled PTO must be submitted at least 2 weeks prior to the date of use. Residents are encouraged to submit all requests prior to the start of a new rotation. Based on previous experience, more than 2 days of PTO can significantly hinder a resident's ability to meet the expectations of a rotation. For this reason, residents are not permitted to take more than 2 days of PTO during any given rotation. If the resident requires more than 2 days per rotation, a request may only be granted after providing an explanation of the extenuating circumstances to and receiving approval from the RPD.

In order to meet the goals of the residency and prevent the resident from missing out on learning opportunities that are vital to the residency, residents are only allowed 5 scheduled PTO days for personal reasons during the residency year. This does not include PTO for professional leave, interviews, bereavement or similar circumstances. If the resident requires more than 5 personal PTO days per residency year the extenuating circumstances must be discussed with and approved by the RPD.

XIV. Community Service

Each resident is required to coordinate at least 1 community service project during the residency year. The resident should meet with the community service committee at the beginning of the residency year to determine a plan and timeline for their community service project.

- The resident will work with the community service committee to help coordinate the community service project.
    - Projects must be approved by the community service committee prior to moving forward with planning.
- The resident is responsible for selecting a community service project that is personalized to their interests.
- The community service project should include an in-person activity in the community.
    - The community service event should occur outside of normal weekday clinic hours.
    - At minimum, the ambulatory clinical pharmacy team members should be invited to volunteer at the community service event.
- Community service around the holidays (especially November and December) is to be avoided.

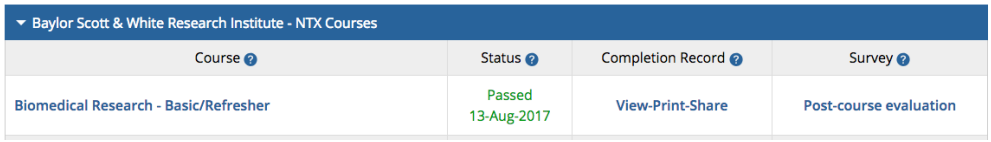
XV. Appendix A: CITI and COI Training

Note: Everyone listed on the protocol must complete the training listed here. Check with all investigators that they have completed training and assess their expiration date.

CITI Training

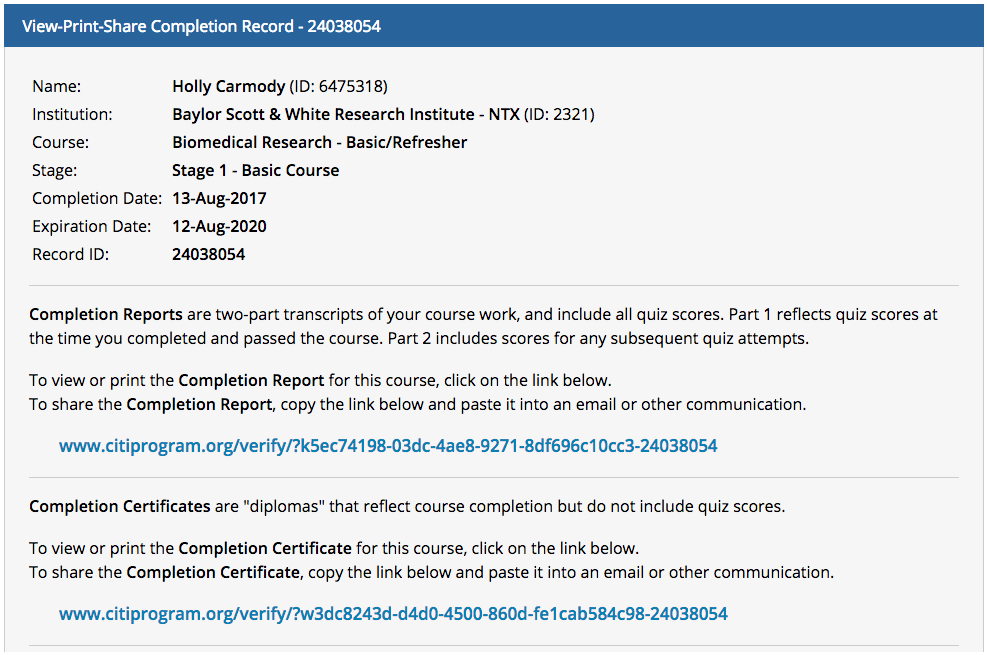
You are required to complete the "CITI Biomedical Researchers - Basic Course" and "Responsible Conduct of Research" for all studies. This takes about 3 hours to complete.

- Once you complete training it is good for 3 years
  - If you are renewing your training, you will complete the "CITI Biomedical Researchers – Refresher Course"
- If you have completed the training through another institution you can send the completion report to humansubjects@kumc.edu
  1. Log in
  2. Click on "View-Print-Share" under Completion Record



Baylor Scott & White Research Institute - NTX Courses			
Course	Status	Completion Record	Survey
Biomedical Research - Basic/Refresher	Passed 13-Aug-2017	View-Print-Share	Post-course evaluation

  3. Copy and paste links into email listed above



View-Print-Share Completion Record - 24038054

Name: **Holly Carmody** (ID: 6475318)
Institution: **Baylor Scott & White Research Institute - NTX** (ID: 2321)
Course: **Biomedical Research - Basic/Refresher**
Stage: **Stage 1 - Basic Course**
Completion Date: **13-Aug-2017**
Expiration Date: **12-Aug-2020**
Record ID: **24038054**

Completion Reports are two-part transcripts of your course work, and include all quiz scores. Part 1 reflects quiz scores at the time you completed and passed the course. Part 2 includes scores for any subsequent quiz attempts.

To view or print the **Completion Report** for this course, click on the link below.
To share the **Completion Report**, copy the link below and paste it into an email or other communication.

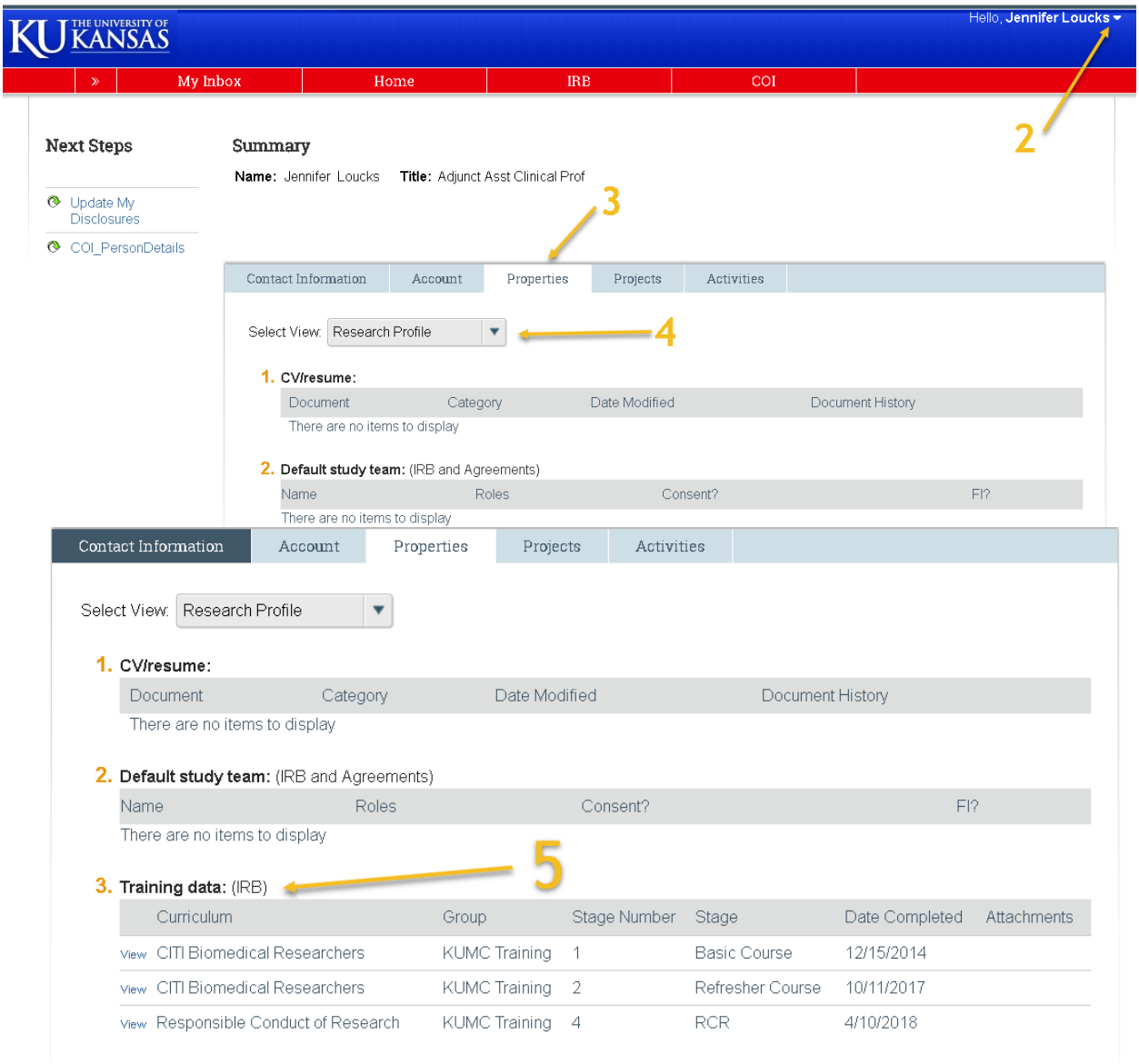
www.citiprogram.org/verify/?k5ec74198-03dc-4ae8-9271-8df696c10cc3-24038054

Completion Certificates are "diplomas" that reflect course completion but do not include quiz scores.

To view or print the **Completion Certificate** for this course, click on the link below.
To share the **Completion Certificate**, copy the link below and paste it into an email or other communication.

www.citiprogram.org/verify/?w3dc8243d-d4d0-4500-860d-fe1cab584c98-24038054

- If you completed training at KU, you can check your last training date by going to: https://ecompliance.ku.edu
  1. Log in
  2. Click on your name in the upper right corner.
  3. Select my profile
  4. Select the "Properties tab"
  5. From the dropdown "Selective View" menu choose "Research Profile"
     - Refer to 3. Training data:(IRB)
     - Your completion date is listed here. Your training will expire 3 years from that date.



- If you are completing your CITI training for the first time, go to this website first. http://www.kumc.edu/human-research-protection-program/institutional-review-board/training.html
  - Select the CITI link from this site.
  - Be sure to “Log in through my institution.” Select “University of Kansas Medical Center.” [Do NOT choose another organization that you are affiliated with.] This will take you to the sign on page where your normal sign on should work.
- Once you have logged into the CITI training website to complete the courses do the following:
  1. Select add a course
  2. Answer the questions as follows
     - Question 1: Select “CITI Biomedical Researchers Basic Course”
     - Question 2: Leave Blank
     - Question 3: Select “Not at this time.”
     - Question 4: Select “Not at this time.”
     - Question 5: Select “Responsible Conduct of Research”
     - Question 6: Select “Not at this time.”
  2. Complete all courses with a passing rate. Email your completion record to the Residency Program Director.

Conflict of Interest (COI) Disclosure

Everyone must also complete an initial conflict of interest discloser and then update anytime they have something to disclose and annually.

To access the Conflict of Interest Disclosure:

1. Log into https://ecompliance.ku.edu.
2. Select the COI tab
3. Conflict of interest disclosure form
    1. This form is created for University Staff instead of Hospital staff so some of the questions are confusing.
        1. Under the "Institutional Responsibilities" section for:
            1. Education-mark NO
            2. Research-mark NO (the are referring to company studies)
            3. Executive Leadership- mark NO
            4. Supervision of employees-mark NO
            5. Committees-mark NO
            6. Agreements-mark NO
            7. Medical orders-mark NO
        2. Under the "Additional Information" section
            1. *List your primary preceptor as your supervisor (Jennifer Loucks)*
            2. Don't need to list any other supervisors

XVI. Appendix B: IRB Submission

Step 1: All retrospective studies should be submitted utilizing https://kumcmyirb.huronresearchsuite.com/

- Click "create new study" on the left hand side under the IRB tab

- Principal investigator: Jennifer Loucks
- Protocol title: title of your research project
- Protocol number / version and date: 1.0 and date
- I. Confirming Eligibility for Review
    - A: select: Researchers will re-use data and/or specimens that have been or will be collected for non-research purposes
    - B: all answers will be "no"
    - C: select: Identifiable records, originally collected for non-research purposes
        - Source of the records: electronic medical record
        - Please specify the non-research purpose: patient care
- II. Study plan A-C: dependent on your research project
    - B. 3. "Describe your data analysis plan and the type of statistics you will use": descriptive statistics only
    - C. 3. "Number of subjects you plan to study": use the highest number than anticipated
- III. Study plan D: Confidentiality of Data

1. Please complete the HIPPA section below since the study will have access to protected health information – see example below

Explain why the research could not practicably be conducted without access to and use of the protected health information.	It is necessary to effectively screen appropriate patients for the study.
Describe the plan to protect identifiers from improper use and disclosure.	A unique identifying number or code ID will be given to each patient. The key will be password protected. The research information will be stored on KUMC's network drive only, with a linked study number on the data collection sheet.
Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research (how and when identifiers will be destroyed). If there is a health or research justification for retaining the identifiers or such retention is otherwise required by law, provide the reason to retain identifiers.	The data will be destroyed from the network drive after the study is complete and the reports have been analyzed.
Describe the plan to ensure that identifiable health information will not be reused or shared to persons who are not authorized recipients.	The data collection sheet will be password protected and not contain any patient HIPPA identifiers. The data collection sheet will not be distributed to anyone not approved on the study.
Explain why the research could not be practicably carried out without a waiver of privacy authorization (i.e., why it is not practicable to obtain written authorization from the patient).	Information collected has already occurred as this is a retrospective chart review.

2. Will you maintain a subject list that has direct identifiers linked to a unique study ID/code? – Yes
    - If yes, how will you secure the linking list: the linking list will be maintained on a secure network KUMC drive (p-drive)
    - Email kumc-security@kumc.edu to request access to the p-drive
3. Do you plan on sharing any results from data or specimens with the research subjects? – No
4. Do you plan on sharing data with anyone outside KUMC/KUHA? – No
5. Do you plan on sharing specimens with anyone outside KUMC/KUHA? – No
6. Which of the HIPPA identifiers listed below will be attached to the shared data or specimens? – None of the above identifiers will be shared outside KUMC/KUHA
7. Where will electronic study data be housed? – KUMC p-drive

- Conflict of interest: No

Step 2: Gather supplemental documents

1. Data collection sheet
    a. Create and excel or word document with a list of all the variables you are going to collect
2. Obtain the signed Administrative Certification
    a. Principal Investigator: Jennifer Loucks
    b. Protocol Title: title of research project
        i. This must be signed by the director of the department: Give to Jennifer Loucks to have it signed

Step 3: Submit to IRB http://www.kumc.edu/human-research-protection-program/institutional-review-board/how-to-submit-to-the-irb/initial-study-submission.html

- https://ecompliance.ku.edu
- Log in with your hospital ID and password
- Select “create new study” on the left-hand side of the website
- Follow step by step instructions to submit.

Step 4: Send Jennifer Loucks (jloucks2@kumc.edu) an email confirming your submission to the IRB. Since she is listed as the primary investigator, she will need to approve your submission before it can be reviewed.

XVII. Appendix C: Research Project Proposal Template

PGY2 Resident Research Project Idea Submission Form

Clinic, Names	
Clinical Question	
Background • Demographic info • Previous Practice • Similar impacts	
Intervention	
Methods • Retrospective vs prospective • Data collection • Estimated sample size	
Viability • Data collection able to be completed by January of residency year • where will data be obtained from? • How will the patients be identified? (what are the minimum things you would need to pull a patient list)	
Expected Results/ Hypothesis	
Value to clinical practice • Novel research? • Similar studies? • Improvement to patient care?	