THE UNIVERSITY OF KANSAS HEALTH SYSTEM

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

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

Table of Contents	

HSPAL Residency Program Purpose Statements-

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

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

A PGY2 health-system pharmacy administration and leadership residency builds upon PGY1 residency graduates' competence in the delivery of patient-centered care and in pharmacy operational services to prepare residents who can assume high level managerial, supervisory, and leadership responsibilities. Areas of competence emphasized during the program include safe and effective medication-use systems, quality assurance and improvement, the management of human resources, the management of financial resources, use of technology, and advanced leadership. The residency lays the foundation for continued growth in management and leadership skills.

Upon graduation, residents are prepared for a clinical or operational management/supervisory role in a variety of work settings.

HSPAL Program Leadership-

- Sarah K. Daniel PharmD, MS, BCPS – HSPAL Residency Program Director
    - As director, Sarah will provide direction for the HSPAL coordinator and is the primary contact for second year residents regarding learning experience schedule, including proposed changes and HSPAL resident expectations.
- Sarah L. Mester PharmD, MS, BCPS – HSPAL Residency Program Coordinator and PGY1 Residency Program Director
    - Sarah serves as director for the PGY1 year and as coordinator for the PGY2 HSPAL program. She will provide guidance for the first year HSPAL residents and be the primary contact for first year resident questions/concerns regarding recruitment (interviews/application/PPS), on-boarding/training, learning experience schedule and proposed changes, research experiences, and HSPAL resident expectations.
- Kat Miller, PharmD, MHA, CPEL, DPLA, FASHP, FKCHP – Residency Programs Executive
    - Kat provides guidance to all residency programs to ensure alignment across programs and adherence to ASHP residency program accreditation requirements.

Professionalism-

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

Our Vision-

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

Our Mission-

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

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

Our Values-

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

- **Excellence.** Excellence in every aspect of patient care and outcomes, as well as system performance, is achieved through a focus on accountability, consistency, safety, efficiency, continuous improvement and teamwork. We achieve greatness through the active use of our skills, talents and passion, the application of established best practices and the discovery of new approaches for delivering care and service valued by our patients.
- **Compassion.** Every action we take in the care and service of our patients, their families and each other reflects kindness, sensitivity, concern and professionalism and works to reduce the suffering associated with disease and the care process.
- **Diversity.** Our success is gained by actively promoting diversity in our people, those who bring a wide array of thoughts, ideas and experience to the work we do and the capacity to respect the diversity of those who seek our care and with whom we work.
- **Innovation.** Through learning and discovery, agility, creativity and the introduction of new knowledge and approaches across the system, we work each day to efficiently advance the health, wellness and safety of patients and meet the current and future needs of our patients, their families, the community and our team.
- **Integrity.** Every decision we make will be transparent and reflect our ethical values, respect and commitment to our patients, our learners, our team and the communities we serve. Through words and actions, our system supports the professional responsibility of each team member to identify and communicate concerns inconsistent with safe care and a safe working environment.
- **Evidence-based decision making.** Decisions are based on the best available evidence, data, information and knowledge. As new discoveries are made and new knowledge shared, the health system integrates these into the decision-making process to advance excellence in every aspect of safe, patient-centered, efficient and value-added care, outcomes and infrastructure.

Pharmacy Enterprise Principles and Behaviors-

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

Resident Learning

Program Structure: Learning Experiences

Practice Based Learning and Improvement

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

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

Organized learning experiences provide the structure of resident training in specialized areas of pharmacy practice. The resident is expected to consider the goals and objectives for each learning experience as a foundation for their experience. Residents are expected to perform independently and demonstrate proficiency in their learning experiences. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the learning experience.

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

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

Pre-learning experience Meeting

One to two weeks prior to the start of each learning experience, the resident will contact the learning experience preceptor to arrange for a pre-learning experience meeting. At this pre-learning experience meeting, the resident will provide the preceptor with the following:

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

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

PGY1 Required Learning Experiences

All information about the PGY1 year of the PGY1/PGY2/MS HSPAL Residency Program is located in the PGY1 Supplemental Residency Manual. Please review the program specific manual for more information regarding PGY1 learning experiences, longitudinal service commitment, research requirements, educational opportunities including presentations, time away from residency, meeting attendance, required deliverables, and plans for development.

PGY2 Learning Experiences

Required Learning Experiences	Learning Experience Length*	Learning Experience Options
Acute Care Management Selective	6 weeks	Inpatient Clinical Services – KC Campus Inpatient Operations – KC Campus
Ambulatory Care Management Selective	6 weeks	Ambulatory Clinical Services Cancer Care Clinical Services Home Infusion Services Infusion Operations (Oncology or Non-oncology) Retail Pharmacy Operations Specialty Pharmacy Operations
Pharmacy Supply Chain & Centralized Pharmacy Services Selective	6 weeks	Supply Chain PLUS one of the following subspecialties: • 340B Operations • Pharmacy Automation & Technology • Pharmacy Shared Services • Regulatory compliance and diversion
Pharmacy Senior Leadership	4 weeks	--
Longitudinal Experiences (All are required)	Throughout Residency Year	Service Commitment Administrative Longitudinal Management Pharmacy Financial Management and Budgeting Medication Safety Master's Research
4 Electives	6 weeks	See List Below

*Any learning experiences scheduled during Thanksgiving and ASHP's Midyear Clinical Meeting will be lengthened by 1 week.

In addition to the above requirements, the resident must select a schedule that ensures the below requirements are met:

Area	Learning Experience
Operations Choose 2 from this list	Infusion Operations (Oncology or Non-oncology) Inpatient Operations – KC Campus Retail Operations
Clinical Management Choose 1 from this list	Ambulatory Clinical Services Cancer Care Clinical Services Inpatient Clinical Services – KC Campus
Ambulatory Services Choose 1 from this list	Ambulatory Clinical Services Cancer Care Clinical Services Home Infusion Services Infusion Operations (Oncology or Non-oncology) Retail Operations Specialty Pharmacy Operations
Potential Electives Other potential learning experiences that could be created based on resident interest	Community Hospital Services (Olathe or Liberty Hospitals) Informatics Inpatient Cancer Care Operations Investigational Drug Services Specialty Hospital Services (Strawberry Hill or Indian Creek Hospitals)

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

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

Administrative Longitudinal Management
This learning experience is designed to provide HSPAL residents with tangible experience directly leading a team. The resident will serve as the supervisor for a team within a pharmacy department.

Budget:
Residents are required to complete a longitudinal budget learning experience that will typically be aligned with the area of their administrative longitudinal management learning experience. Residents will engage in various activities related to the budget for the assigned area.

Medication Safety:
Residents are required to complete a longitudinal medication safety learning experience.

Master's Research:
Residents are required to complete a Master's Research project for both residency and Master's coursework requirements. Research days are scheduled throughout the residency year and include Academic Fridays. See the Residency Research section for additional information.

Elective:
Residents will have an opportunity to complete four elective learning experiences in an area of their choice from the list of available learning experiences. However, residents are required to ensure they satisfy the requirements outlined in the tables above. Additionally, residents are encouraged to select at least one learning experience that affords them experience in the area in which they wish to pursue a career. Potential elective learning experiences are also listed and will be created if and when residents express interest.

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

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

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

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

The process for arranging PTO is as follows:

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

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

Comp Days
PGY1 residents may be scheduled (or self-schedule) comp days defined as scheduled time away from rotation and staffing in which the resident cannot be onsite. Comp days are used to ensure that residents have adequate time to recuperate mentally and physically during the PGY1 year due to the frequent staffing requirement. Please refer to the PGY1 Supplemental Residency Manual for additional information, however, please note that comp days may not be taken on Academic Fridays unless approved by Residency Leadership.

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

Educational Opportunities

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

Precepting students

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

Required Resident Presentations

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

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

Resident Presentations:

PGY-1 Year:

- See PGY1 Supplemental Residency Manual

PGY-2 Year:

- The resident is required to conduct one 45-minute presentation during the PGY2 residency year for pharmacy department leaders. The presentation will take place as scheduled by Residency Leadership. The resident will select their own topic, but it must be a relevant to pharmacy leadership.
    - General Presentation Objectives:
        - Demonstrate a thorough knowledge for topic presented
        - Compose, present, and communicate information that is brief, well structured, and error free
- Poster presentation at Midyear Clinical Meeting (or similar)
- 20-minute oral practice presentation of Master's Research at HSPAL RAC
- 20-minute oral presentation of Master's Research at selected residency conference

Teaching Certificate Program

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

Travel and Professional Society Involvement

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

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

- PARE Resident Exchange (PGY2 only)

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

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

HSPAL MS Education

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

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

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

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

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

HSPAL Residency Research Projects

Residents are required to complete research projects throughout the 2 residency years. Residents will have dedicated time for research each year, including Academic Fridays.

Academic Fridays

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

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

PGY1 Projects:
See PGY1 Supplemental Residency Manual.

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

Service Commitment

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

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

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

Schedule
PGY1 Residents:
See PGY1 Supplemental Residency Manual

PGY2 Residents:
PGY2 HSPAL residents will staff shifts approximately every 4th weekend, including one major and one minor holiday. Shifts will be assigned in the resident's Administrative Longitudinal Management area. This will provide the resident additional experience in their longitudinal area to understand operational needs of the team they lead.

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

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

HSPAL On-Call Frequency and Expectations-
PGY2 residents may participate in the main campus administrator on call (AOC) during an assigned learning experience, such as the Acute Care Services Selective learning experience. There is no other formal on-call responsibility for the HSPAL program.

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

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

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

Meetings

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

Required Meetings-

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

- PGY1: Refer to PGY1 Supplemental Residency Manual
    - All meetings as outlined in juncture with HSPAL Academic Fridays
- PGY2:
    - Staff Huddles: Residents will attend any staff huddles as required by their Administrative Longitudinal Management Track learning experience or as required by other learning experiences. Residents are required to attend unless they are on PTO or have received approval from longitudinal and learning experience preceptor.
    - Direct Report Team Meetings: Residents should schedule and facilitate/attend all team meetings for their direct reports.
    - Alignment Summits: Residents are considered part of the pharmacy leadership team and will attend all health professions alignment summits.

Mentorship Programs

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

Clinical Coach (PGY1)-

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

Longitudinal Preceptor and Advisor (PGY2)-

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

Residency Program Leadership-

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

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

Development and Evaluation

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

Customized Residency Plan/Plan for Development
A customized residency plan will be created for each resident and will be evaluated and updated quarterly by both the resident and pharmacy leadership. An assessment of the residents' baseline will serve as the backbone of the customized residency plan.

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

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

Baseline assessment is completed through the following:

1. PharmAcademic/Customized Residency Plan
2. Customized assessment via survey
3. Computer based and instructor lead clinical pharmacist education modules (Annual Competency)

Quarterly Customized Residency Plan Meeting
The information attained through the initial assessment will continue to be assessed throughout the residency year, and the progress of the resident will be followed closely by residency leadership. Residents should expect that the areas identified as needing improvement will be re-evaluated as they progress from one learning experience to the next. Ideally, by the end of the year, the resident will gain the knowledge and experience required to achieve the goals and objectives of the residency.

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.

One-on-One Meetings
'One-on-One' meeting sessions are a time in which the resident will meet with residency leadership and discuss pertinent topics that have taken place in the resident's experience. This is a time in which teaching, counseling, guidance, and feedback will be given to the resident. Topics may include: learning experience progress, preceptor feedback, residency project progress, resident career interests

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

Residents are expected to:

- Identify areas of improvement and communicate these to appropriate individuals after learning experiences and/or staffing shifts
- Participate in identifying system errors and implementing potential system solutions
- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate pharmaceutical care within the health care system

- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population – based care as appropriate
- Advocate for quality patient care and optimal patient outcomes Work in multidisciplinary teams to enhance patient safety

Requirements for Successful Completion of Residency Program

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

PGY1 Residency Program

See PGY1 Supplemental Residency Manual

PGY2 Residency Program

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

PGY2 Residency Program Objectives		**ACHR Required**	**ACHR Optional** (at least 10 from this section must be ACHR)
R1.1	Identify patient care services opportunities		
R1.1.1	Based on one's assessment of the scope of the pharmacy's current services, identify any service opportunities.	X	
R1.2	Participate in the development and coordination of medication-use policy		
R1.2.1	Develop an understanding of the formulary systems.	X	
R1.2.2	Based on an assessment of the adequacy of the pharmacy's current system for inventory control, make any needed recommendations for improvement.	X	
R1.2.3	Based on an assessment of the pharmacy's policies and procedures for the disposal of medications, make any needed recommendations for improvement (i.e. regulatory, financial, environmental impact).	X	
R1.3	Participate in assuring pharmacy compliance with internal and external compliance		
R1.3.1	Participate in a departmental assessment to assure compliance with applicable legal, regulatory, safety, and accreditation requirements.		X
R1.3.2	Develop effective strategies for reporting internal and external quality data.		X
R1.4	Understand and evaluate the medication distribution process		
R1.4.1	Understand pharmacy's medication use systems.	X	
R1.4.2	Evaluate pharmacy's medication use systems to assure practice is safe and effective.	X	
R1.4.3	Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.	X	
R1.5	Design a plan and manage the daily safe and effective use of technology and automated systems		
R1.5.1	Analyze pharmacy information technology workflow to assure safe and efficient patient care.	X	
R1.5.2	Design and implement an improvement related to the use of information technology and automated systems.	X	
R2.1	Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services		
R2.1.1	Participate in an assessment of customer satisfaction with a specific aspect of pharmacy services.		X
R2.2	Participate in coordination of a safety oversight program		
R2.2.1	Participates in medication safety oversight programs.	X	
R2.2.2	Lead a root cause analysis, gap analysis, or other safety assessments based on a significant patient safety event.	X	
R2.2.3	Participate in the development or revision of the pharmacy's quality improvement plan or policy.	X	
R3.1	Utilize productivity measurement in operational decision making		
R3.1.1	When given a productivity report, draw appropriate conclusions.		X
R3.2	Monitor and manage operating and capital budgets		
R3.2.1	Participates in the operating budget process for a selected aspect of the pharmacy's activities.	X	
R3.2.2	Participate in a capital budget process for a selected aspect of the pharmacy's activities.	X	
R3.2.3	Participate in the monitoring of financial performance and explanation of variances.	X	
R3.3	Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy		
R3.3.1	Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy.		X
R3.4	Develop strategies to ensure access to medication and implement cost reduction strategies		
R3.4.1	Demonstrates understanding of societal forces that influence rising costs for medications and the provision of pharmacy services.		X
R3.4.2	Review the process of negotiating contracts with vendors.		X
R3.4.3	Design and implement a cost reduction or inventory management initiative.	X	
R4.1	Contribute to an overall plan for the organization and staffing of the pharmacy		
R4.1.1	Determine and recommend the staff requirements that match an area of the department's scope of services.	X	
R4.2	Conduct recruitment and hiring activities		
R4.2.1	Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.		X
R4.2.2	Participate in recruitment and hiring for a particular pharmacy position.	X	

PGY2 Residency Program Objectives		ACHR Required	ACHR Optional (at least 10 from this section must be ACHR)
R4.3	Participate in the departmental performance management system		
R4.3.1	Supervise the work of pharmacy personnel	X	
R4.3.2	Compose and deliver an employee's performance appraisal.	X	
R4.3.3	Participate in the organization's progressive discipline process or participate in a progressive discipline case or scenario, if not available.		X
R4.4	Understand how to design and implement plans for maximizing employee engagement and enhancing employee satisfaction and retention		
R4.4.1	Explain supportive evidence and the organization's strategy regarding employee satisfaction and engagement and effective tactics for recognizing and rewarding employees.		X
R4.5	Understand labor and contract management principles		
R4.5.1	Explain laws affecting various aspects of human resources management and the role of unions in organizations, and their impact on human resources management.		X
R5.1	Demonstrate the personal leadership qualities and commitments necessary to advance the profession of pharmacy		
R5.1.1	Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.	X	
R5.2	Demonstrate personal, interpersonal, and professional skills		
R5.2.1	Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.		
R5.2.2	Demonstrate respect for differences of opinion.	X	
R5.2.3	Demonstrate enthusiasm and passion for the profession of pharmacy.	X	
R5.2.4	Demonstrate ability to manage, prioritize, and execute on assigned responsibilities and tasks.	X	
R5.2.5	Evidence integrity in professional relationships and actions.	X	
R5.3	Demonstrate business skills required to advance the practice of pharmacy		
R5.3.1	Communicates effectively orally and in writing.	X	
R5.3.2	Contribute to the development of a business plan for a new or enhanced pharmacy service or program.	X	
R5.3.3	Use effective conflict management skills.	X	
R5.4	Demonstrate political skills and organizational credibility		
R5.4.1	Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.		X
R5.4.2	When developing a program with multiple stakeholders and/or when confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.		X
R5.4.3	Determine senior administrator (e.g., CEO, COO, CFO, president, vice president) expectations of the pharmacy's leaders.		X
R5.4.4	Present to an appropriate audience an explanation of the role and importance of pharmacist active engagement and advocacy in the political and legislative process.		X
R5.5	Demonstrate ability to conduct and quality improvement or research project		
R5.5.1	Identify and/or demonstrate understanding of a specific project topic related to a quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession.		X
R5.5.2	Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.		X
R5.5.3	Collect and evaluate data for a practice quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.		X
R5.5.4	Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.	X	
R5.5.5	Assess changes, or need to make changes, based on the project.		X
R5.5.6	Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).	X	
R5.6	Lead a designated area or program within pharmacy services		
R 5.6.1	Perform management functions for a designated area or program within pharmacy services (e.g., prior authorization team, IV room, internal audit function, distribution system, dispensing pharmacy, patient care services).	X	

Required Presentation Learning Experiences:

- Present a 45-min Leadership presentation

Program Deliverables:

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

- (R1) Service line improvement project
- (R2) RCA, FMEA, or safety assessment
- (R3) Financial variance analysis report

- (R4) Redacted employee performance appraisal or performance improvement plan
- (R5) Final Master's research project poster
- (R5) Final Master's research presentation presented at regional or national meetings
- (R5) Final Master's research manuscript suitable for publication submission

Program Minimum Learning Experience/Staffing Days:

- Completion of at least 230 learning experience days
- Completion of at least 25 service commitment 8-hour shifts

Program Feedback:

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

Other program requirements:

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