



CookChildren's®

**PHARMACY RESIDENCY
MANUAL
PGY1 & PGY2**

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Created: 1/15/2016

Last Revised: 10/20/2025

PROGRAM PURPOSE & MISSION

PGY1

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.

Since 2008, the ASHP-accredited post-graduate year 1 (PGY1) residency program at Cook Children's has and continues to offer a unique, well-rounded learning experience to a diverse group of first year residents. The PGY1 residency provides a rigorous curriculum, flexible rotations, and a progressive learning environment supported by experienced preceptors. At the completion of the PGY1 year, the resident will have a solid foundation of pediatric clinical knowledge, confidence to function as an independent healthcare provider, and the ability to be a meaningful contributor of pharmaceutical care to a multidisciplinary team.

PGY2

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.

The ASHP-accredited, post-graduate year 2 (PGY2) residency program at Cook Children's is a rigorous program focused on expanding each resident's clinical pediatric expertise, adaptability, independence, and clinical leadership skills. The PGY2 program at Cook Children's is especially unique in that our program offers the ASHP Recognized Specialty Pathway in Oncology. Residents may also tailor the PGY2 Pediatrics elective experiences to focus in areas such as General Pediatrics and Critical Care. Each program option is designed to transition residents from generalist to specialist practitioners within these disciplines and provides mentorship from experts in these areas. At the completion of the PGY2 year, residents will have advanced pediatric clinical knowledge, skills to establish and expand pediatric clinical pharmacy services, and the ability to provide clinical leadership to a multidisciplinary specialty team.

Recruitment and Selection of Residents [Standard 1]

Qualifications of the Resident [1.2]:

- I. Prospective residents must be eligible to work in the United States and:**
 - A. A graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP) [1.2.a]
 - B. Licensed or eligible for licensure in the State of Texas [1.2.a]
 - C. PGY2 Candidates: Participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process [1.2.b]

Procedures for the Recruitment, Evaluation and Ranking of Applicants [1.1]

I. Candidate Recruitment Policy [1.1.a]

- A. Cook Children's Residency Programs align with and support candidate recruitment methods consistent with the mission and strategic aims of Cook Children's Health Care System, including [our Promise](#), our [Workplace Culture](#), and devotion to [Health Equity](#) for the community we serve.
- B. Our aim is to recruit Residents that reflect the rich diversity of the community we serve and prepared to promote health equity to our patients; we accomplish this through:
 1. Recruitment and employment of a diverse and qualified pharmacy workforce and residency preceptor team
 2. Providing training to recognize and reduce implicit biases in candidate selection to preceptors as part of the preceptor development program
 3. Promotion of our residency program through public facing channels, such as the cookchildrens.org website
 4. Attendance at local, state, and national showcases and recruiting events, including virtual events that increase access to potential candidates
 5. Offering virtual interview options to applicants selected to interview
 - a. While on-site, in-person interviews are encouraged for candidates to fully experience the culture and quality of Cook Children's, we are committed to options that eliminate travel expenses as a potential barrier for candidates

II. Standard Application, Interview, and Selection Process ("The Match") [1.1]

- A. The program will adhere to the [ASHP Match Rules and Requirements](#), including registration of the program and available positions for the Match [1.3]
- B. Application Requirements
 1. Prospective residents must complete the application process by the posted due date
 - a. PhORCAS™ Program application
 - i. PGY2 candidates: must apply to the intended Pediatric Subspecialty Pathway (PSP); currently available PSP include Traditional Pediatrics and Pediatric Oncology

- b. Candidate application with National Matching Service
 - c. Official transcript(s) from pharmacy school attended
 - i. PGY1 candidates: minimum 3.0 GPA required (3.2 GPA or above preferred)
 - d. Letter of Intent
 - e. Curriculum vitae
 - f. Three letters of recommendations required; a fourth letter is optional:
 - i. One letter must be from a clinical preceptor (pediatric preceptor preferred)
 - ii. One letter should be from most recent employer (pharmacy employer preferred)
 - iii. PGY2 candidates: One letter must be from PGY1 RPD
 - g. Optional photograph
- C. Selection of Candidates for Interviews [1.1.b]
1. Residency applications are reviewed by the Residency Program Director (RPD) and members of the Candidate Recruitment and Selection Committee (CRSC) to determine which candidates are offered an interview.
 - a. Only candidates with complete Phorcas application files will be considered for interviews.
 - b. Candidates will be scored according to the Criteria of Resident Selection rubrics (PGY1 and PGY2 versions, as applicable) on their pharmacy school GPA, therapeutics grades, letter of intent, curriculum vitae, and letters of recommendation.
 - c. Screening interviews by telephone or videoconference (virtual) may be employed to select candidates for final interviews.
 - i. The top 18 (+/- 2) candidates based on total pre-interview scores will be selected for screening interviews.
 - ii. Every candidate is asked the same predetermined questions for consistency and evaluated against the Criteria for Resident Selection rubrics.
 - iii. These virtual screening interviews scores are combined with the above pre-interview scores to determine candidates invited for final interviews.
 2. The number of available final interview slots will be determined by the applicant pool and the number of positions offered and a clear breakpoint in the total pre-interview plus screening interview scores.
 - a. Typically 6-8 candidates per PGY1 position and 4-6 candidates per PGY2 position.
 3. All applicants invited to a final interview are provided communication and an electronic copy of this Residency Manual to review residency policies and procedures related to program start date and term of appointment, stipend and benefit information, leave, licensure, moonlighting, duty hours, financial support for meeting attendance, successful completion of the residency, remediation/disciplinary action, dismissal, etc. [2.8]
- D. Final Interview Process (Phase I) [1.1.c]
1. A final interview is required, unless recruitment is occurring during Phase

II or Post-match (“Scramble”) process (see below).

- a. Final interviews may be on-site or virtual
 - i. On-site interviews are encouraged for candidates to fully experience the culture and quality of Cook Children’s; however, candidates will be extended opportunity to complete interviews virtually
 - ii. Internal candidates will be interviewed in-person
2. The interview will be a half-day to full-day interview scheduled on a mutually convenient day and will include the following elements:
 - a. Individual interviews with the RPD, the Residency Program Coordinator(s) (for PGY2 candidates), the Director of Pharmacy, a panel of pharmacy leadership, a panel of preceptors, current and previous residents, and select pharmacy staff.
 - i. Every candidate is asked the same predetermined interview questions for consistency.
 - ii. Interviewee responses are evaluated against predetermined, objective assessment of desired resident qualities and characteristics [resilience, adaptability, humility, time management, etc.].
 - iii. Interviewers will also provide an overall recommendation of the candidate for the program (i.e. “fit” score) by the following categories:
 - a) Highly recommend
 - b) Recommend
 - c) Recommend with reservations
 - d) Do not recommend
 - b. Patient Case: Case assessments are based on common pathophysiological diseases seen in adult and pediatric medicine. Each case will have written questions that the candidate will complete during the interview. The candidate may be asked to discuss the case and/or provide mock patient counseling during the preceptor interview. The predefined answer key for each case will determine the level of competency achieved by the candidate.
 - i. For virtual interviews, the case may be delivered verbally with a preceptor; written case information will be displayed on screen to guide the candidate through the case discussion.
 - c. **PGY2 candidates only:** Presentation to a panel of clinical staff and preceptors:
 - i. 30 minutes in length on a topic of the candidate’s choosing
 - ii. Slides must be provided to the program at least 2 business days before the interview for projection and printing handouts.
- E. Resident Selection and Ranking Process [1.1.d]
 1. Each interviewed candidate is given a composite score using the Criteria for Resident Selection rubrics which assesses pre-interview materials [GPA, therapeutics grades, CV, letter of intent, letters of recommendation], interview outcomes [rating of desired resident characteristics such as resilience, adaptability, humility, time management, etc.], clinical skills

- [patient case assessment], and presentation skills [PGY2 candidates only].
2. Elements scored by multiple evaluators will be averaged and the sum of all scoring elements is used to determine the initial rank list.
 3. A ranking meeting with the RPD, RPCs, preceptors, current resident(s), and interviewing staff will be held to determine the final rank list.
 - a. Interviewer recommendation of candidates for the program (i.e. “fit” assessment) will be considered alongside the overall numerical score to determine if candidates will be ranked and final ranking order
 - b. Candidate determined fit for ranking may not be moved more than two spots up or down the rank list based on numerical score
 4. The final candidate rankings will be submitted to the National Matching Service (NMS) by the determined deadline.

III. Phase II Match [1.1.e]

- A. The program will participate in Phase II of the Match per ASHP Match Rules and Regulations [1.3]
- B. Application and Selection:
 1. All elements of the Phase I application will be required (see above)
 2. The same criteria as Phase I will be used for selecting interviewed applicants
 3. Candidates selected for Phase II interviews will be provided an electronic copy of this manual
- C. Interview:
 1. Depending on the Phase II timeline and feasibility of scheduling on-site interviews, telephone or video-conference interviews may be used.
 - a. If on-site interviews are used during Phase II, candidates will be offered a virtual interview option.
 2. Elements of Phase II interviews will include:
 - a. Interview with RPD and/or RPC(s)
 - b. Panel interview(s) with preceptors, staff, and current resident(s)
 - c. Patient case (virtual: may be administered verbally)
 - d. PGY2 candidates: Presentation
 3. Every resident is asked the same predetermined questions for consistency and evaluated against predetermined, objective assessment of desired resident qualities and characteristics [resilience, adaptability, humility, time management, etc.].
- D. Ranking and selection will be the same as the Phase I process

IV. Post-Match (“Scramble”)

- A. The program will participate in the post-match process to fill any unmatched positions.
- B. Application requirements will be similar to Phase II Match above except that materials will be emailed directly to the RPD.
- C. The interview process will be similar to Phase II Match above.
- D. Post-match candidates will be ranked based on the applicable elements of the Criteria for Resident Selection.

1. The RPD will contact candidates (by telephone and by email) in order of their post-match ranking to offer the residency position.
2. The offered candidate will be given 24 hours to respond.
 - a. If no response is received or the offer is declined, an offer will be made to the next candidate.

V. Early Commitment Process of Internal PGY1s [1.1.f]

- A. The program will adhere to the [Early Commitment Process outlined by ASHP and National Matching Services \(NMS\)](#), including registration of the program and available positions for the Match [1.3].
- B. During orientation, all PGY1 Residents will be informed of the PGY2 positions available and the early commitment process.
- C. This early commit process does not guarantee that a PGY1 resident will be selected for early commitment to the PGY2 and the Residency Program may retract consideration for early-commitment at any point prior to offer acceptance.
- D. Internal PGY1 eligibility criteria for early commitment:
 1. No violations of professionalism, residency policies and procedures, pharmacy department standards of behavior, CCHCS policies and procedures, and/or CCHCS Code of Conduct.
 2. Resident has met all deadlines, including but not limited to those for presentations, projects, as well as on rotations (i.e., topic discussions, etc.)
 3. Resident has completed at least 90% of PharmAcademic evaluations on time and none later than the 7 day grace period.
 4. Preceptor evaluations of learning experiences completed prior to the Early Commitment Agreement deadline (see below) demonstrate at minimum Satisfactory Progress (SP) on all evaluated objectives and demonstrating achievement (A) of some evaluated objectives prior to early commitment.
 5. Satisfactory progress on all longitudinal requirements.
 6. Successful completion of the PGY1 Residency Program requirements anticipated by the conclusion of the program.
 7. Ability to start on July 1st of the PGY2 year.
- E. Application: *deadline October 31st*
 1. PGY1s interested in early commitment must submit the following to the PGY2 RPD, applicable PGY2 Coordinator, and current PGY1 RPD:
 - a. Letter of intent, including desired subspecialty pathway
 - b. Updated curriculum vitae
- F. Interview: *completed prior to ASHP Midyear conference (late-November to early-December)*
 1. Panel interview: PGY2 RPD, specialty pathway coordinator, a panel of PGY2 preceptors, and current PGY2 resident(s).
 2. Presentation: 30 minutes in length on a topic of the PGY1 resident's choosing.
- G. Selection and Offer process: *completed prior to ASHP Midyear (early-December)*
 1. The RPD will meet with PGY2 coordinator(s) and interview panel to determine if the resident will be selected for early commitment to the PGY2.

- a. Direct observation, discussion with the resident, rotation evaluations, inquiry of preceptors, and applicable sections of Criteria for Resident Selection-PGY2 (Letter of intent, CV, interview, and presentation) will be used to assess the resident's appropriateness for the PGY2.
 - 2. Final determination for selection to the PGY2 will be communicated to the PGY1 resident by the PGY2 RPD prior to the Midyear meeting; *however, residents may not accept the offer until after ASHP Midyear*
- H. ASHP Midyear Showcase/PPS: *early/mid-December as scheduled by ASHP*
 - 1. PGY2 RPD may elect to recruit and interview external candidates at ASHP Midyear Showcase and PPS.
 - 2. PGY1 residents seeking to early commit are *required* to meet with at least three (3) other PGY2 programs and/or job opportunities through the Showcase and/or PPS.
 - a. Any fees related to PPS, the Showcase, or PGY2 residency application process are strictly the responsibility of the resident
- I. Offer Acceptance: *after ASHP midyear (mid-December)*
 - 1. Following Midyear, residents offered early commit have until the ASHP/NMS early commitment deadline to either decline the early commitment or accept and execute the Early Commitment Agreement.
- J. Withdrawal from the Early Commitment process
 - 1. The resident may withdraw their consideration for early commitment at any time between submission of their application and execution of the Early Commitment Agreement.
 - 2. Withdrawal must be completed in writing (e.g. via email) to the PGY2 RPD
- K. PGY1 residents who were not eligible for, do not participate in, withdrew from, or were not selected in the early commitment process may still participate in the traditional PhORCAS application and Match process for any remaining PGY2 positions (per item II. above).

VI. Matched Residents [2.9]

- A. Residents matched or early committed with the program are sent a confirmation of match or early commit notification letter that will include [2.4]:
 - 1. Pre-employment requirements for Cook Children's and other relevant information such as benefits and stipend.
 - 2. A copy of this Residency Manual which outlines the policies, expectations, and requirements for successful completion of the program.
- B. ***The resident must sign and return the match letter to the RPD within 30 days*** to signify that they have read and understand all requirements of employment, and all expectations and requirements of the residency program, as outlined in this manual.
- C. A list of additional Pre-Residency Requirements to be completed by the matched resident can be found in [Appendix B](#) with on-site and orientation requirements listed in [Appendix C](#).
- D. PGY2 Residents: will be required to provide copies of their official, signed PGY1 residency certificate of completion as soon as awarded and no later than 10 calendar days from the start of the PGY2 residency [2.7]
 - 1. The PGY1 program RPD may be contacted to confirm successful completion

2. Matched PGY2 residents who do not successfully complete the PGY1 program, or do not complete it on time to meet the required program start date, will be dismissed from the PGY2 program.

Program Design, Structures, Policies and Requirements

VII. Program Length [2.1]

- A. The program will be a minimum of twelve months (52 weeks) in length.
 1. PGY1 residents: start mid-June (exact date determined based on available new employee on-boarding dates) and end June 30th.
 2. PGY2 residents: start July 1st (exact date determined based on available new employee on-boarding dates) and end June 30th.
- B. The residency program may be extended in certain circumstances (See Licensure, Leave, and Disciplinary Action/Dismissal Policies) to ensure a full 12 months of full-time practice is completed
 1. Such extensions may go unpaid depending on the circumstances of the extension.

VIII. Program Structure and Orientation to the Program [3.1 & 2.10]

- A. Complete Program Structures for the PGY1 Residency and PGY2 Residency (including each PGY2 subspecialty pathway) can be found in [Appendix A](#) and is designed so that each resident has sufficient opportunity to practice and achieve each of the program Competencies, Goals, and Objectives and to complete all requirements for graduation.
- B. A Program Orientation session with the RPD and applicable Coordinators will be completed within the first week of the residency program to discuss all ASHP and program requirements, including this manual and all applicable documents and resources.
 1. Completion of orientation and resident understanding and acceptance of all requirements will be documented

IX. Licensure Policy [2.4]

- A. Residents must be licensed to practice pharmacy in the state of Texas by:
 1. PGY1 Residents: August 1st.
 2. PGY2 Residents: July 1st.
- B. Failure to become licensed will delay the start of the staffing experience.
 1. All shifts missed due to lack of licensure must be made up by the resident by the end of the residency at the discretion of the RPD.
- C. All residents who cannot obtain Pharmacist licensure by the start of the residency program will pursue alternative licensure that allows practice as a trainee (i.e., “Extended-Intern”) through the Texas State Board of Pharmacy.
- D. If a resident has not passed required licensure examinations (NAPLEX and Texas MPJE) by October 1st (within first 90 days of the program):
 1. Due to failure to pass the licensure exam(s): he/she cannot receive a certificate and will be immediately terminated from the program.
 2. Due to extenuating circumstances (e.g., delays in testing or processing): the

residency program will be extended the applicable amount of time to ensure at least 8 months (two-thirds) of the program is completed as a licensed pharmacist. If the resident is unwilling to extend the residency time, they will be dismissed.

- E. Residents must also obtain their Texas Pharmacy Preceptor license as soon as eligible (see TSBP law for more details):
 - 1. Completion of at least 6 months of residency training
 - 2. Completion of 3 hours of preceptor training CE
- F. Residents must be IV Certified by a continuing education program accredited by ACPE by the beginning of the residency program.
 - 1. The resident may submit documentation of a sterile products course completed as part of the pharmacy school curriculum that consists of at least 20 hours of instruction and practical lab. Documentation includes a letter from the pharmacy school on an official letterhead that is signed by the appropriate official.

X. Resident Work Areas and Resources [2.12]

- A. Residents will be provided with a dedicated workspace, a laptop or desktop workstation with intranet/internet access, printer access, a desk phone, and other necessary mobile communication devices (e.g., Vocera, Rover).
- B. Residents will have access to a wide variety of physical and electronic references and resources, including full Medical Library services.
- C. Residents will be provided support and resources to attend selected professional conferences during the residency year (see Resident Requirements below).
 - 1. Membership dues for professional organizations are not covered nor reimbursed by the residency program and are strictly the responsibility of the resident.

XI. Duty-Hour Requirements, Moonlighting, and At-Home On Call [2.3]

- A. The program and the residents must follow the ASHP Duty Hour Requirements for Pharmacy Residency Programs.
 - 1. See ASHP website for complete duty hour definitions and requirements: [ASHP Duty-Hour Requirements for Pharmacy Residencies](#) (follow hyperlink to ASHP site, then open “Duty- Hour Requirements for Pharmacy Residencies” document).
 - 2. Duty-Hour requirements will be discussed during Orientation.
- B. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.
 - 1. External and internal moonlighting by residents **is not permitted** during the residency year.
 - 2. This includes non-pharmacy positions, self-employment, and home-businesses.
- C. Residents are required to be on-site for a minimum of 8 hours per working day

for learning experiences and for staffing duties (listed below), unless exceptions or accommodations (e.g., planned leave early, remote work, etc.) approved by the RPD and preceptor of the current rotation.

- a. Residents must fulfill all responsibilities and requirements of the program, respective rotation, and staffing, regardless of the hours, as long as the commitment complies with the ASHP Duty-Hour standards.
 - b. Any concerns related to Duty-Hour requirements should be discussed promptly with the RPD.
- D. Residents are required to take at-home call as follows:
1. PGY1 Residents: as part of the required 4-week Administration rotation
 - a. 24-hour Manager on call (MOC) for 7 days, Monday 7am to Monday 7am
 - b. 1 week at a time for two non-sequential weeks of the rotation (2 x 7 days), with a minimum 7 full days free of MOC responsibility in between to avoid Duty Hour encroachment
 2. PGY2 Residents: serving as MOC as part of the Staffing experience
 - a. Details described in Staffing below
 3. At-home call responsibilities include remotely providing department assistance primarily with staffing coverage, administrative questions, and patient-specific issues; infrequently residents may be asked to report back on site.
 4. A Pharmacy Leader will be designated for the resident to contact for guidance or assistance during their at-home call.
- E. Residents are required to complete the Duty hour Attestation monthly in PharmAcademic™.
1. The RPD will review resident attestations to monitor compliance with duty hour requirements, including at-home call.
 2. Only on-call related work activities during the assigned at-home call hours (e.g., taking calls from home, logging in remotely to access department schedules and staffing resources, etc.) should be documented and counted towards the 80 hour maximum weekly hour limit.
 3. Any instance of non-compliance will be addressed by the RPD and an action plan to prevent future instances will be developed.

XII. Staffing Experience

- A. PGY1 Residents:
1. Weekend staffing requirement:
 - a. 17 weekends out of the year (approx. every 3rd weekend)
 - b. 8-hour shifts Saturday and Sunday on the selected weekends
 - c. Assignment:
 - i. Operational staffing (Central Pharmacy) for at least the first 5 months of the residency
 - ii. Residents may transition to clinical staffing areas (Gen Peds, ED, PICU, or NICU) in December if operational staffing proficiency is met
 - iii. PGY1 residents will deliver pharmacy report on the weekend Safety

- Briefing call at 9 am during scheduled staffing weekends; residents will plan responsibility for the entire year with the Regulatory Affairs Manager to ensure each weekend is covered.
2. Weekday staffing requirement:
 - a. One evening every 3rd week
 - b. 4-hour shifts (e.g., 5pm-9pm)
 - c. Assignment: typically operational staffing (Central Pharmacy) throughout the residency year, but may vary based on scheduling needs.
- B. PGY2 Residents:
1. Weekend staffing requirement:
 - a. 17 weekends out of the year (approx. every 3rd weekend)
 - b. 8 hours shifts Saturday and Sunday on the selected weekends
 - c. Assignment:
 - i. Manage the Nutrition Support Service for the duration of the year
 - ii. Serve as manager on-call (“at-home call”) during 12 selected weekends (48 hours, starting 7am on Saturday and ending 7am Monday)
 - e) PGY2s will select “on call” weekends for the entire year and inform the Administrative Assistant for scheduling with the operators and management team
 - f) PGY2 residents will deliver pharmacy report on the weekend Safety Briefing call at 9 am when no PGY1 resident is scheduled; residents will plan responsibility for the entire year with the Regulatory Affairs Manager to ensure each weekend is covered.
 2. Weekday staffing:
 - a. One evening every 3rd week
 - b. 4 hour weekday shift (start time and assignment area are pathway specific)
 - i. Residents who completed an external PGY1 may be required to staff in Central Pharmacy until operational proficiency is met.
 - c. Assignment: Areas of this staffing component are pathway specific and may vary, but are typically:
 - i. Pediatrics Pathway: Operational (Central Pharmacy) staffing; may transition to clinical staffing (PICU, ED, Gen Peds) when operational proficiency is met
 - ii. Oncology Pathway: Chemotherapy/Infusion center satellite operational staffing (Dodson Pharmacy)
- C. All Residents:
1. Staffing experiences are in addition to other residency experiences.
 2. Residents may be required to work during off hours in the event of a staffing emergency.
 - a. Residents called for extra staffing will be allotted adequate duty-free hours for rest per the Duty-Hour standards
 - b. Residents who staff beyond the staffing commitment (in staffing shortage emergencies) currently cannot be compensated with extra pay.
 3. Residents are required to work four holidays or “associated days” per year. These include:

- a. One major holiday (Thanksgiving or Christmas) AND
 - b. Three minor holidays/ "associated days" (Labor Day, Black Friday, Christmas Eve, New Year's Eve, New Year's Day, Memorial Day).
 - c. Residents select holidays, ensuring all shifts are covered.
4. Staffing and department needs may necessitate changes to resident staffing during the residency year.

XIII. Leave Policies and Attendance Expectations [2.2]

- A. Time away from the program is defined as the total number of days taken for:
 1. Vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave
- B. Paid Time Off (PTO)
 1. Residents receive 22 days PTO for the year. Accrual is based on the CCHCS PTO policy (HR 200).
 2. PTO will be used for all time off except:
 - a. Professional leave for licensure examinations and conferences will not be deducted from the PTO balance.
 - b. Bereavement (HR 120) and Jury Duty (HR 160) will not be deducted from PTO when in accordance with policy.
 3. Any time away from the program exceeding any accrued PTO will be unpaid time off, per HR 200
- C. Planned PTO requests
 1. Must be approved by the RPD and rotation preceptor(s) *and* submitted in Kronos for manager processing of PTO hours.
 - a. In order to maximize the learning experience, the preceptor will have the discretion to approve, deny, or make alternate arrangements if the PTO significantly interferes with the rotation.
 2. No PTO requests will be granted on scheduled staffing weekends and holidays
 - a. These must be traded with co-resident or applicable staff
 3. No PTO will be granted during the orientation period and during the last two weeks of the residency program.
- D. Unplanned PTO / "Call-ins" (any reason)
 1. Residents are subject to higher standards of attendance than those listed in Policy HR 110 and the [Pharmacy Attendance policy](#).
 2. The resident must *speak to* the manager on call (per department policy) *and* notify the RPD or designee.
 - a. If the call-in is during the weekday, the resident must notify their preceptor for the rotation.
 - b. If the call-in occurs on a scheduled weekend, holiday, or affects any staffing hours, in addition to the notification steps above, the resident must seek their own coverage to prevent gaps in service per the following:
 - i. The resident is expected to contact their co-resident for coverage of the shift.
 - ii. If the co-resident is not available or unable to cover the staffing

- area:
- a) The resident will contact applicable staff to cover their staffing shift
 - b) PGY2 residents will contact staff listed on the TPN collaborative agreement for coverage of clinical nutrition services.
3. Missed days will be submitted as PTO through Kronos
 4. Illnesses >3 days may require a doctor's note based on the circumstance
 5. If call-ins are determined excessive by the RPD, corrective action will be taken.
 6. All missed staffing shift(s) must be made-up by the end of the residency.
- E. Late arrival/early departure
1. Residents are subject to higher standards of punctuality than those listed in Policy HR 110 and the [Pharmacy Attendance policy](#).
 2. Weekdays/Rotations: The resident must obtain preceptor approval and notify the RPD or designee.
 3. Weekends/Staffing: The resident must *speak to* the manager on call and notify the RPD or designee.
- F. Inclement weather
1. In the event of inclement weather, the resident is expected to report to work and/or rotation assignments (Human Resources Policy 528 [HR 528]).
 2. In the event that hazardous road conditions cause tardiness or absence, the resident must have explicit approval from the RPD.
- G. **Extended Leave** for extenuating circumstances during the residency:
1. Residents who miss more than 20% of any given rotation for any reason (unless excepted by RAC) must repeat the rotation.
 - a. Using an elective to repeat a rotation is not an option; the residency year must be extended.
 2. Residents who take leave more than the allotted 22 PTO days and up to 3 calendar months will require development of a leave plan with the RPD, Director of Pharmacy, and HR to ensure that all residency requirements will be met, that the resident and other residents are treated fairly, and that the leave is in accordance with CCHCS policy.
 3. If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the program must be extended by the number of days the resident is away from the program in excess of 37 days [2.2.a].
 4. Salary and benefits will continue to be paid during any extensions, up to maximum extension of 3 months [2.2.b]
 5. Residents requiring leave greater than 3 months will be dismissed from the residency and will not receive a certificate of completion, following determination by the Director of Pharmacy and HR.
 6. The Family and Medical Leave policy (HR 140), Leave of Absence policy (HR 180), and Disability benefits will be administered in cases where they apply.
 7. The extended leave policy does not apply during the project rotation, if applicable.
 8. In the event that a resident is still finishing the residency year when the next

class of residents arrives, the resident from the previous class is still required to clear out their workspace for the next resident by June 30.

XIV. Competency Areas, Educational Goal and Objectives [3.1.b]

- A. This program utilizes the most current Competency Areas, Goals, and Objectives (CAGOs) for [PGY1 Pharmacy Residencies](#) and [PGY2 Pediatric Pharmacy Residencies](#).
- B. PGY2 Appendix: residents will complete the Appendix requirements, as found in the applicable PSP CAGOs
- C. Individualized competency areas, goals, and objectives, as well as any elective competency areas, will be determined for each individual resident during the initial Resident Development Plan with the RPD and Coordinator, and updated during quarterly Development Plans

XV. Learning Experiences [3.2]

- A. All required and elective learning experiences ([Appendix A](#)) will be built in PharmAcademic and assigned to the resident based on the subspecialty pathway (PGY2s) and elective choices for the year
- B. All Learning Experience Descriptions (LEDs) will be reviewed by the Preceptor Advisory Council, which includes the RPD, at initiation of a new learning experience and then every two (2) years to ensure that all ASHP Accreditation LED requirements are met
- C. Each resident will be oriented to the learning experience on the first day of the rotation by the preceptor using the LED

XVI. Development Plans [3.3]

- A. An Initial/Baseline Assessment will be completed by each resident within the first 30 days of the residency to assess the following areas and the results documented and considered in the initial development plan:
 - 1. Required ASHP Entering Resident Self-Assessment Form
 - 2. Professional Strengths/Weaknesses: a self-assessment tool/quiz will be employed
 - 3. Learning Style: The Pharmacist Inventory of Learning Styles (PILS) Assessment
 - 4. Personality Style: Myers-Briggs Personality Assessment
- B. A Development Plan for each resident will be completed with the RPD and Coordinator within 30 days of the start of residency and then quarterly throughout the residency year using the Development Plan Template
 - 1. Each development plan will be used to determine changes or customizations to the residency year and structure to address each resident's unique learning needs, interests, career goals, and progress toward completion of residency goals and requirements
 - 2. The Development Plans and resulting modifications will be shared with all preceptors via PharmAcademic™ and discussed at the next RAC meeting.

XVII. Evaluations [3.4]

- A. All Summative Evaluations and Development plans will be documented in PharmAcademic® in accordance with ASHP requirements [2.15.b]
1. Each rotation is associated with preceptor, learning experience, and summative evaluations.
 2. In this program, the following evaluations are also required for each learning experience:
 - a. The Rotation Transition form - at the start of each block/non-longitudinal experience
 - b. A summative resident self-evaluation - at the conclusion of the learning experience
 3. Midpoint evaluations: experiences of 8 weeks or less are not required to formally document a midpoint evaluation but progress toward objectives must be discussed at the midpoint (if not done more frequently, i.e., during Feedback Fridays)
 - a. Preceptors may add a formal Midpoint Evaluation, including resident self-evaluation, to their learning experience as desired
 4. **All assigned evaluations should be completed by the last day of the learning experience, and no later than 7 days after the learning experience.**
 5. Rating Definitions:
 - a. Need Improvement (NI)* – resident displays any of the following characteristics:
 - i. Requires direct & repeated supervision, guidance, intervention, and/or prompting
 - ii. Makes questionable, unsafe, and/or not evidence-based decisions
 - iii. Fails to incorporate or seek out feedback
 - iv. Fails to complete tasks in a time appropriate manner
 - v. Acts in an unprofessional manner

**Any rating of Needs Improvement requires clear, criteria-based, and actionable written feedback for the objective(s), noting deficiencies and expected improvement and will be accompanied by corrective action and an improvement plan per the Disciplinary Action section below.*
 - b. Satisfactory Progress (SP)* - resident displays the following characteristics:
 - i. Performs at the level expected for their training
 - ii. Responds to and incorporates feedback
 - iii. Requires limited prompting and guidance to complete duties appropriately
 - iv. Is progressing at the required rate to attain achieved by the end of the residency

**Any rating of Satisfactory Progress requires clear, criteria-based, and actionable written feedback for the objective(s), noting the resident's strengths and progress as well as deficiencies and actions that can be taken to achieve the objective through the course of the*

residency

- c. Achieved (ACH)* – resident displays all of the following characteristics:
 - i. Independently and consistently performs the task or objective
 - ii. Consistently demonstrates ownership of actions and consequences
 - iii. Accurately reflects on performance & can create a sound plan for improvement
 - iv. Appropriately seeks guidance when needed
 - v. Acts professionally and represents the Pharmacy Department well in all settings and circumstances

**Any rating of Achieved requires clear, criteria-based written feedback for the objective(s) demonstrating the resident's strengths and accomplishment of the objective, including how the resident can maintain Achieved through the course of the residency*
- d. Achieved for Residency (ACHR):
 - i. The resident can perform the objective independently and consistently in any setting.
 - ii. No further instruction or evaluation is required.
 - iii. Resident can effectively model and/or teach the objective to a new learner
- e. ACHR Procedure:
 - i. RPD or designee will regularly review objectives, at minimum with each Quarterly Development Plan, to determine if objectives can be marked as ACHR.
 - a) Objectives evaluated in multiple experiences: the objective must be marked as “ACH” in at least two evaluations to be considered “ACHR”
 - b) Objectives evaluated in a single experience (e.g., Precepting/ Teaching): can be considered “ACHR” if achieved in that experience
 - c) Evidence and agreement that the resident can maintain Achievement of the objective through the course of the residency
 - i. Each resident’s TE grid will be reviewed and adjustments made to ensure sufficient opportunity to achieve each objective.
- 6. Based on the overall evaluation each preceptor will document in the evaluation comment section of evaluation if the resident has “passed the rotation,” “passed pending remediation,” or “failed the rotation.”
 - a. If $\geq 20\%$ of the evaluated objectives are rated as “NI” in the final summative evaluation, the experience will be considered “failed”.
 - i. For longitudinal rotations, the experience is considered “failed” if $\geq 20\%$ of the evaluated objectives are rated as “NI” at the midpoint (50%) or later summative evaluations.
 - b. Any “pending remediation” or “failed” rotations must have a written warning and action plan per the Disciplinary Action section below
- B. Formative Assessments will be documented in PharmAcademic™ as applicable; examples include:
 - 1. Feedback on a draft presentation or written assignment;

2. Written feedback or evaluations provided outside of the PharmAcademic™ system, such as CE presentation evaluations;
3. Written feedback, action plans, and/or corrective action *are required* for a resident that is failing to meet requirements or adequately progress

XVIII. Grievance Procedures

- A. If the resident does not agree with the evaluation from a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.
- B. If the resident is not satisfied with the resolution, the resident may submit a written request to present his/her justification of performance to the Residency Program Director within 7 days of the evaluation.
- C. The RPD will review the evaluations and investigate the situation.
 1. The Program Director will attempt to resolve the situation within 14 days of the request.
 2. The resolution will be presented to the resident in writing.
- D. If the resident is not satisfied with the resolution from the RPD, they may submit a written request for review by the Residency Advisory Committee within (RAC) 7 days of notification of the RPD's decision.
 1. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance.
 2. RAC will review all written documentation of performance and discussions.
 3. RAC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation.
 - a. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance.
 - b. Criteria-based evaluation forms (rubrics) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used.
 4. The final decision will be made by RAC in concurrence with the RPD.
- E. All grievance procedure outcomes will be documented and uploaded to PharmAcademic.
 1. If necessitated by the grievance review outcomes, applicable evaluations will be sent back to the preceptor for edit to reflect the appropriate ratings and feedback comments
 2. Evaluations (with or without changes based on grievance outcomes) will be finalized and cosigned in PharmAcademic.
- F. This entire process will be coordinated by the RPD.
 1. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, either another program RPD or the Director of Pharmacy will coordinate the process.

XIX. Awarding of Certificates [2.13 & 2.14]

- A. Certificates of Residency Completion will be awarded to those who have documented successful completion of all program requirements per the General Expectations and Completion Checklist in the [Appendix D](#) below
- B. Certificates will include
 - 1. Name of Resident
 - 2. Name of Program and Residency Type
 - 3. Length and Dates of Program
 - 4. Reference of ASHP Accreditation
 - 5. Signatures of:
 - a. Residency Program Director
 - b. Residency Program Coordinator (PGY2 only)
 - c. Director of Pharmacy
 - d. Vice President
 - e. Chief of Hospital Services

XX. Disciplinary Action and Dismissal Policy [2.6]

- A. All residents accepted into the Residency Program were deemed prior to acceptance as capable of successfully completing the residency based on their application, letters of reference, and interview.
 - 1. Pharmacy leadership, RPDs, coordinators, and preceptors are committed to helping each resident have a successful year in the residency program.
 - 2. If resident performance does not meet program expectations, the resident will be provided feedback along with ample opportunity and strategies to improve.
 - 3. The goal of the residency is to teach, not to discipline. Situations may arise, however, that would require disciplinary action and/or termination of a resident from the residency program.
- B. A resident may be placed under disciplinary action for the following:
 - 1. Unsatisfactory Performance, including but not limited to:
 - a. Unsatisfactory attendance
 - b. Failure to complete an assignment by the due date
 - c. Failure to complete evaluations by the due date
 - d. Rating of “needs improvement” (NI) on a single objective in a summative evaluation
 - e. Any other evidence concerning for inability to complete graduation requirements within the residency cycle at any point within the first 4 months of the program
 - 2. Unacceptable Performance, including but not limited to:
 - a. Repetitive attendance issues
 - b. Repetitive failure to complete assignments
 - c. Repetitive failure to complete evaluations
 - d. Repeated rating of “needs improvement” (NI) on a single objective
 - e. Rating of NI on multiple objectives from a single learning experience, or from concurrent learning experiences
 - f. Safety events caused by “at-risk” behavior
 - g. Repetitive failure to incorporate and translate feedback into

- measurable performance improvement
- h. Failure of any learning experience
- i. Any other evidence concerning for inability to complete graduation requirements within the residency cycle at any point after month 4 of the program
- 3. Unprofessional Conduct (Misconduct)
 - a. Violation of the Code of Conduct, policies and procedures, laws and/or ethics
 - b. Failure to present oneself in a manner that represents the pharmacy department or Cook Children's in a positive manner
 - c. Engaging in any willful negligence or reckless behavior that jeopardizes patient or staff safety and wellbeing
- C. Disciplinary Action Procedure: *Residents will progress through the steps below when the prior issue does not improve within the specified time frame, is repeated, or worsens; or if new but related issue(s) arises. Disciplinary action may be immediately escalated to greater steps, up to and including immediate termination, depending on the nature and severity of the event requiring corrective action, the resident's prior need for disciplinary action, and/or the resident's responses to prior action.*
 - 1. Documented Verbal Coaching:
 - a. Residents will be given verbal coaching by the appropriate preceptor, RPD, or designee.
 - b. Verbal coaching should be given as soon as undesirable behavior is observed; this should not wait to take place during summative evaluations.
 - c. The resident will be told explicitly that verbal coaching is occurring.
 - d. Verbal coaching shall entail:
 - i. Outlining the objectives, deadlines, performance, and/or professional issues at hand;
 - ii. Suggestions for improvement, and;
 - iii. The timeframe in which the improvements are expected to be made
 - e. The verbal coaching will be documented in brief summary form (e.g., recap email) and filed as Formative Feedback in PharmAcademic for resident review and RPD cosign.
 - i. Verbal coaching may also be reiterated and outcomes documented in summative evaluations.
 - f. A follow-up meeting with the resident will be set at the end of the expected timeframe to determine if the expectations were met.
 - i. Final outcomes will be documented and added to PharmAcademic.
 - 2. First Written Warning:
 - a. The issue(s) will be documented and communicated to the RPD.
 - b. The RPD, coordinator, and applicable preceptor(s) will meet with the resident to communicate the issues verbally and in writing.
 - c. Written warning shall entail:
 - i. Outlining the objectives, deadlines, performance, and/or professional issues at hand;
 - ii. The action plan and outcomes the resident must demonstrate as

- improvement;
 - a) The action plan may include remedial work (completing a new presentation or assignment, additional staffing assignments, extension or repeating of a failed rotation, etc.)
 - iii. The timeframe in which the improvements are expected to be made,
 - iv. Consequences for failure to meet the outcomes and;
 - v. Date and signatures of all parties
 - d. The signed written warning will be uploaded to PharmAcademic
 - e. The disciplinary action will be noted and tracked in the resident's Development Plan
 - f. A follow-up meeting with the resident will be set at the end of the expected timeframe to determine if the expectations were met.
 - i. Residents are encouraged to schedule interim meetings with the RPD and/or coordinators as needed to obtain guidance or provide updates on progress
 - ii. Final outcomes will be documented and added to PharmAcademic.
- 3. Second Written Warning with Performance Improvement Plan
 - a. Includes all steps 2.a. & b. above and proceeds to the following:
 - b. **The resident** will have 24 hours to generate a written performance improvement plan and present to the RPD, coordinators, and applicable preceptor(s); the plan must include:
 - i. A definition or restatement of the issue(s)
 - ii. A clear action plan for improvement of each issue, including remedial work and measurable endpoints
 - iii. A timeline for completion
 - iv. Consequences for failure to meet the outcomes
 - c. The RPD, Coordinators, and preceptor(s) may request adjustments or additional actions to the resident's proposed improvement plan.
 - d. The finalized and agreed upon plan will be signed and dated by all parties and uploaded to PharmAcademic.
- 4. "Failed" rotations (see Evaluations above) must be repeated before the end of the residency cycle as part of the overall disciplinary action process.
 - a. Elective rotation time may not be used to repeat a rotation; the residency year must be extended.
 - b. Staffing requirements continue until the resident completes requirements for graduation.
 - c. The exact timing of the repeated rotation will be dependent on the situation, overall residency schedule, resident progress, preceptor availability, etc.
- 5. Dismissal/Termination:
 - a. If a resident makes adequate progress toward, but does not fully meet, all end goals of the initial Resident Improvement Plan, a second Resident Performance Improvement Plan may be developed and executed in an effort to guide the resident to successful completion of the residency requirements.
 - b. The resident may be subject to immediate dismissal in the following cases:

- i. The initial or a subsequent Resident Performance Improvement Plan is not followed, cannot be implemented, or is declined by the resident; or if improvements are not made as required in the plan
- ii. Rotations are not repeated as specified, the resident fails a rotation twice, or the resident is failing in any two learning experiences (including longitudinal experiences)
- iii. Gross or heinous unprofessional conduct (misconduct)
- c. A decision for termination will be decided upon with input gathered from preceptors, the Residency Advisory Council, Director of Pharmacy, and the Human Resource department, as necessary.

XXI. Preceptor Appointment and Reappointment Process & Preceptor Development [4.4c]

- A. Preceptor Appointment and Reappointment, including a full determination of each preceptors Eligibility, Responsibilities, and Qualifications, Preceptor Training, and ongoing Preceptor Development will be managed by the Preceptor Appointment Council (PAC) and according to the [Preceptor Appointment Policy](#)

XXII. Compliance with Accreditation Requirements

- A. To maintain the highest caliber of Residency training through this program and to ensure posterity for all past and future graduates of the program, the RPD will:
 1. Maintain knowledge and compliance with all current ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle
 2. Ensure consistent and proper use of PhORCAS and NMS during candidate recruitment and selection.
 3. Ensure consistent and proper use of PharmAcademic to manage and document residency program requirements, such as learning experience descriptions, evaluations, development plans, resident closeout, graduate tracking, etc.
 4. Maintain all resident and program records required by ASHP for the length of time required

XXIII. Continuous Residency Program Improvement [4.4.b]

- A. Residency Program Strategic Planning Retreats that include all preceptors and residents will be held twice a year (December/January and May) to review the completed portions of the residency year and to determine and implement necessary changes and improvements to the residency program.
 1. Residents and preceptors will provide constructive feedback and recommendations for the program in writing 2 weeks prior to each Strategic Retreat.
 - a. A “pre-retreat” may be scheduled with residents, RPDs, and Coordinators to discuss certain items of written feedback provided.

2. Improvement goals identified during Strategic Retreats will be documented and progress toward these goals documented at least quarterly until considered complete.

XXIV. Graduate Tracking

- A. Graduates will be tracked in PharmAcademic™ to document initial employment or continued training
 1. Graduates will then be contacted at least biannually to receive updates on employment changes and board certification status and updates will be noted in PharmAcademic™

APPENDIX A: PROGRAM STRUCTURE - LEARNING EXPERIENCES

PGY1 Pharmacy Residency[#]

REQUIRED Learning Experiences	Duration
Orientation	Six weeks
General Pediatrics	Six weeks
Pediatric Intensive Care	Six weeks
Neonatal Intensive Care	Six weeks
Pharmacy Administration	Four weeks
Medication Safety	Four weeks
Precepting/Teaching [†]	Six weeks
Medication Use Evaluation	Longitudinal – 8 mos.
Research Project	Longitudinal – 12 mos. [‡]
Presentations	Longitudinal – 12 mos.
Staffing (operational & clinical)	Longitudinal – 11 mos. (begin Aug)
Ambulatory (<i>choose one</i>) Infectious Disease Immunology Neurology Pulmonary	Longitudinal – 6 mos. (begin Jan) ~4 hours in clinic every 2 weeks
ELECTIVES (choose three)	4-6 weeks
Advanced required rotation [†]	Nutrition Support
Cardiology	Pain Management [†]
Emergency Medicine	Pharmacogenomics
Hematology/Oncology	Pharmacy Informatics
Infectious Diseases [†]	Pulmonology
Investigational Drug Services	Stem Cell Transplant
Neurology	
<i>Other elective learning experiences may be developed based on resident interest and preceptor availability</i>	

[#]Rotation lengths and elective offerings can be individualized with the RPD during Resident Development Plans.

[†]Advanced experiences and/or experiences designed with less direct pharmacy preceptor presence. These require residents to demonstrate adequate independence, progression, and/or resolution of any prior disciplinary actions before starting. For Precepting: Resident must successfully pass the corresponding baseline exam portion of exam prior to precepting in that area.

[‡]Residents will have ~3 scheduled project weeks in December between Midyear and New Year's Day. Additionally, residents are given a bank of 5 project days that they may use throughout the year and under the following conditions: 1) the dates *and* plan for the project day(s) are submitted to and approved in advance by RPD and rotation preceptor, 2) the resident does not miss more than 20% of the rotation per Leave and Attendance Expectations, and 3) the resident is making satisfactory progress on recent and current experiences.

PGY2 Traditional Pediatric Pathway

REQUIRED Learning Experiences	Duration
Orientation	Internal - 2 weeks (min.) External - 4 weeks (min.)
Nutrition Support [†]	Internal – 2-4 weeks External - 4 weeks
Acute Care – Hospitalist	4 weeks
Acute Care Selective (<i>choose one</i>): AC 1: Endocrine / Rheumatology AC 2: Pulmonology / Infectious Diseases AC 3: Gastroenterology / Nephrology AC 4: Neurology AC 5: Psychiatry	4 weeks
Pediatric Intensive Care	4-6 weeks
Neonatal Intensive Care	4-6 weeks
Precepting/Teaching [†]	4-6 weeks
Practice Management	Longitudinal – 12 mos.
Medication Use Evaluation	Longitudinal – 8 mos.
Research Project	Longitudinal – 12 mos. [‡]
Presentations	Longitudinal – 12 mos.
Staffing	Longitudinal – 11 mos. (begin Aug)
Ambulatory (<i>choose one</i>) Immunology Infectious Diseases Neurology Pulmonary	Longitudinal – 6 mos. (begin Jan) ~4 hours in clinic every 2 weeks
ELECTIVES (choose three)	4-6 weeks
Acute Care Selective (not previously completed)	Investigational Drug Services
Neonatal Intensive Care II	Medication Safety
Pediatric Intensive Care II	Neurology
Advanced required rotation [†]	Pain Management [†]
Academia [†]	Palliative Care [†]
Academic Administration [†]	Pharmacogenomics
Cardiology*	Pharmacy Informatics
Emergency Medicine*	Pulmonology
Hematology/Oncology	Stem Cell Transplant
Infectious Diseases [†]	
<i>Other elective learning experiences may be developed based on resident interest and preceptor availability</i>	

[#]Rotation lengths and elective offerings can be individualized with the RPD/Coordinator during Resident Development Plans.

[†]Nutrition Support is required in preparation for PGY2 Staffing. This may be completed during PGY1 for internal PGY1s or will occur following Orientation. Resident must successfully pass the nutrition portion of baseline exam as well as successfully pass nutrition training to be able to move forward with nutrition staffing.

[‡]Advanced experiences and/or experiences designed with less direct pharmacy preceptor presence. These require residents to demonstrate adequate independence, progression, and/or resolution of any prior disciplinary actions before starting. For Precepting: Resident must successfully pass the corresponding baseline exam portion of exam prior to precepting in that area.

*Required for Critical Care emphasis

*Residents will have ~3 scheduled project weeks in December between Midyear and New Year's Day. Additionally, residents are given a bank of 5 project days that they may use throughout the year and under the following conditions: 1) the dates *and* plan for the project day(s) are submitted to and approved in advance by RPD and rotation preceptor, 2) the resident does not miss more than 20% of the rotation per Leave and Attendance Expectations, and 3) the resident is making satisfactory progress on recent and current experiences.

PGY2 Pediatric Oncology Specialization Pathway

REQUIRED Learning Experiences	Duration
Orientation	Internal - 2 weeks (min) External - 4 weeks (min)
Nutrition Support ⁺	Internal – 2-4 weeks External - 4 weeks
Oncology I (Hematologic Malignancies)	5 weeks
Oncology II (Solid Tumors)	5 weeks
Hematology	4 weeks
Stem Cell Transplant	4 weeks
Precepting/Teaching [†]	4-6 weeks
Practice Management	Longitudinal – 12 mos.
Medication Use Evaluation	Longitudinal – 7 mos.
Research Project	Longitudinal – 12 mos. [‡]
Presentations	Longitudinal – 12 mos.
Staffing	Longitudinal – 11 mos. (begin Aug)
Ambulatory: Hematology/Oncology	Longitudinal – 10 mos. (begin Sep) ~4 hours in clinic every week
ELECTIVES	4-6 weeks
Advanced required rotation [†]	Neurology
Academia [†]	Pain Management [†]
Academic Administration [†]	Palliative Care [†]
Emergency Medicine	Pharmacogenomics
Infectious Diseases [†]	Pharmacy Informatics
Investigational Drug Services	Precision Medicine [†]
Investigational Drug Services II [†]	Pulmonology
Medication Safety	Experiences found in the Traditional Pediatrics Pathway
Medical Writing	
<i>Other elective learning experiences may be developed based on resident interest and preceptor availability</i>	

#Rotation lengths and elective offerings can be individualized with the RPD/Coordinator during Resident Development Plans.

⁺Nutrition Support is required in preparation for PGY2 Staffing. This may be completed during PGY1 for internal PGY1s or will occur following Orientation. Resident must successfully pass the nutrition portion of baseline exam as well as successfully pass nutrition training to be able to move forward with nutrition staffing.

[†]Advanced experiences and/or experiences designed with less direct pharmacy preceptor presence. These require residents to demonstrate adequate independence, progression, and/or resolution of any prior disciplinary actions before starting. For Precepting: Resident must successfully pass the corresponding baseline exam portion of exam prior to precepting in that area.

[‡]Residents will have ~3 scheduled project weeks in December between Midyear and New Year's Day. Additionally, residents are given a bank of 5 project days that they may use throughout the year and under the following conditions: 1) the dates *and* plan for the project day(s) are submitted to and approved in advance by RPD and rotation preceptor, 2) the resident does not miss more than 20% of the rotation per Leave and Attendance Expectations, and 3) the resident is making satisfactory progress on recent and current experiences.

APPENDIX B: Residency Expectations and Completion Requirements

General Expectations of Residents

Progression: Residents are expected to make satisfactory progress toward all requirements to demonstrate completion by the end of the residency program.

Professional Responsibility: Residents will conduct themselves in a professional manner and uphold all applicable laws governing pharmacy practice; the Employee Code of Conduct; and all policies and procedures of the residency program, pharmacy department, and CCHCS.

Preparation for Learning Experiences: Residents will review the learning experience description and complete any required readings prior to the beginning of the rotation. The learning experience description will be discussed with their preceptor on the first day of the rotation.

Learning Experiences Transitions: The resident must complete the Rotation Transition form and any rotation evaluations by the last day of the rotation. The incoming and outgoing preceptors will review with the resident at the Rotation Transition Meeting (scheduled either the last day of the completed rotation or first day of the new rotation).

Deadlines: All dates given to the resident as a deadline constitute an **8:00am** deadline on the specified due date unless another time is specified by the preceptor, residency coordinator, or RPD. Failure to meet a specified deadline will require disciplinary action, which may include assignment of a new or separate project (e.g., if Grand Rounds presentation deadline is missed, a new presentation topic may be assigned and the presentation rescheduled)

PharmAcademic Evaluations: Residents are required to complete ALL PharmAcademic evaluations by the determined deadline, and no later than 7 days after the evaluation deadline.

Preceptor and Learning Experience Feedback: Just as residents are to be provided timely and actionable feedback for encouragement and improvement, residents must provide preceptors with timely and actionable feedback regarding their precepting and learning experiences. This feedback should be provided verbally to the preceptor as it occurs or, at a minimum, during weekly feedback sessions (i.e., Feedback Friday). Final summative evaluations of the Preceptor and Learning Experience must include written feedback from the Resident; any elements rated less than “Consistently True” [for Learning Experience evaluations] or “Always” [for Preceptor evaluations] must be accompanied by evidence for the rating and actionable recommendations for improvement from the Resident.

Travel and Conference Attendance: Residents must follow all applicable travel and expense reimbursement requirements found in [policy FN 550](#) and as directed by the RPD. The Professional Responsibilities expectations found above apply for the entire duration of travel and conference attendance. Residents must actively participate in conference sessions and proofs of session attendance (i.e. CE transcripts) will be required upon return.

Checklist of Requirements for Completion of the Program and Awarding of Certificates			
RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic			
Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
Pre-Residency Checklist - All items must be completed and documentation provided to the RPD and loaded into PharmAcademic prior to the start of residency, unless otherwise noted:			
Review Residency Manual and return signed Match Letter (<i>within 30 days of Match</i>)	Misc.		
Review and Complete Virtual Welcome Packet	N/A		
PGY1 Licensure: Proof of alternative licensure (“Extended Intern”) per Licensure Policy above – <i>application submitted to TSBOP by June 15th</i>	Misc.		
PGY2 Licensure: Proof of Texas Pharmacist Licensure (or reasons for delay and proof of alternative licensure per Licensure Policy above) <i>by July 1st</i>	Misc.		
PGY2: Texas Pharmacy Preceptor License	Misc.		
ACPE IV Certification, or proof of 20 hours IV training from Pharmacy School <i>*Internal PGY1s must complete Annual Aseptic testing</i>	Misc.		
Basic Life Support (BLS) Certification PGY1 may complete during orientation if not completed prior to residency – <i>must notify RPD so that class can be scheduled</i>	Misc.		
Resident Bio-sketch (for posting to website)	Misc.		
ASHP Entering Resident Self-Assessment (PharmAcademic>Development Plans tab)	N/A		
Pharmacist Inventory of Learning Styles (PILS) Assessment	Misc.		
Myers-Briggs Personality Assessment	Misc.		
Proof of ASHP membership	Misc.		
Proof of PPA membership	Misc.		
PGY2: Color Copy of PGY1 Residency Certificate	Misc.		
PGY2: Copy of PGY1 Teaching Certificate and list of requirements (if completed)	Misc.		
All Pre-employment Requirements per Human Resources	N/A		
On-site Requirements & Orientation Checklist - Residents must complete an orientation program before beginning rotations. Delays in starting clinical rotations will result in the residency year being extended. <i>*Some elements listed may be completed outside of the orientation period depending on availability or scheduling</i>			
New Employee Orientation (NEO) (Mon/Tue of week 1)	N/A		
Epic Training (Wed of week 1)	N/A		
Department and Program Orientation with RPD and/or RPC (week 1) <i>Sign and File Residency Policies and Procedures Attestation (last page of Manual)</i>	Misc.		

Checklist of Requirements for Completion of the Program and Awarding of Certificates			
RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic			
Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
PharmAcademic™ Orientation (week 1)	N/A		
*Pediatric Boot Camp – all sessions	N/A		
Aseptic Technique/Fingertip Testing (week 1 or 2)	N/A		
Pharmacy & Therapeutics (P&T) and Formulary Management Orientation	N/A		
Research Subcommittee (RSC) Orientation	N/A		
Collaborative Institutional Training Initiative (CITI) Training/Renewal – <i>due one week after start of residency</i> - Biomedical Primary Investigators (Biomedical PI) - Good Clinical Practice (GCP) – Basic Courses	Misc.		
Research Authorization Form (Cook Children’s)	Misc.		
*SlicerDicer access form and Fundamentals training	N/A		
UNT Teaching Certificate Orientation (if applicable)	N/A		
*Assigned CBT (ULearn) courses and classes	N/A		
*Peer to Peer Conversations (first available, ULearn)	N/A		
Basic Life Support (BLS) Certification <i>Or provide current certificate</i>	Misc.		
Pediatric Advanced Life Support (PALS) Certification <i>Or provide current certificate</i>	PGY1: Misc PGY2: R5		
Pharmacy Code Validation	PGY1: Misc PGY2: R5		
Pharmacy Staffing Orientation- all assigned training modules must be completely signed off	N/A		
PGY2: *TPN Collaborative Training- signed off by Beth Deen and added to TPN Collaborative Practice Agreement	Misc.		
Completion Requirements Post-Orientation			
Learning Experiences			
All required and elective learning experience requirements (e.g., activities, projects, assignments, in-services, etc.) successfully completed. <i>If not fully completed by end of residency, an acceptable endpoint or hand-off plan must be documented and accepted by the preceptor</i>	Most applicable, or Misc.		
PGY1 Program Competencies, Goals, and Objectives:			
100% (14 of 14) of R1 Patient Care Goals/Objectives are marked “Achieved for Residency” (ACHR)	N/A		
80% (14 of 17) of all remaining Goals/Objectives are marked ACHR	N/A		
No Objectives marked as “Needs Improvement (NI)” on the latest evaluation	N/A		

Checklist of Requirements for Completion of the Program and Awarding of Certificates			
RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic			
Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
<u>PGY2</u> Program Competencies, Goals, and Objectives:			
100% (12 of 12) of R1 Patient Care Goals/Objectives are marked “Achieved for Residency” (ACHR)	N/A		
80% (20 of 25) of all remaining Goals/Objectives are marked ACHR	N/A		
No Objectives marked as “Needs Improvement (NI)” on the latest evaluation	N/A		
<u>PGY2</u> Pediatric Topic List:			
All topics found in the “Appendix” of the PGY2 Pediatric Competencies, Goals, and Objectives are completed by the required method (direct patient care vs. topic discussion)	Appendix Tracker		
Evaluations:			
Resident has completed all evaluations in PharmAcademic™ Reminder: all evaluations must be completed within 7 days of the due date	N/A		
Residency Research Project:			
Resident Research Series completed as assigned by RSC Note for PGY2s: if not completed as an internal PGY1	N/A		
Research Proposal submitted to IRB	R2		
IRB acceptance, or feasibility letter (for QI projects)	R2		
Data collection form (blank)	R2		
Completed data analysis (de-identified)	R2		
Project presented in platform presentation format (preferred) at PPA, or other professional conference (poster format may be accepted per RSC)	R2		
Final project summary and findings presented to P&T Committee Note: P&T presentations divided equally between May and June, as determined by residents, project mentors, and/or RSC.	R2		
Research manuscript in final form suitable for publication and/or submitted for journal publication (per RSC and project mentor)	R2		
Formal Medication Use Evaluation (MUE)			
Final MUE presented at ASHP Midyear (Poster)	R2		
Final MUE presented at P&T (Power Point)	R2		
[optional] MUE presented at Cook Research Symposium (Poster)	R2		
Presentations (see Appendix E below for detailed presentation guidance)			
Pharmacy Grand Rounds	R4		
Pharmacotherapy Pearl #1	R4		
PGY1: Pharmacotherapy Pearl #2 (MUE)	R4		

Checklist of Requirements for Completion of the Program and Awarding of Certificates

****RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic****

Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
<i>PGY2</i> : Pharmacotherapy Pearl (<i>mentor of PGY1</i>) Evidence: Slides with comments/edits, and final evaluation	R4		
<i>PGY2</i> : Pediatric Education Series (P.Ed.S)	R4		
Journal Club	R4		
Tech Talk (mentor/facilitator) Evidence: Slides with comments/edits, and final evaluation	R4		
Teaching Experience:			
Facilitate student topic discussion ~every other rotation block (min. 3)	N/A		
Facilitate student patient presentations (min. 6)	N/A		
Primary preceptor for student (or PGY1 as a PGY2) on at least one learning experience	N/A		
UNT Pharmacy School Lecture	R4		
Completion of UNT Teaching & Leadership Certificate Program <i>Note for PGY2: if equivalent certificate program not completed during PGY1¹</i>	Misc.		
Documentation of Patient Care:^{2,3}			
Evidence of adequate documentation of clinical interventions (i-Vents) and Progress Notes per department standards during clinical learning experiences and staffing	R1		
Evidence of adequate documentation of direct patient engagement activities (e.g., Patient Education, Patient Engagement, Medication History, etc.)	R1		
Evidence of adequate reporting of ADRs (via i-Vents) and/or ADEs (via Event Reporter)	R3		
Two full-length patient care notes (e.g., SOAP) generated by resident, evaluated by preceptor, and then added (de-identified) to resident files	R1		
Meetings: minimum 80% attendance and active participation at the following required meetings per Outlook appointments; absence must be approved in advance			
Pharmacy Staff Meeting (weekly)	N/A		
Medication Safety Team (monthly)	N/A		
Pharmacy and Therapeutics (monthly)	N/A		
Residency Advisory Council (monthly)	N/A		
Research Subcommittee (monthly)	N/A		
Drug Shortage Task Force (weekly for 3 months)	N/A		
Pharmacy Town Hall Meeting (twice yearly to quarterly)	N/A		
PGY2: Chosen Interdisciplinary Committee/Task Force (see below) ⁴ :	N/A		

Checklist of Requirements for Completion of the Program and Awarding of Certificates			
RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic			
Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
Pharmacy & Therapeutics and Formulary Management:			
Monthly P&T Meeting Summaries for medical staff newsletter (min. 3)	R3		
Quarterly Adverse Drug Reaction Report (min. 1)	R3		
Monthly Medication Class Review (min. 2)	PGY1: R1 PGY2: R2		
New Drug Monograph (min. 1)	PGY1: R1 PGY2: R2		
Medication Safety Team:			
Monthly ISMP Newsletter Summaries (“Safety Sirens”) (min. 3)	R4		
Category E or above Safety Event: Event investigation, summary, action plan, recommendations, and education; Present to Med Safety and Pharmacy staff (min. 1)	PGY1: R3 PGY2: R2		
Failure Mode Effect Analysis (FMEA) and/or creation of medication safety/process education (min. 1)	PGY1: R3 PGY2: R2		
Drug Shortage Management:			
Formulate and implement drug shortage action plan (min. 1)	R3		
Professional Activities⁵:			
Professional organizations: residents must maintain membership in ASHP and PPA during the residency year <i>Note for PGY2: other professional memberships may be required by subspecialty pathway coordinators</i>	Misc.		
PGY2 required involvement⁵: Involvement activities(s): _____ _____ Mentor: _____	N/A		
Attendance at ASHP Midyear Clinical Meeting	N/A		
Attendance at PPA Annual meeting (or other approved professional meeting for subspecialty pathways)	N/A		
Community Service⁶:			
Event #1: _____ Mentor: _____	N/A		
Event #2: _____ Mentor: _____	N/A		
Residency Recruiting and Interviewing:			
Local/Regional Recruiting Event: _____	N/A		
ASHP Midyear Recruiting Event(s): - Showcase - CHA Reception (if offered)	N/A		

Checklist of Requirements for Completion of the Program and Awarding of Certificates

****RESIDENT must upload all evidence documents for these completion requirements into the FILES section of PharmAcademic****

Requirement	**Files Location	Resident Initial/Date	RPD Initial/Date
- PPS Interviews			
Active participation in candidate application review, interviewing, scoring, and ranking	N/A		
Candidate scoring entered in Phorcas®	N/A		
Contribution to Residency Program Improvement:			
Attendance at Residency Program Retreats	N/A		
Identification and implementation of improvement strategies	N/A		

¹UNT Teaching & Leadership Certificate: Required for all PGY1 residents. For PGY2 residents who completed a teaching certificate program during the PGY1 year: the RPD and/or Coordinator will review the program requirements to determine if they meet equivalent quality and expectations as the UNT Teaching & Leadership Certificate program.

²Documentation: Residents are expected to document ***all*** clinical activities and interventions in the EHR (e.g., i-Vents, Progress Notes, etc.). Notes in the medical record should be reviewed by the preceptor, until deemed independent. Residents are expected to report suspected or confirmed adverse drug reactions and medication errors in the online event reporting system. Epic i-Vent and Progress Note metric reports will be utilized as evidence.

³Patient Engagement: Residents are expected to counsel patients, conduct medication histories during their clinical rotations, and assist with the discharge process to ensure optimal therapy. Patient education and medication reconciliation must be documented in the medical record.

⁴Interdisciplinary Committees/Task Forces: PGY2 Residents are required to be an active participant (i.e., regular attendance plus measurable contribution to the efforts of the task force such as process implementation, education development, completion of projects, etc.) of at least one Medical Center or system-wide multidisciplinary committee or task force throughout the residency year. Longitudinal participation in one of these additional committees or task forces is optional and voluntary for PGY1s though attendance may be incorporated during focused learning experiences per preceptor guidance. Committee / task force options include but are not limited to:

- ❖ Med Rec Task Force
- ❖ Opioid Stewardship Committee
- ❖ Seasonal Vaccine Task Force
- ❖ Antimicrobial Stewardship Committee
- ❖ NINJA Committee
- ❖ H/O QI and Patient Safety Committee
- ❖ USP 800 Task Force

- ❖ Diversion Prevention Committee
- ❖ Code Committee (required for PGY2 Crit Care)
- ❖ Pharmacy Phun (Wellness) Committee
- ❖ [Employee Resources Groups \(ERGs\)](#), e.g. PRIDE+, BOLD+, LEADS+, etc

Other Recommended meetings (when no other duties/requirements interfere)

- ❖ Grand Rounds—every Tuesday at 08:00 (no grand rounds the 1st Tuesday of every month and during the month of July)
- ❖ Citywide Infectious Disease Conference—every 2nd or 3rd Monday at 12:00
- ❖ Other pharmacy training and CE presentations-as available

5Professional Organizations → PGY2 residents are required to involve themselves at a level more than membership and attendance in local, regional, state, and national professional organizations throughout the residency year. The PGY2 Coordinator or other selected mentor will provide guidance on involvement activities. Example involvement activities include active participation in organization committees, active and regular contribution to special interest groups (SIGs), planning or volunteering at meetings, among others. *PGY1s* are also encouraged to become involved at levels greater than membership. Any possible interference of organizational activities with the residency program must be discussed and approved with the rotation preceptor and RPD/Coordinator.

6Community Service → Residents are required to participate in a minimum of two events during the residency year. Participation needs to be approved by RAC for the residency program. If the event interferes with residency or staffing duties, participation must have prior approval from rotation preceptor and RPD/Coordinator.

Appendix C: Detailed Presentation Guidance

- Residents will deliver various formal presentations throughout the residency to develop skills as an educator and orator.
- Presentation styles include, but are not limited to, grand rounds, pharmacotherapy pearls, journal clubs, case presentations, and educational in-services. The resident will also help mentor and facilitate a Tech Talk during the residency year.
- The resident must identify a mentor for each presentation appropriate for their topic.
- Each presentation is expected to be professional, informative, interactive, engaging, and educational for the audience (pharmacists, pharmacy residents, pharmacy students, technicians, etc.).
- Any presentations that do not meet minimum requirements will be reassigned and repeated by the resident. The mentor and/or RPD will determine if a new topic will be assigned.
- Timelines for presentations must be adhered to; if deadlines are missed the corrective action process will be implemented.

Presentation Types & Expectations

- **Pharmacotherapy Pearls:** 25-minute presentation (with 5-10 minutes Q&A) on pharmacotherapy and appropriate medication prescribing, monitoring, and utilization with a goal of providing information that will assist attendees in making safe and effective medication therapy decisions in “real time.” The information should highlight key pharmacotherapy information that clinicians would need to know/think about when ordering or managing a specific medication and/or patient population.
 - This is considered *knowledge-based* CE: presentations are to multidisciplinary audience of nurses, advanced practice providers (NPs, PAs), physicians, technicians, and pharmacists. Presentations are recorded for later viewing and the resident must create a multiple-choice post-test to assess attendee knowledge. Residents are encouraged to incorporate active-learning and audience engagement into the live presentation.
- **Grand Rounds:** 50–55-minute presentation (with 5-10 minutes Q&A) with the goal to provide a **comprehensive** review of recent changes/new developments in treatment of a medical disorder, describe an innovative pharmacy service, examine a pharmacotherapeutic problem in a specific patient population, or address a “hot topic” in pharmacy. This presentation should sufficiently analyze primary literature and application to clinical practice.
 - This is considered *knowledge-based* CE: presentations are recorded for later viewing and the resident must create a multiple-choice post-test to assess attendee knowledge. Residents must incorporate at least one active-learning and audience engagement element into the live presentation.

- Clinical Competency: 50–55-minute presentation (5-10 minutes Q&A) presentation over a specialty topic as identified by the Clinical Competency series schedule.
 - This is considered *application-based* CE: Attendee knowledge is assessed by direct application of the material during the live-session so resident must design and execute hands-on or case-based application elements for the presentation (~50% didactics/teaching and ~50% application). No post-test is required, and these sessions are not recorded for enduring CE credit.

Presentation Preparation Timeline & Expectations:

- Topic ideas and mentor selection should be discussed and determined by the due date listed in the table below.
 - A list of prior resident Grand Rounds and Pharmacotherapy Pearl presentations and topic ideas are provided here: [List of Grand Rounds Presentations](#)
 - Resident presentation topics must be added to the list after the presentation is completed.
- Grand Rounds presentations by pharmacy residents will be individually submitted for continuing education (CE) credit. CE request forms must be submitted by the resident to Jessica Stewart, Continuing Professional Education Coordinator, no later than the 2nd Friday of the month prior to the presentation date (e.g., if presentation is scheduled for November, form should be submitted by the 2nd Friday in October). Additional action items/deliverable required for CE approval will be provided by Jessica Stewart once submitted.
 - CE request form, including learning objectives, *must* be reviewed and approved by mentor *prior to* submitting to Jessica Stewart.
 - Mentors will have a maximum of 5 business days to submit feedback to residents once they receive the document. Therefore, residents must plan accordingly when submitting the form to their mentor so they are still able to meet the deadline.
- Residents will utilize virtual platform (e.g., Teams) to ensure the presentation is recorded and sent out to pharmacy staff unable to attend the live session
- Residents must submit a finalized draft of their slides to the mentor by 8 AM at least two weeks prior to the presentation.
 - RPD and/or Coordinator should be copied on the submission of the draft slides and the feedback from the mentor.
 - Presentation mentors are expected to return feedback to the resident within 5 business days.
 - It is highly recommended to submit slides to the mentor 3-4 weeks prior to the presentation.

- It is highly recommended that residents schedule a recorded practice presentation with their mentor prior to their presentation date in order to give adequate time to receive feedback, make any necessary changes, and schedule a repeat practice presentation with the mentor (as necessary).
- All attendees who are a part of the Residency Advisory Council are expected to fill out the presentation rubric (below) with meaningful feedback and give it to the resident's mentor at the conclusion of the presentation.
- Residents will be required to send out information about how to access the recording and the evaluation form link within 48 hours of their presentation.
- Residents and advisors are to schedule a post-presentation evaluation meeting no more than 5 days after the presentation.

Deadlines:

2 nd Friday of the month prior to presentation month	CE form submitted to Jessica Stewart
2 weeks prior to presentation	Finalized draft of slides submitted to advisor by 8AM
5 days after presentation	Resident and advisor to have evaluation meeting

Month	Item Due [exact dates TBD based on presentation date and mentor]	Major Presentation [exact dates TBD via Outlook scheduling]
July	<u>Week 1 (RAC):</u> PGY2 Pharmacotherapy Pearl topic choices for Sept	None
August	<u>Week 1 (RAC):</u> PGY1 Pharmacotherapy Pearl topic choices for Oct <u>End of month (mentor):</u> PGY2 Clinical Pearl final drafts Media Services request form	None
September	<u>Week 1 (RAC):</u> PGY2 Grand Rounds topic choice for Nov <u>End of month (mentor):</u> PGY1 Clinical Pearl final drafts Media Services request form	<u>Week 3 or 4:</u> PGY2 Pharmacotherapy Pearls (x2)
October	<u>Week 1 (RAC):</u> PGY1 Grand Rounds topic choice for Dec <u>Week 2 (Jessica Stewart):</u> PGY2 Grand Rounds CE Request Form <u>Early/mid-month:</u> PGY2 Grand Rounds final drafts Media Services request form	<u>Week 3 or 4:</u> PGY1 Pharmacotherapy Pearls (x2) [UNT Fall Semester Lectures]

Month	Item Due [exact dates TBD based on presentation date and mentor]	Major Presentation [exact dates TBD via Outlook scheduling]
November	<u>Week 2 (Jessica Stewart):</u> PGY1 Grand Rounds CE Request Form <u>Early/mid-month:</u> PGY1 Grand Rounds final drafts Media Services request form	<u>Week 3 or 4:</u> PGY2 Grand Rounds (x2) [PGY1 UNT Fall Semester Lectures]
December	<u>Start of month:</u> PGY1 Grand Rounds final drafts Media Services request form	<u>Week 2 or 3:</u> PGY1 Grand Rounds (x2) *Avoid ASHP Midyear dates
January	<u>End of month (mentor):</u> PGY1 Pharmacotherapy Pearl (MUE) final drafts Media Services request form	[PGY2 MUE Presentation to P&T]
February	<u>Week 1 (RAC):</u> PGY2 P.Ed.S. Topic choice	<u>Week 3 or 4:</u> PGY1 Pharmacotherapy Pearls [MUE] (x2) [PGY1 MUE Presentation to P&T] [UNT Spring Semester Lectures]
March	**Make-up presentation topic choice	[UNT Spring Semester Lectures]
April	**Make-up presentation CE request forms	<u>Week 3 or 4:</u> PGY2 P.Ed.S. (AM & PM Sessions) [UNT Spring Semester Lectures]
May	** Final Drafts and Media Services request and due 2 weeks prior to make up presentation	<u>Week 3 or 4:</u> PGY2 P.Ed.S. (AM & PM Sessions) **PGY1 Make-up Presentations
June		**PGY2 Make-up Presentations

RESIDENT PRESENTATION EVALUATION RUBRIC

RESIDENT'S NAME: _____

DATE: _____

TITLE OF PRESENTATION: _____

Rate the resident using the following scale

Score	1	2	3	Ø
Descriptor	Needs Improvement	Satisfactory Progress	Achieved	Not applicable
Meaning	Deficient in knowledge/skills in this area; significant improvement needed	Adequate knowledge/skills in this area	Fully accomplished the knowledge/skills in this area; no further development work needed	

	Score			
	1	2	3	Ø
CONTENT OF PRESENTATION <i>Objective R4.1.1</i> <ul style="list-style-type: none"> Accurately defines educational needs with regard to target audience (e.g., individual versus group) Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs. Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices. Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling). <i>Objective R4.1.3</i> <ul style="list-style-type: none"> Demonstrates thorough understanding of the topic. Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic. Includes accurate citations and relevant references and adheres to applicable copyright laws. 	Comments: E.G. Strengths; Needs improvement			
	PRESENTER <i>Objective R4.1.2</i> <ul style="list-style-type: none"> Demonstrates rapport with learners. Captures and maintains audience interest throughout the presentation. Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections). Body language, movement, and expressions enhance presentations. Summarizes important points at appropriate times throughout presentation. Transitions smoothly between concepts. Implements planned teaching strategies effectively. 	Comments: E.G. Strengths; Needs improvement		

<ul style="list-style-type: none"> • Effectively facilitates audience participation, active learning, and engagement • Effectively uses audio-visual aids and handouts to support learning activities. • Answers questions confidently and accurately in a manner that demonstrates mastery of the subject; appropriately offers follow-up responses 	
<p>AUDIO/VISUAL Objective R4.1.3</p> <ul style="list-style-type: none"> • Writes in a manner that is easily understandable and free of errors. • Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, and the public). • Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate. • Creates one's own work and does not engage in plagiarism. 	<p>1 2 3 Ø</p> <p>Comments: <i>E.G. Strengths; Needs improvement</i></p>
<p>ACTIVE LEARNING Objective R4.1.4</p> <ul style="list-style-type: none"> • If used, assessment questions are written in a clear, concise format that reflects best practices for item construction • Determines how well learning objectives were met • Plans activities that enhance or support learning and ensure goals were met 	<p>1 2 3 Ø</p> <p>Comments: <i>E.G. Strengths; Needs improvement</i></p>
<p>MISCELLANEOUS Speaker presented in time allotted:</p>	
<p>ADDITIONAL COMMENTS: <i>E.G. Strengths; Needs improvement</i></p>	

Cook Children’s Pharmacy Residency Policies and Procedures Attestation

I, _____, acknowledge that I have reviewed the Pharmacy Residency Program Policies and Procedures document in its entirety with the Residency Program Director (RPD) / Residency Program Coordinator (RPC).

The document outlines the expectations, responsibilities, and policies governing the residency program, including but not limited to:

- Professional conduct and responsibilities
- Licensure policy
- Leave policies
- Duty-hour policies
- Program design and learning experiences
- Evaluation and feedback process
- Requirements for successful completion of the program
- Residency-specific disciplinary and dismissal policy
- Grievance procedures

I understand that adherence to these policies and procedures is essential for a successful and educational residency experience. I agree to abide by the expectations outlined in the document and to perform my duties as a pharmacy resident in a professional and responsible manner.

Resident Signature: _____ Date: _____

RPD/RPC Signature: _____ Date: _____