

Pharmacy Residency Programs at Saint Francis Health System

Residency Manual 2024-2025

UPDATED 08/2024



Tulsa, Oklahoma




saintfrancis.com



PGY1 HOSPITAL PHARMACY



PGY1 HOSPITAL PHARMACY

The central image block features a wide photograph of the Saint Francis Hospital building in Tulsa, Oklahoma. Overlaid on the top left is the ASHP Accredited logo. Two white boxes with logos and text are positioned in the foreground: one for The Children's Hospital at Saint Francis (featuring a panda mascot) and one for Saint Francis Hospital. Each box has a corresponding colored bar at the bottom indicating the residency type: blue for PGY1 Hospital Pharmacy at Children's Hospital and red for PGY1 Hospital Pharmacy at Saint Francis Hospital.

PGY2 PSYCHIATRIC
PHARMACY

The bottom image block features a wide photograph of the Laureate building, a large brick structure with a green lawn and trees in the foreground. Overlaid on the top left is the ASHP Accredited logo. A white box with the Laureate logo (a green leaf icon) and the name "Laureate" is positioned in the foreground. Below this box is a green bar with the text "PGY2 PSYCHIATRIC PHARMACY" in white.

Mission: To extend the presence and healing ministry of Christ in all we do.

CONTACT INFORMATION

SAINT FRANCIS HOSPITAL PGY1 HOSPITAL PHARMACY RESIDENCY

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THE CHILDREN'S HOSPITAL AT SAINT FRANCIS PGY1 HOSPITAL PHARMACY RESIDENCY

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LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL PGY2 PSYCHIATRIC PHARMACY RESIDENCY

Emily Gray, PharmD, BCPP

Residency Program Director
Psychiatric Clinical Pharmacy Specialist
Laureate Psychiatric Clinic and Hospital
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MISSION, VISION, AND VALUES

Saint Francis Health System operates according to the Ethical and Religious Directives for Catholic Health Care Services and continually strives to integrate the values put forward in those directives.

Mission	To extend the presence and healing ministry of Christ in all we do.
Vision	Saint Francis Health System will be the leading integrated Catholic healthcare system providing high quality, comprehensive and innovative care across our regional continuum of services.
Values	Excellence: Promoting high standards of service and performance Dignity: Respecting each person as an inherently valuable member of the human community and as a unique expression of life Justice: Advocating for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons Integrity: Encouraging honesty, consistency, and predictability in all relationships Stewardship: Ensuring prudent use of talents and resources in a collaborative manner

SAINT FRANCIS HOSPITAL AND THE CHILDREN'S HOSPITAL AT SAINT FRANCIS



Saint Francis Hospital, a Catholic, not-for-profit healthcare organization affiliated with the Religious Sisters of Mercy, was founded in 1960 by William and Natalie Warren. Saint Francis Health System was formed in 1997 and now includes Saint Francis Hospital, The Children's Hospital at Saint Francis, Heart Hospital at Saint Francis, Saint Francis Hospital South, Laureate Psychiatric Clinic and Hospital, Saint Francis Hospital Muskogee, Saint Francis Hospital Vinita, Saint Francis Glenpool, Saint Francis Broken Arrow, Saint Francis Cancer Center, and Warren Clinic. Saint Francis Health System was named on the *Forbes* list of America's Best Employers 2023. Saint Francis Health System was the only healthcare organization in Oklahoma to make the list and one of only two companies based in Tulsa to be recognized. US News & World Report has recognized Saint Francis Hospital as #1 in Oklahoma in the 2024 Best Hospital Rankings.

Saint Francis Hospital is the largest hospital in Oklahoma. In 2017, the health system provided services for more than 250,000 systemwide emergency room visits and more than 190,000 emergency room visits and more than 68,000 admissions annually. Saint Francis Hospital has 1,285 staffed beds, including over 200 critical care beds.

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL

Founded in 1989 by The William K. Warren Foundation, Laureate provides a full spectrum of psychiatric treatment as well as research and education for the general public and professional community. Laureate is a private, not-for-profit, free-standing, 106-bed psychiatric facility. The campus is set on 47 acres of rolling hills in a series of related buildings forming a retreat-like atmosphere. The beautifully landscaped surroundings include wooded courtyards, walking trails, a waterfall, and a small lake. Everything on campus, from the outpatient clinic to patient rooms, is designed with patients' needs in mind.

The internationally recognized Eating Disorders Program is designed to meet the needs of individuals with anorexia nervosa, bulimia, and other eating-related difficulties. Since 1990, our staff has helped patients and families understand and recover from eating disorders.





PGY1 HOSPITAL PHARMACY

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SAINT FRANCIS HOSPITAL PGY1 HOSPITAL PHARMACY RESIDENCY



The PGY1 Pharmacy Residency conducted by Saint Francis Hospital in Tulsa, Oklahoma, is accredited by ASHP.

Application deadline: January 5, 2025
National match code: 167613
 Two positions available
 Accredited since 1999
 Salary \$47,476
 Teaching certificate available (see policy)
 Office and travel provided

Residency accreditation term: 8 years
Setting: 1,285 bed tertiary center including The Children's Hospital
Eligible for pharmacist licensure deadline: October 31
Residency weekend staffing schedule:
 Every other weekend with a day off before each weekend worked
Precepting: University of Oklahoma and Southwestern Oklahoma State University College of Pharmacy Students

Special features: Trauma, Emergency Medicine, Pulmonology, and Cardiovascular Critical Care populations. Adult and pediatric crossover experiences with an on-site children's hospital. Emphasis on systems and process improvement using state-of-the-art technology.

SAINT FRANCIS HOSPITAL PGY1 PHARMACY RESIDENCY PROGRAM STRUCTURE

Medication-use Process Orientation: <i>Hospital Pharmacy</i> 4 weeks	Clinical Foundations and Operations I: <i>Psychiatric Hospital Pharmacy</i> 6 weeks	Clinical Foundations and Operations II: <i>Trauma Intensive Care</i> 6 weeks	Clinical: <i>Infectious Diseases/Antimicrobial Stewardship</i> 6 weeks	Concentrated experience: <i>Adult Pharmacy Consult Services</i> 4 weeks	Clinical: <i>Pulmonary Critical Care</i> 6 weeks	Clinical: <i>Cardiology</i> 6 weeks	Pediatric: <i>Selective</i> 6 weeks	Elective 4 weeks	Elective 4 weeks
Weekend Inpatient Pharmacy Staffing									
Management/Leadership									
Outpatient Longitudinal I					Outpatient Longitudinal II				
Communication/Education									
Research									

ROTATIONS, LONGITUDINAL EXPERIENCES, AND CONCENTRATED EXPERIENCES

Required Rotations	Duration	Preceptor
Cardiology	6 weeks	Manuel Calvin, PharmD, BCPS
Clinical Foundations and Operations I: <i>Psychiatric Hospital Pharmacy</i>	6 weeks	Emily Gray, PharmD, BCPP BJ Numbers, PharmD, BCPP
Clinical Foundations and Operations II: <i>Trauma Intensive care</i>	6 weeks	Amanda Hembree, PharmD, BCPS
Emergency Medicine	6 weeks	Kaili Donahue, PharmD, BCPS
Infectious Diseases/Antimicrobial Stewardship	6 weeks	Alex Aucoin, PharmD, BCPS, BCIDP Andrew Vogler, PharmD
Medication-Use Process Orientation: <i>Hospital Pharmacy</i>	4 weeks	John Rodden, PharmD, BCSCP
Pulmonary Intensive Care	6 weeks	Vivian Carson, PharmD, BCPS
Pediatric Selective Rotations		
<i>One pediatric selective is required</i>	Duration	Preceptor
General Pediatrics	6 weeks	Marissa Ross, PharmD
Neonatal Intensive Care	6 weeks	Betool Al-Mazraawy, PharmD, BCIDP
Pediatric Intensive Care	6 weeks	Marlene Hall, PharmD
Pediatric Oncology	6 weeks	Linzie Roberts, PharmD
Elective Rotations		
<i>Resident may select an additional pediatric experience but may not repeat the same experience</i>	Duration	Preceptor
General Pediatrics	4 weeks	Marissa Ross, PharmD
Neonatal Intensive Care	4 weeks	Betool Al-Mazraawy, PharmD, BCIDP
Oncology	4 weeks	Teresa Cooper, PharmD
Pediatric Intensive Care	4 weeks	Marlene Hall, PharmD
Pediatric Oncology	4 weeks	Linzie Roberts, PharmD
Psychiatry	4 weeks	BJ Numbers, PharmD, BCPP Emily Gray, PharmD, BCPP
Trauma Intensive Care	4 weeks	Amanda Hembree, PharmD, BCPS
Required Longitudinal Experiences	Duration	Preceptor
Communication/Education	9 months	Linzie Roberts, PharmD
Management/Leadership <i>Every other weekend inpatient pharmacy staffing for 8 hr shifts</i>	9 months	John Rodden, PharmD, BCSCP
Research	12 months	Andrew Vogler, PharmD
Elective Longitudinal Experiences		
<i>Resident will select two longitudinal experiences</i>	Duration	Preceptor
HIV clinic <i>Wednesday Afternoons</i>	5 months	Brian Bozell, PharmD, BCPS
Outpatient Mental Health Clinic <i>Tuesday Afternoons</i>	5 months	BJ Numbers, PharmD, BCPP
Population Health <i>Wednesday Afternoons</i>	5 months	Gold Xiong, PharmD
Required Concentrated Experiences	Duration	Preceptor
Advanced Cardiac Life Support (ACLS)	2 days	American Heart Association
Basic Dysrhythmia <i>Prerequisite to Advanced Cardiac Life Support (ACLS)</i>	4 days	SFHS Education Department
Pediatric Advanced Life Support (PALS)	2 days	American Heart Association
Pharmacy Consult Services	2 weeks	Amanda Hembree, PharmD, BCPS
Shadowing other Healthcare Disciplines	Varies	Varies

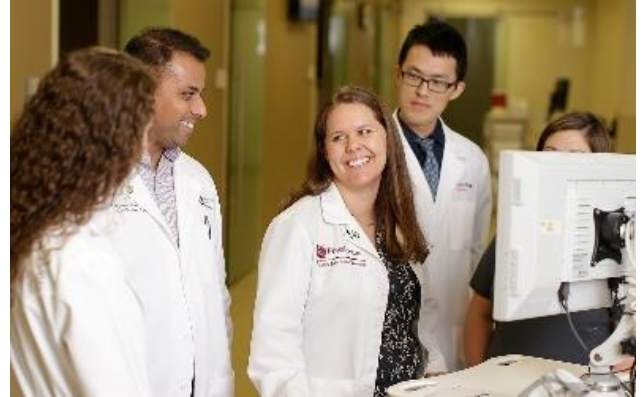
RECENT RESIDENTS AND PRACTICE SITES			
Resident Name	Year Completed	College of Pharmacy	Practice Site
Garrette Ozborn, PharmD	Current Resident	University of Mississippi	
Amber Tran, PharmD	Current Resident	University of Texas	
Joshua Schultz, PharmD	2024	University of New England	PGY2 Psychiatric Pharmacy Resident Laureate Psychiatric Clinic and Hospital Tulsa, OK
lab Vang, PharmD	2024	Western University of Health Sciences	Clinical Pharmacist II Saint Francis Hospital Tulsa, OK
Lillian Dunbar, PharmD	2023	University of Oklahoma	Clinical Prior Authorization and Formulary Pharmacist Maxor National Pharmacy Services, LLC Amarillo, TX
Maranda Jones, PharmD	2022	University of Oklahoma	Outpatient Clinical Pharmacist OU Health Oklahoma City, OK
Alex Aucoin, PharmD, BCIDP, BCPS	2021	University of Oklahoma	Infectious Diseases Clinical Specialist Saint Francis Hospital, Tulsa, OK
Giulia Conley-Audette, PharmD, BCPS	2019	University of Connecticut	Clinical Pharmacy Specialist – Internal Medicine Rhode Island Hospital, Providence, RI
Michael Chiu, PharmD, BCPS	2018	Ohio State University	Pharmacist The Ohio State University James Cancer Hospital, Columbus, OH
Elizabeth Burns, PharmD, BCPS	2018	Southwestern Oklahoma State University	Critical Care Pharmacist Mercy Hospital, Oklahoma City, OK
Molly Grasberger, PharmD, BCPS, BCIDP	2017	Manchester University	Clinical Assistant Professor of Pharmacy Practice Manchester University, Fort Wayne, IN
Nan Bryant, PharmD, BCPS	2017	Harding University	Inpatient Pharmacist MD Anderson Cancer Center, Houston, TX

RECENT RESEARCH TOPICS	
Topic	Resident
Impact of a pharmacist led adult immunosuppression monitoring program	Garrette Ozborn, PharmD
Efficacy and safety of intravenous lorazepam versus intravenous midazolam for management of alcohol withdrawal syndrome	Amber Tran, PharmD
Comparison of readmission rates of patients newly prescribed a long-acting injectable antipsychotic medication during an inpatient admission	Joshua Schultz, PharmD
Evaluation of pharmacist to dose vancomycin service utilizing AUC:MIC software compared to trough guided dosing	lab Vang, PharmD
Evaluation of institutional prophylactic open-fracture antibiotic guidelines on infection development	Lillian Dunbar, PharmD
Evaluation of inpatient ordering practices and co-prescribing of opioids and benzodiazepines at discharge	Maranda Jones, PharmD
Evaluation of albumin utilization in an adult inpatient setting	Alex Aucoin, PharmD, BCIPD, BCPS
Evaluation of pharmacist interventions and education during discharge in a psychiatric setting	Giulia Conley-Audette, PharmD, BCPS
The impact of required duration of therapy on antibiotic utilization for sepsis	Elizabeth Burns, PharmD, BCPS
Evaluation of large volume infusion pump data to reduce alert fatigue	Michael Chiu, PharmD, BCPS
Comparison of time to absolute neutrophil count recovery in patients who received filgrastim or tbo-filgrastim	Nan Bryant, PharmD, BCPS



PGY1 HOSPITAL PHARMACY

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THE CHILDREN'S HOSPITAL AT SAINT FRANCIS PGY1 HOSPITAL PHARMACY RESIDENCY



The PGY1 Pharmacy Residency conducted by The Children's Hospital at Saint Francis in Tulsa, Oklahoma, is accredited by ASHP.

Application deadline: January 5, 2025
National match code: 207613
 One position available
 Accredited since 2012
 Salary \$47,476
 Teaching certificate available (see policy)
 Office and travel provided

Residency accreditation term: 8 years
Setting: 162 pediatric beds
Eligibility for pharmacist licensure deadline: October 31
Residency weekend staffing schedule: Every other weekend with one day off around each weekend worked
Precepting: University of Oklahoma and Southwestern Oklahoma State University College of Pharmacy Students

Special features: Opportunities in Pediatric Psychiatry, Pulmonology, and Ambulatory Care as well as participation in response teams including: neonatal and pediatric codes, pediatric strokes, OB crisis, and rapid intervention team.

THE CHILDREN'S HOSPITAL AT SAINT FRANCIS PGY1 PHARMACY RESIDENCY PROGRAM STRUCTURE

Medication-use Process Orientation Hospital Pharmacy 4 weeks	General Pediatrics 8 weeks	Critical Care Selective: <i>Pediatric</i> 8 weeks	Critical Care Selective: <i>Pediatric</i> 8 weeks	Hematology/Oncology 8 weeks	Infectious Diseases 4 weeks	Elective 4 weeks	Elective 4 weeks	Advanced Independent Practice: <i>Clinical</i> 4 weeks
Weekend Inpatient Pharmacy Staffing								
<i>Evaluated in Management/Leadership Longitudinal Rotation</i>								
Management/Leadership								
Cystic Fibrosis Clinic Thursday Afternoon								
Communication/Education								
Research								

ROTATIONS, LONGITUDINAL EXPERIENCES, AND CONCENTRATED EXPERIENCES

Required Rotations	Duration	Preceptor
Advanced Independent Practice	4 weeks	Varies
General Pediatrics	8 weeks	Marissa Ross, PharmD
Hematology/Oncology	8 weeks	Linzie Roberts, PharmD
Infectious Diseases/Antimicrobial Stewardship	4 weeks	Alex Aucoin, PharmD, BCPS, BCIDP
Medication-Use Process Orientation	4 weeks	Sean Carson, PharmD, BCSCP
Neonatal Intensive Care	8 weeks	Betool Al-Mazraawy, PharmD, BCIDP
Pediatric Intensive Care	8 weeks	Marlene Hall, PharmD
Elective Rotations		
<i>Resident may not repeat the same critical care experience</i>	Duration	Preceptor
Emergency Medicine	4 weeks	Kaili Donahue, PharmD, BCPS
Pediatric Ambulatory Care	4 weeks	Michelle Condren, PharmD, AE-C, CDE, BCPPS
Pediatric Emergency Department	4 weeks	Marlene Hall, PharmD
Pediatric Psychiatry	4 weeks	Emily Gray, PharmD, BCPP
Pediatric Pulmonology	4 weeks	Michelle Condren, PharmD, AE-C, CDE, BCPPS
Pediatric Transition of Care	4 weeks	Linzie Roberts, PharmD
Pulmonary Critical Care	4 weeks	Vivian Carson, PharmD, BCPS
Trauma Critical Care	4 weeks	Amanda Hembree, PharmD, BCPS
Required Longitudinal Experiences	Duration	Preceptor
Communication/Education	9 months	Linzie Roberts, PharmD
Cystic Fibrosis Clinic <i>Thursday afternoons</i>	11 months	Michelle Condren, PharmD, AE-C, CDE, BCPPS
Management/Leadership <i>Every other weekend inpatient pharmacy staffing for 8 hr shifts</i>	11 months	Sean Carson, PharmD, BCSCP
Research	12 months	Andrew Vogler, PharmD
Required Concentrated Experiences	Duration	Preceptor
Advanced Cardiac Life Support (ACLS)	2 days	American Heart Association
Basic Dysrhythmia	4 days	Education Department
Pediatric Advanced Life Support (PALS)	2 days	American Heart Association



RECENT RESIDENTS AND PRACTICE SITES			
Resident Name	Year Completed	College of Pharmacy	Practice Site
Robin Pander, PharmD	Current Resident	Southwestern Oklahoma State University	
Sean Coyne, PharmD	2024	Massachusetts College of Pharmacy and Health Sciences	PGY2 Pediatric Pharmacy Resident Boston Children's Hospital Boston, MA
Mary Kate Anderson, PharmD	2022	Union University	Rotating Clinical Staff Pharmacist The University of Texas Medical Branch, Galveston, TX
Mary Kate Tucker, PharmD, BCPPS	2021	University of Arkansas for Medical Sciences	NICU Clinical Pharmacist Children's Hospital New Orleans New Orleans, Louisiana
Marissa Ross, PharmD	2020	Roseman University of Health Sciences	Pharmacy Supervisor The Children's Hospital at Saint Francis, Tulsa, OK
Thao Brooks, PharmD	2019	University of Oklahoma	Director of Pharmacy Optum Rx Home Infusion Services Oklahoma City, OK
Christine Hughes, PharmD, MBA, BCOP	2017	University of Oklahoma	Clinical Pharmacist II Saint Francis Cancer Center, Tulsa, OK
Jennifer Le, PharmD, BCPPS	2016	Southwestern Oklahoma State University	Clinical Pharmacy Specialist for Pediatric Heart Transplant and Cardiology Oklahoma Children's Hospital Oklahoma City, OK

RECENT RESEARCH TOPICS	
Topic	Resident
Impact of pharmacy discharge prescription review on medication error rates, in a pediatric population	Robin Pander, PharmD
Comparison of protocols used to manage neonatal opioid withdrawal syndrome (NOWS) or neonatal abstinence syndrome (NAS)	Sean Coyne, PharmD
Evaluation of medication errors for discharge prescriptions at an academic children's hospital	Mary Kate Anderson, PharmD, BCPPS
Impact of darbepoetin alfa use on blood transfusion requirements in a neonatal intensive care unit (NICU)	Mary Kate Tucker, PharmD
Evaluation of opioid prescribing and administration practices for pain management	Marissa Ross, PharmD
Evaluation of therapeutic monitoring practices for patients continuing antiepileptic medications upon hospital admission	Thao Brooks, PharmD
Implementation of strategies to reduce alert fatigue associated with electronic orders in a children's hospital	Christine Hughes, PharmD, MBA, BCOP
Implementation of a pharmacy-driven pediatric vancomycin safety monitoring service	Jennifer Le, PharmD, BCPPS





PGY2 PSYCHIATRIC PHARMACY

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LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL PGY2 PSYCHIATRIC PHARMACY RESIDENCY



The PGY2 Psychiatric Pharmacy Residency conducted by Laureate Psychiatric Clinic and Hospital in Tulsa, Oklahoma, is accredited by ASHP

Application deadline: January 5, 2025
National match code: 616766
 Accredited since 2019
 One position available
 Salary \$47,476
 Teaching certificate (see policy)
 Office and travel provided

Setting: 106 bed, free-standing psychiatric hospital
Eligibility for pharmacist licensure deadline: October 31
Residency weekend staffing: None
Precepting: University of Oklahoma College of Pharmacy Students

Special features: Adult inpatient psychiatry, emergency psychiatry, geriatric psychiatry, adult consult liaison, outpatient mental health, pediatric consult liaison, eating disorders, neurology, and pain management.

**LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL
 PGY2 PSYCHIATRIC PHARMACY RESIDENCY PROGRAM STRUCTURE**

Orientation & Introduction to Psychiatric Pharmacy and Operations 2 weeks	Adult Inpatient Psychiatry - I 8 weeks	Emergency Psychiatry 5 weeks	Adult Inpatient Psychiatry - II 8 weeks	Geriatric Inpatient Psychiatry 8 weeks	Adult Consult Liasion 6 weeks	Elective 5 weeks	AAPP Conference 1 week	Elective 5 weeks	Management/Leadership 4 weeks
Outpatient Behavioral Health									
					Management/Leadership				
Research									

ROTATIONS AND LONGITUDINAL EXPERIENCES

Core Rotations <i>REQUIRED</i>	Duration	Preceptor
Adult Consult Liaison	6 weeks	Emily Gray, PharmD, BCPP
Adult Inpatient Psychiatry - I	8 weeks	Emily Gray, PharmD, BCPP
Adult Inpatient Psychiatry - II	8 weeks	Emily Gray, PharmD, BCPP
Emergency Psychiatry	5 weeks	Kaili Donahue, PharmD, BCPS
Geriatric Inpatient Psychiatry	8 weeks	BJ Numbers, PharmD, BCPP
Orientation & Introduction to Psychiatric Pharmacy and Pharmacy Operations	2 weeks	Emily Gray, PharmD, BCPP
Psychiatric Pharmacy Leadership and Practice Management	4 weeks	Emily Gray, PharmD, BCPP
Elective Rotations	Duration	Preceptor
Eating Disorders	2 weeks	Emily Gray, PharmD, BCPP
Neurology	4 weeks	Amanda Hembree, PharmD, BCPS
Women's Outpatient Mental Health	4 weeks	Gary Sweet, PharmD, BCPP, PMH-C
Pediatric Consult Liaison	2 weeks	Marissa Ross, PharmD
Longitudinal Rotations <i>REQUIRED</i>	Duration	Preceptor
Management/Leadership - <i>Tuesday mornings</i>	6 months	Teresa Cooper, PharmD
Outpatient Behavioral Health Clinic - <i>Fridays</i>	12 months	BJ Numbers, PharmD, BCPP
Research	12 months	Andrew Vogler, PharmD

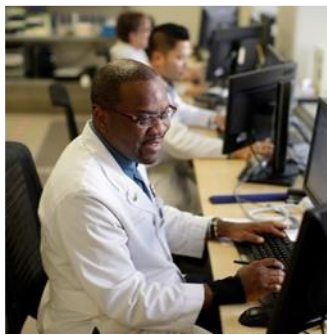
RECENT RESIDENTS AND PRACTICE SITES

Resident Name	Year Completed	PGY1 Program	Practice Site
Joshua Schultz, PharmD	Current Resident	Saint Francis Hospital Tulsa, OK	
Allison Bowman, PharmD	2024	VA North Texas Health Care System Dallas, TX	Clinical Pharmacy Specialist - Psychiatry SSM Health DePaul Hospital Bridgeton, MO
Andrea Strocen, PharmD	2023	Auburn Clinical Services Auburn, AL	Outpatient Clinical Pharmacist OU Health Oklahoma City, OK
Madison Kirkland, PharmD	2022	JPS Health Network Fort Worth, TX	Clinical Pharmacist II Saint Francis Health System Tulsa, OK
BJ Numbers, PharmD, BCPP	2020	INTEGRIS Baptist Medical Center Oklahoma City, OK	Clinical Pharmacy Specialist - Psychiatry Laureate Psychiatric Clinic and Hospital Tulsa, OK



RECENT RESEARCH TOPICS

Topic	Resident
Impact of inpatient pharmacist-led metabolic monitoring in patients administered antipsychotics	Joshua Schultz, PharmD
Comparison of pharmacist-led depression management to current prescriber-led depression management	Allison Bowman, PharmD
Impact of outpatient benzodiazepine prescribing patterns on inpatient admissions	Andrea Strocen, PharmD
Assessment of antipsychotic initiation and continuation at discharge for delirium treatment of hospitalized patients	Madison Kirkland, PharmD
Assessment of benzodiazepine utilization pre- and post-implementation of an alcohol withdrawal protocol	BJ Numbers, PharmD, BCPP



Preceptor	Title	Programs		
		PGY1 Saint Francis Hospital	PGY1 Children's Hospital	PGY2 Psychiatric Pharmacy
Alex Aucoin, PharmD, BCPS, BCIDP	Infectious Diseases Clinical Specialist	P	P	
Amanda Hembree, PharmD, BCPS	Trauma Clinical Specialist	P	P	P
Andrew Vogler, PharmD	Infectious Diseases Clinical Specialist	P	P	P
Betool Al-Mazraawy, PharmD, BCIDP	Neonatal Intensive Care Clinical Specialist	P	P	
BJ Numbers, PharmD, BCPP	Psychiatric Clinical Specialist	P		P
Brian Bozell, PharmD, BCPS	Clinical Assistant Professor <i>Oklahoma State University Center for Health Sciences</i>	P		
Emily Gray, PharmD, BCPP	Psychiatric Clinical Specialist	P	P	P
Gary Sweet, PharmD, BCPP, PMH-C	Psychiatric Clinical Specialist <i>Ernest Childers VA Outpatient Clinic</i>			P
Gold Xiong, PharmD	Population Health Pharmacist	P		
John Rodden, PharmD, BCSCP	Saint Francis Hospital Pharmacy Manager	P		
Kaili Donahue, PharmD, BCPS	Emergency Medicine Clinical Specialist	P	P	P
Linzie Roberts, PharmD	Pediatric Hematology/Oncology Clinical Specialist	P	P	
Manuel Calvin, PharmD, BCPS	Cardiology Clinical Specialist	P		
Marissa Ross, PharmD	Children's Hospital Pharmacy Supervisor	P	P	P
Marlene Hall, PharmD	Pediatric Intensive Care Clinical Specialist	P	P	
Michelle Condren, PharmD, AE-C, CDE, BCPPS	Professor and Vice Chair for Research <i>University of Oklahoma</i>		P	
Sean Carson, PharmD, BCSCP	Children's Hospital Pharmacy Manager		P	
Teresa Cooper, PharmD	Clinical Pharmacy Manager	P		P
Vivian Carson, PharmD, BCPS	Adult Medicine Clinical Specialist	P	P	

Definitions

PGY1 Residency Programs: Saint Francis Hospital PGY1 Pharmacy Residency and Children's Hospital at Saint Francis PGY1 Pharmacy Residency

PGY2 Program: Laureate Psychiatric Clinic and Hospital PGY2 Psychiatric Pharmacy Residency

Residency Program Director (RPD): a pharmacist from a practice site involved in the program who serves as the organizationally authorized leader of a residency program and has responsibility for:

- organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
- oversight of the progression of residents within the program and documentation of completed requirements;
- implementing the use of criteria for appointment and reappointment of preceptors;
- evaluation, skills assessment, and development of preceptors in the program;
- creating and implementing a preceptor development plan for the residency program;
- continuous residency program improvement in conjunction with the residency advisory committee; and,
- working with pharmacy administration

Residency Program Coordinator (RPC): a pharmacist designated by the RPD to carry out administrative duties/activities, with oversight, for the conduct of the residency program

Residency Preceptors: serve as role models for learning experiences and:

- contribute to the success of residents and the program;
- provide learning experiences in accordance with the Accreditation Standard;
- participate actively in the residency program's continuous quality improvement processes;
- demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- adhere to residency program and department policies pertaining to residents and services; and,
- demonstrate commitment to advancing the residency program and pharmacy services

PharmAcademic: a web-based software tool provided to ASHP-accredited residency programs to help manage residency program documentation

Pharmacy Online Residency Centralized Application Service (PhORCAS): a service utilized for residency recruitment and application process

WebADMIT: the web-based selection portal for PhORCAS

Application

Interested candidates should submit a letter of intent, official college pharmacy school transcripts, curriculum vitae and three recommendations to PhORCAS via WebAdmit. Saint Francis employees may be reference writers for two of the three required letters. All application materials should be submitted to the RPD prior to the application deadline posted on PhORCAS/WebAdmit. Upon receipt of all application materials, all candidates are invited to participate in a telephone interview; additionally, some candidates may be invited for a formal interview.

Requirements and Selection of Residents

The RPD is responsible for final candidate evaluation and match rankings as directed by the rules of the national ASHP Pharmacy Resident Matching Program (RMP).

All program applicants are initially evaluated by telephone interview and review of submitted application materials. The initial evaluation of written communication, transcript, references, graduate degree(s), pharmacy work experience, professional presentations, research experience, publications, leadership experience, professional organization membership, community service, awards, pharmacy school NAPLEX pass rates, and telephone interview (program understanding, career goals, strengths and weaknesses, understanding of pharmacy practice, and verbal communication) are utilized to select applicants for a formal interview during RMP Phase I.

The following predetermined criteria are used by all involved in the evaluation and ranking of applicants invited for a formal interview during RMP Phase I: written communication, references, professionalism, initiative, program understanding, career goals, alignment with core values, clinical capability and behavior, strengths and weaknesses, interest in clinical

practice, ability to handle challenges, work ethic, and verbal communication. In addition, applicants participating in a formal site interview are asked to provide a clinical presentation that program preceptors will evaluate. RPC (if applicable), residency preceptors, pharmacy management, and current residents participate in candidate evaluations and provide feedback to the RPD.

Written communication, pharmacy school transcript, references, graduate degree(s), pharmacy work experience, professional presentations, research experience, publications, leadership experience, professional organization membership, community service, awards, pharmacy school NAPLEX pass rates, and telephone interview (program understanding, career goals, strengths and weaknesses, understanding of pharmacy practice, and verbal communication) are utilized to evaluate candidates applying for unmatched residency positions and determine match rankings in *RMP Phase II* and/or post-match process.

To be eligible for PGY1 residency training, candidates must be graduates (or candidates for graduation for PGY1 programs) of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program. Proof of degree must be provided immediately upon conferral.

To be eligible for a PGY2 residency, candidates must meet the above criteria and, in addition, must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with a candidate or preliminary accreditation status). For PGY2 residents, proof of degree and PGY1 residency certificate must be provided no later than the residency start date.

ASHP requires residents to be licensed pharmacists within 120 days after the program start date. Residents should make their first attempt at passing the NAPLEX and MJPE by July 30th. Unlicensed residents that have not made at least two attempts at passing their exams by September 30th will be dismissed from the program. An Oklahoma intern license is required before the program start date of July 1st unless the resident is already a pharmacist licensed in Oklahoma.

Requirements for successful completion and expectations of the residency program are documented and provided to applicants invited to interview.

Unless otherwise addressed within the scope of this document, terms and conditions of employment are addressed by current Human Resources and Department of Pharmacy policies and procedures. *Refer to Human Resources Policy and Procedure Manual and Medication Management Policy and Procedure Manual for comprehensive documentation of employment terms, conditions, and benefits.* These policies are reviewed with residents once they have started the program and are consistent with SFHS human resources policies.

Saint Francis Health System residents receive a salary of \$47,476. A travel stipend is provided for one national meeting and one regional residency conference. Pharmacy residents are eligible for full employee benefits. Visit this site for additional details about employee benefits: <https://www.saintfrancis.com/careers/Pages/Benefits.aspx>

If the RPD determines that absences from a rotation or the program are excessive and could result in failure to meet program requirements for certification, the resident must work closely with the RPD and Senior Director of Pharmacy to update the development plan, including timelines, to enable the resident to successfully complete the equivalent of 52 weeks of training and the program requirements. Excessive absence may be due to illness or other factors. If a resident takes a leave of absence, time away is not counted towards the 52 weeks of full-time residency experience. The residency term may be extended for a maximum of 30 calendar days at the current salary and benefit package to allow completion of training time and certification requirements. If more than 30 calendar days are required to fulfill certification requirements, completing the program and obtaining a certificate will not be possible.

Residents are expected to fulfill their obligations to the standards outlined in their pharmacy resident job descriptions and ASHP Postgraduate Residency Standards. Residents who fail to meet performance expectations or violate the policies, procedures, or Code of Conduct of the Health System should be addressed according to the Saint Francis Health System

procedures for progressive discipline (verbal warning, written warning, suspension or final warning, and discharge). *Refer to Human Resources Policy SFHS.PPM.14.00.00.00.*

Residents, RPDs, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. Moonlighting is permitted for PGY2 residents with RPD and Senior Director of Pharmacy approval. Moonlighting is only allowed within the SFHS. SFHS residency programs comply with ASHP duty-hour standards. Refer to *Appendix A: ASHP Duty-Hour Requirements for Pharmacy Residencies* (also available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>). Pharmacy management reviews duty hours for each payroll period. Paid time-off requests should be submitted for approval at least one month before the requested absence. Paid time-off requests for the final month of the residency term may not be approved.

Residents participating in a PGY2 residency program beginning immediately after the conclusion of the PGY1 residency term may request early cessation of the residency term. The maximum time interval that will be considered for early cessation of the SFH residency term is one week. Early cessation of the residency term will not be granted unless the resident has met the required criteria for certification.

Early Commitment to PGY2 Pharmacy Residency Programs

The process will adhere to the guidelines set forth by the American Society of Health-System Pharmacists (ASHP) and National Matching Services (NMS). During orientation, all PGY1 residents will be informed of the PGY2 residencies available and the early commitment process. Only PGY1 residents in good standing will be considered for Early Commitment. Good standing is indicated by the following: the majority of the resident's preceptor evaluations demonstrate that the PGY1 resident is making Satisfactory Progress (SP) and is anticipated to be able to successfully complete the PGY1 residency program requirements by the conclusion of the training program and there are no violations of the Code of Conduct of the Health System.

Procedure for Application and Selection

October 31st will be the deadline by which residents interested in early committing to the PGY2 residency must submit a letter of intent to the PGY2 RPD. This letter states that the resident will accept the PGY2 residency if offered; however, it does not commit Saint Francis Health System to offering the PGY2 residency to the resident. The PGY2 RPD will use direct observation, discussion with the resident, rotation evaluations, and inquiries of other preceptors to assess the resident's appropriateness for the PGY2 residency. In addition, the PGY2 RPD may choose to offer an interview. Residents will be evaluated on the following: written communication, professionalism and appearance, initiative, program understanding, career goals, strengths and weaknesses, interest in clinical practice, and verbal communication.

Before the deadline for early commitment established by ASHP and NMS, the PGY2 RPD will decide whether or not an interested resident is selected for early commitment to the PGY2 residency. All residents applying to the PGY2 residency will be notified of the decision by the RPD before the submission deadline to the Match. The exact date when the selection is made is at the discretion of the individual RPD. Based on the timing of this decision, it may be in the resident's best interest to participate in the ASHP Personnel Placement Service (PPS). According to NMS policy, the PGY2 RPD will notify NMS of the early commitment decision.

Responsibilities of the Program to the Resident

SFHS residency programs adhere to the ASHP Pharmacy Resident Matching Program (RMP) rules. Residency program applicants are evaluated and ranked according to the applicant's ability to meet the educational goals and objectives of the program. No person at this site will solicit, accept, or use any ranking-related information from any residency applicant. Applicants who apply to more than one SFHS residency may be asked to designate program preference for the sole purpose of arranging interviews.

For residents accepted into the program, the RPD issues a letter outlining acceptance to the program within 30 days of the Match. This letter contains general information about the hiring process, pre-employment requirements and confirmation of program start date and term of appointment. For incoming PGY2 residents, information related to verification of PGY1 residency program completion will be requested. Acceptance by residents of these terms and conditions, requirements for

successful completion, and expectations of the residency program must be documented before the beginning of the residency.

SFHS PGY1 and PGY2 residency programs provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents. SFHS residency programs provide residents' offices, references, and access to workstations, clinical information systems, and databases. The health system utilizes Epic electronic medical record and Omnicell automated dispensing cabinets and carousels.

Certificates of residency are awarded in accordance with the provisions of the ***ASHP Regulations on Accreditation of Pharmacy Residencies*** upon meeting the following requirements: achieve at minimum 80% of required program educational objectives and achieve 100% of critical education objectives during twelve months of active residency experience; fulfill required research elements, including submission of formal residency project manuscript suitable for publication; and fulfill all rotation requirements, quarterly progress requirements, required drug information activities, and service commitments, including staffing assignments; and ability to function independently as a hospital pharmacist, as defined by the residency program director in the *SFHS PGY1 and PGY2 Residency Development Plan Progress and Certificate Eligibility Checklists*. Refer to *Appendix B (PGY1)* or *Appendix C (PGY2 Psychiatric Pharmacy)*.

PGY1 residents obtain Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications during the residency program.

PGY2 psychiatric residents are required to complete Handle with Care (HWC) training during the residency program.

With the approval of the RPD, residents may choose to participate in an optional teaching certificate eLearning program available as an independent learning experience through ASHP and the University of Kentucky College of Pharmacy. Residents who successfully complete the program by June 1st of the residency term will be reimbursed for the activity fee. Overall progress toward achievement of residency certificate must be prioritized above this optional activity. Additional program information is available at the following website: <https://elearning.ashp.org/products/8957/teaching-certificate-for-pharmacists>

One year after initial Oklahoma pharmacist licensure, residents will be required to apply for the Oklahoma Pharmacy Preceptor Certificate.

Conflicts between involved persons may arise within the challenging environment of pharmacy practice and pharmacy residency training. It is expected that conflicts (including harrasment and inappropriate behavior) will be approached and resolved professionally. The grievance procedure is intended to be informal; to resolve disagreements internally. It is not an adversarial forum. Residents and RPDs are encouraged to resolve differences through discussion and negotiation. If the resident feels they cannot discuss their grievance with their RPD, they should speak with the clinical pharmacy manager or the senior director of pharmacy.

Saint Francis Health System partners with Spring Health as a cost-free benefit to our employees that is designed to assist employees, as well as their dependents, to cope with problems they may be experiencing in either their home or work environments. Employees and their dependents may receive up to 6 free sessions per person, per problem, per year based on problem identification and resolution.

Design and Conduct of the Residency Program

SFHS residency programs are designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the *ASHP Accreditation Standards for Postgraduate Year One (PGY1) and Postgraduate Year Two (PGY2) Pharmacy Residency Programs*.

Program purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management,

leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

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

The following competency areas and all associated educational goals and objectives are taught and evaluated throughout the residency term for all programs:

- patient care;
- advancing practice and improving patient care;
- leadership and management; and,
- teaching, education, and dissemination of knowledge.

In addition to these competency areas, management of psychiatric emergencies is taught and evaluated in the PGY2 psychiatric pharmacy residency.

All program goals and objectives are assigned to be taught and evaluated at least once in required learning experiences. Most goals are taught and evaluated several times during the residency program year to enable residents to achieve competency.

Refer to program-specific information for details including structure, learning experiences, and preceptors of each SFHS residency program.

For PGY1 programs, no more than one-third of the twelve-month program deals with a specific patient disease state and population. Residents spend two thirds or more of PGY1 programs in direct patient care activities. Residency program directors orient residents to the program during the first residency month. Preceptors discuss the learning experience description to orient residents to each rotation.

Preceptors assume the appropriate preceptor roles based on the time of the year and residents' progression.

- Direct instruction appropriate for residents (as opposed to students), when needed.
- Modeling of practice skills described in the educational objectives.
- Coaching skills described in the educational objectives, providing regular, on-going feedback.
- Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.

PGY1 residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

Initial assessment

At the beginning of the residency, the RPD in conjunction with preceptors, assesses each resident's entering knowledge and skills related to the educational goals and objectives. Emphasis will be placed on objectives self-identified as *fundamental awareness* or *novice* experience level. Goals/objectives designated as *CRITICAL* by the program will be prioritized for the initial plan. The results of residents' initial assessments are documented by the RPD or RPC (if applicable) in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

Formative (on-going, regular) assessment

Preceptors provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. Preceptors make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

Resident feedback to preceptors

The resident will be prompted for feedback on the rotation and preceptor at final rotation evaluation. Informal feedback is encouraged throughout the rotation.

Summative evaluation

At the end of each learning experience, residents receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. Written assessment is documented in *PharmAcademic*. Evaluations are completed by the due date or within 7 days.

Ratings used for evaluation of goals and objectives during summative evaluation are:

- **Achieved for the Residency (ACHR)**. The resident has fully mastered the goal for this learning experience. No further instruction or evaluation is required in subsequent learning experiences.
- **Achieved (ACH)**. The resident can perform associated activities independently for this learning experience.
- **Satisfactory Progress (SP)**. This applies to a goal whose mastery requires skill development in more than one learning experience. The goal will be taught in future learning experiences. In this current experience the resident has progressed at the required rate to attain full mastery by the end of the program.
- **Needs Improvement (NI)**. The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress".

For learning experiences greater than or equal to 12 weeks in length, summative evaluation is completed at least quarterly.

Individual preceptors may designate that a resident has achieved a goal for the residency during the summative evaluation process, or the RPD/RPC may determine that a resident has achieved a goal for the residency based on collective feedback.

Each resident has a resident development plan documented by the RPD or RPC (if applicable). The resident development plan modifies the design and conduct of the program to address each resident's unique learning needs and interests. The development plan also provides a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments made to meet learning needs.

The following is included in the development plan for each resident:

Initial assessment by the resident, RPD, and/or designee and/or preceptor(s)

Residents review the design and conduct of the program and complete an initial self-evaluation for use in developing their plan.

Initial development plan created for each resident by the end of orientation by the RPD or RPC (if applicable).

Adjustments to initial resident development plans include the following as appropriate:

- modification of residents' schedules.
- preliminary determination of elective learning experiences.
- educational goals and objectives to be emphasized in required and elective learning experiences.
- addition of goals and objectives to required or elective learning experiences.
- changing and/or increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas for improvement.
- modify preceptors' use of modeling, coaching, and facilitation. Summaries of initial development plans are shared with residents' preceptors.

Quarterly review of resident progress and resident development plan updates

On a quarterly basis, the RPD or designee must assess residents' progress in achieving the competencies, goals, and objectives of the program and the resident professional development plan and determine if the plan needs to be adjusted. Adjustments to the resident development plan are made based upon review of resident performance relevant to the previous quarter's plan with input from preceptor(s) and residents and identifying new strengths or areas for improvement. The development plan and any adjustments are documented and shared with all preceptors.

A formal annual program evaluation performed by the Residency Advisory Committee occurs at the end of each residency year to discuss areas of strength, opportunities for improvement, preceptor appointment and reappointment, preceptor development planning and effectiveness review, and strategies to improve the residency program. The Residency Advisory Committee comprises the Senior Director of Pharmacy, Residency Program Directors, Residency Program Coordinator(s), Pharmacy Managers, and Pharmacy Clinical Manager. The RPD or designee develops and implements program improvement activities. Resident feedback is requested throughout the residency year to identify potential program improvements.

The continuous quality improvement evaluates whether residents fulfill the program's purpose through graduate tracking. Information tracked includes initial employment and may consist of changes in employment, board certification, surveys of past graduates, or other applicable information.

Requirements of the Residency Program Director and Preceptors

PGY1 RPDs are licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

PGY2 RPDs are licensed pharmacists with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following:

- an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience, or equivalent experience in the advanced practice area (i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency);
- board certification in the specialty when certification is offered in that specific advanced area of practice; and,
- maintenance of an active practice in the respective advanced practice area.

RPDs serve as role models for pharmacy practice, are leaders within the pharmacy department or within the organization, have a documented record of improvements in and contributions to pharmacy practice; demonstrate ongoing professionalism and contribute to the profession; and represent pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

Preceptor qualifications outlined in the ASHP Accreditation Standards for PGY1 and PGY2 Pharmacy Residency programs are utilized to appoint and reappoint preceptors. Preceptors will be required to identify plans for achieving qualification requirements. SFHS Clinical Pharmacy Specialists are required to serve as primary residency preceptors. Additional preceptors may be appointed by RPDs in service areas where pharmacists offer expertise based on resident and program needs. Preceptors submit documentation of qualifications annually.

PGY1 pharmacist preceptors are licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

PGY2 pharmacist preceptors are licensed pharmacists who:

- have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or,
- without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.

Pharmacists new to precepting who do not meet the qualifications for residency preceptors may be designated by the RPD

as preceptors-in-training and are assigned an advisor or coach who is a qualified preceptor and have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Preceptors will complete annual qualification self-assessment surveys which are reflective of Professional and Academic Form requirements. Preceptors will be required to identify their plans for achieving qualification requirements during the survey. Program directors will utilize results during the appointment review and development planning process during Residency Advisory Committee meetings. Preceptor Development Planning and Effectiveness Review is a standing agenda item for Residency Advisory Committee. A needs assessment survey will be distributed as needed to all preceptors, which will request feedback on desired preceptor development activities; responses will be utilized for future development program planning.

Preceptor training opportunities are offered at least annually. Preceptors attend annual precepting conferences sponsored by local colleges of pharmacy. The *Preceptor's Handbook for Pharmacists* is a resource available to all preceptors.

References

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Updated August 2023



Duty-Hour Requirements for Pharmacy Residencies

Definitions:

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

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

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

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

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

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. If the program implements any type of on-call program, there must be a written description that includes:
 - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

- E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- B. In-House Call Programs
 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.
- C. At-Home or other Call Programs
 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 3. Program directors must define the level of supervision provided to residents during at-home or other call.
 4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
 5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

Appendix B

SFHS PGY1 Residency Development Plan Progress and Certificate Eligibility Checklist

Certificates of residency are awarded upon meeting the following requirements:

Achieve at least 80% overall of required program educational objectives and achieve 100% of critical education objectives during twelve months of active residency experience; fulfill required research elements, including submission of formal residency project manuscript suitable for publication; and fulfill all rotation requirements, quarterly progress requirements, required drug information activities, and service commitments, including staffing assignments; and ability to function independently as a hospital pharmacist, as defined by the residency program director in the *SFHS PGY1 Residency Development Plan Progress and Certificate Eligibility Checklist*. UPDATED JUNE 2024

RESIDENT:

FULFILLED? <input type="checkbox"/>	CREDENTIALING REQUIREMENTS	
Criteria	Deadline	Date Fulfilled
ACLS certification	End of program	
Age-Based/Renal Dosing Competency	End of program	
Basic dysrhythmia training	Before ACLS training	
Workday E-Learnings	As assigned	
Oklahoma intern license	Before start date	
Oklahoma pharmacist license displayed in the pharmacy	September 30th	
PALS certification	End of program	
Pre-employment human resources requirements <i>drug testing, physical, criminal background check</i>	Before start date	
Proof of pharmacy degree	Before start date	
Review of residency manual and policies	July 10 th	
RX Task Checklist	End of orientation	
TPN Competency (SFH PGY1)	End of the second quarter	
USP 800 and IV Room Competency	End of orientation	
Vancomycin Competency (CH PGY1)	End of orientation	

FULFILLED? <input type="checkbox"/>	ROTATION REQUIREMENTS											
Requirement	J	A	S	O	N	D	J	F	M	A	M	J
Rotation checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preceptor evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning experience evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FULFILLED? <input type="checkbox"/>	DRUG INFORMATION REQUIREMENTS			
	Q1	Q2	Q3	Q4
AS ASSIGNED:				
Health care provider education	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
P&T Minutes	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Policy or procedure evaluation, development, or modification	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
AT LEAST ONCE DURING RESIDENCY:				
Formulary evaluation	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Drug information consultation	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
ADE/ADR review project	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
MUE	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled

FULFILLED? <input type="checkbox"/>	SERVICE COMMITMENT REQUIREMENTS			
	Q1	Q2	Q3	Q4
Successful completion of all required activities including staffing assignments	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Attend/participate in assigned meetings	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Attend/participate at Management/Leadership topic discussions	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Clinical activities, performance improvement projects, and quality controls as assigned	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled
Ability to function independently as a hospital pharmacist	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled

FULFILLED? <input type="checkbox"/>	RESEARCH REQUIREMENTS			
	Q1	Q2	Q3	Q4
Research elements	<input type="checkbox"/> CITI research training <input type="checkbox"/> IREB review <input type="checkbox"/> Data collection	<input type="checkbox"/> Present ASHP poster <input type="checkbox"/> Data collection <input type="checkbox"/> Data analysis	<input type="checkbox"/> Data analysis <input type="checkbox"/> OSHP presentation <i>(if abstract accepted)</i>	<input type="checkbox"/> Manuscript <input type="checkbox"/> Final IREB report <input type="checkbox"/> Identify topic and develop design
FULFILLED? <input type="checkbox"/>	QUARTERLY PROGRESS REQUIREMENTS			
	Q1	Q2	Q3	Q4
Entering Resident Interest Survey	<input type="checkbox"/> Fulfilled			
Self-Evaluation and Exit Survey		<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled

FULFILLED? <input type="checkbox"/>	EDUCATIONAL COMPETENCY, GOAL, AND OBJECTIVE ACHIEVEMENT					
COMPETENCY AREA R1						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	<input checked="" type="checkbox"/>	<i>R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.1.4: (Applying) Implement care plans.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.	<input checked="" type="checkbox"/>	<i>R1.2.1: (Applying) Collaborate and communicate with healthcare team members.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.2.2: (Applying) Communicate effectively with patients and caregivers.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
Goal R1.3: Promote safe and effective access to medication therapy.	<input checked="" type="checkbox"/>	<i>R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R1.3.2: (Applying) Participate in medication event reporting	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	<i>R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.</i>	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).		R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R2						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
Goal R2.1: Conduct practice advancement projects.		R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.2: (Creating) Develop a project plan.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.3: (Applying) Implement project plan.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.4: (Analyzing) Analyze project results.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.6: (Creating) Develop and present a final report.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R3						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.		R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.		R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR

		R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R4						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
Goal R4.1: Provide effective medication and practice-related education.		R4.1.1: (Creating) Construct educational activities for the target audience.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.		R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
PROGRESS FOR CERTIFICATION	OBJECTIVES ACHIEVED FOR RESIDENCY OVERALL 80% or 25 of 31 objectives		<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	CRITICAL OBJECTIVES ACHIEVED FOR RESIDENCY 100% or 10 of 10 critical objectives		<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR

PGY1 Residency Development Plan Progress and Certificate Eligibility Checkli

Appendix C

SFHS PGY2 Psychiatric Pharmacy Residency Development Plan Progress and Certificate Eligibility Checklist

Certificates of residency are awarded upon meeting the following requirements:

Achieve at least 80% overall of required program educational objectives and achieve 100% of critical education objectives during twelve months of active residency experience; fulfill required research elements, including submission of formal residency project manuscript suitable for publication; and fulfill all rotation requirements, quarterly progress requirements, required drug information activities, and service commitments, including the ability to function independently as a psychiatric pharmacist, as defined by the residency program director in the *SFHS PGY2 Residency Development Plan Progress and Certificate Eligibility Checklist*.

UPDATED AUGUST 2023

RESIDENT												
FULFILLED? <input type="checkbox"/>	CREDENTIALING REQUIREMENTS											
CRITERIA	DEADLINE						DATE FULFILLED					
Age Based/Renal Dosing Competency	End of program											
Workday E-Learnings	As assigned											
Oklahoma intern license	Program start date, <i>unless already licensed in OK</i>											
Oklahoma pharmacist license displayed in the pharmacy	September 30th											
Oklahoma preceptor certificate	One year after the initial license date											
Pre-employment human resources requirements <i>drug testing, physical, criminal background check</i>	Program start date											
Proof of ASHP-accredited PGY1 pharmacy residency	Immediately upon completion											
Proof of pharmacy degree	During application to the program											
Review of residency manual and policies	July 10 th											
RX Task Checklist	End of orientation											
USP 800 Competency	End of orientation											
FULFILLED? <input type="checkbox"/>	ROTATION REQUIREMENTS											
REQUIREMENT	J	A	S	O	N	D	J	F	M	A	M	J
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-state/Appendix tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning experience evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preceptor evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULFILLED? <input type="checkbox"/>	DRUG INFORMATION REQUIREMENTS											
AS ASSIGNED:	Q1			Q2			Q3			Q4		
Case/topic presentation	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Formal drug information consultation	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Journal Club	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
AT LEAST ONCE DURING RESIDENCY:												
ADE/ADR review project	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Formulary evaluation	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Health care provider education	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
MUE	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Policy evaluation, development, or modification	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
FULFILLED? <input type="checkbox"/>	SERVICE COMMITMENT REQUIREMENTS											
	Q1			Q2			Q3			Q4		
Ability to function independently as an psychiatric pharmacist	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Attendance and participation at assigned meetings	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Attendance and participation at Management/Leadership topic discussions	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Clinical activities, performance improvement projects, and quality controls as assigned	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
Successful completion of all required activities	<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled			<input type="checkbox"/> Fulfilled		
FULFILLED? <input type="checkbox"/>	RESEARCH REQUIREMENTS											
	Q1			Q2			Q3			Q4		
Research elements	<input type="checkbox"/> CITI research training <input type="checkbox"/> Finalize design <input type="checkbox"/> IREB review <input type="checkbox"/> Data collection			<input type="checkbox"/> Data collection <input type="checkbox"/> Data analysis			<input type="checkbox"/> Data analysis <input type="checkbox"/> Abstract preparation <input type="checkbox"/> Manuscript suitable for publication			<input type="checkbox"/> CPNP presentation <input type="checkbox"/> OSHP presentation <i>(if abstract accepted)</i> <input type="checkbox"/> Final IREB report <input type="checkbox"/> Identify topic and develop design		

FULFILLED? <input type="checkbox"/>		QUARTERLY PROGRESS REQUIREMENTS				
		Q1	Q2	Q3	Q4	
Entering Resident Interest Survey		<input type="checkbox"/> Fulfilled				
Self-Evaluation and Exit Survey			<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Fulfilled	
Pro-ACT Training		<input type="checkbox"/> Fulfilled				
FULFILLED? <input type="checkbox"/>		EDUCATIONAL COMPETENCY, GOAL, AND OBJECTIVE ACHIEVEMENT				
COMPETENCY AREA R1: PATIENT CARE						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with psychiatric and neurologic disorders following a consistent patient care process	<input checked="" type="checkbox"/>	R1.1.1: Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.2: Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.3: Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.4: Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.7: For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R1.1.8: For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
R1.2: Ensure continuity of care during transitions between care settings for patients with psychiatric and neurologic disorders.		R1.2.1: Manage transitions of care effectively for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R2: ADVANCING PRACTICE AND IMPROVING PATIENT CARE						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
R2.1: Demonstrate ability to manage formulary and medication-use processes for patients with psychiatric and neurologic disorders, as applicable to the organization	<input checked="" type="checkbox"/>	R2.1.1: Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of patients with psychiatric and neurologic disorders, including proposals for medication-safety technology improvements	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	<input checked="" type="checkbox"/>	R2.1.2: Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.3: Participate in the review of medication event reporting and monitoring related to care for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.1.4: Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
R2.2: Demonstrate ability to conduct a quality improvement or research project.		R2.2.1: Identify and/or demonstrate understanding of a specific project topic to improve care of patients with psychiatric and neurologic disorders or for a topic for advancing the pharmacy profession or psychiatric pharmacy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.2.2: Develop a plan or research protocol for a practice quality improvement or research project for the care of patients with psychiatric or neurologic disorders or a topic for advancing the pharmacy profession or psychiatric pharmacy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.2.3: Collect and evaluate data for a practice quality improvement or research project for the care of patients with psychiatric or neurologic disorders or for a topic for advancing the pharmacy profession or psychiatric pharmacy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.2.4: Implement a quality improvement or research project to improve care of patients with psychiatric or neurologic disorders or a topic for advancing the pharmacy profession or psychiatric pharmacy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.2.5: Assess changes made to improve care of patients with psychiatric and neurologic disorders or a topic for advancing the pharmacy profession or psychiatric pharmacy	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R2.2.6: Effectively develop and present, orally and in writing, a project report suitable for publication related to care of patients with psychiatric and neurologic disorders or for a topic for advancing the pharmacy profession or psychiatric pharmacy at a local, regional, or national conference	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR

COMPETENCY AREA R3: LEADERSHIP AND MANAGEMENT						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
R3.1: Demonstrate leadership skills for successful self-development in the provision of care for patients with psychiatric and neurologic disorders	✓	R3.1.1: Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R3.1.2: Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
R3.2: Demonstrate understanding of management in the provision of care for psychiatric patients		R3.2.1: Explain the elements of the pharmacy enterprise and their relationship to the health care system	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	✓	R3.2.2: Manage one's own psychiatric pharmacy practice effectively	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R4: TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
R4.1: Provide effective medication and practice-related education related to care of patients with psychiatric and neurologic disorders, caregivers, health care professionals, students, and the public (individuals and groups)		R4.1.1: Design effective educational activities related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	✓	R4.1.2: Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.1.3: Use effective written communication to disseminate knowledge related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.1.4: Appropriately assess effectiveness of education related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals related to care of patients with psychiatric and neurologic disorders		R4.2.1: When engaged in teaching about the care of patients with psychiatric and neurologic disorders, select a preceptor role that meets learners' educational needs	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R4.2.2: Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills in practice-based teaching related to care of patients with psychiatric and neurologic disorders	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
COMPETENCY AREA R5: MANAGEMENT OF PSYCHIATRIC EMERGENCIES						
GOALS	CRITICAL	OBJECTIVES	Q1	Q2	Q3	Q4
R5.1: Demonstrate understanding of the management of psychiatric emergencies		R5.1.1: Recognize and respond appropriately to psychiatric emergencies.	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
		R5.1.2: Demonstrate understanding of the management and treatment of psychiatric emergencies according to the organization's policies and procedures	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
PROGRESS FOR CERTIFICATION	OBJECTIVES ACHIEVED FOR RESIDENCY OVERALL <i>80% or 25/31 objectives</i>		<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR
	CRITICAL OBJECTIVES ACHIEVED FOR RESIDENCY <i>100% or 13/13 objectives</i>		<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR	<input type="checkbox"/> ACHR

PGY2 Psychiatric Pharmacy Residency Development Plan Progress and Certificate Eligibility Check

