



Intermountain Health Pharmacy Residency Manual Appendix: PGY2 Ambulatory Care Pharmacy Residency Program 2023-2024 Residency Class

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Standards of PGY2 Ambulatory Care Pharmacy Residency Program

The PGY2 Ambulatory Care Pharmacy Residency at Intermountain Health follows the same standards as described in the [Intermountain Health Pharmacy Residency Manual](#) for PGY1 and PGY2 residencies. This appendix is intended to supplement and clarify information included in the manual.

PGY2 Ambulatory Care Pharmacy Residency Program Overview

The Intermountain Health PGY2 Ambulatory Care Pharmacy Residency will build upon Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency experience to develop clinical pharmacy specialists in a variety of ambulatory care settings equipping them with the skills, knowledge and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete Intermountain Health PGY2 Ambulatory Care Pharmacy Residency are prepared to function independently as an ambulatory practitioner, develop a patient centered pharmacy practice in collaboration with the healthcare team and sit for board certification.

General Description

The Ambulatory Care (PGY2) Residency is an organized, directed, postgraduate training program in ambulatory care pharmacy practice. Interactive training is provided in practice management, program implementation, research, and teaching, in addition to ambulatory care practice. Pharmacists in this program demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership to improve safety of the medication-use system. They will be competent, confident practitioners of direct patient care, with the ability to identify and resolve patient-specific, medication-related problems. In addition, residents in this program will gain invaluable experience building a business plan for a service development or enhancement and may assist with implementation. A teaching certificate is available for residents in partnership with Roseman University and the University of Utah. Additionally, a research project of publishable/presentable quality is required. Residents will be well prepared to continue their career in ambulatory care pharmacy. The program requires rotations in primary care, geriatrics, home-based high-risk care and practice management with elective opportunities in a variety of practice settings with both longitudinal and block rotation formats. The Program Director, Program Site Coordinator, and the preceptors will assist the residents in selecting rotations to meet each resident's professional goals, the ASHP Pharmacy Residency Standards, and the ASHP residency learning goals.

PGY2 Ambulatory Care Pharmacy Residency Program Competency Areas, Goals and Objectives (CAGO)

Refer to the items listed in [ASHP PGY2 Ambulatory Care Competency Areas, Goals and Objectives \(CAGO\)](#) from American Society of Health-System Pharmacists for details. No additional or elective competency areas, goals, or objectives are included in the program at this time.

Rotation Structure

The PGY2 ambulatory care residency program provides rotation opportunities in longitudinal and block formats in a variety of clinic settings throughout the Intermountain Health system, including Intermountain Medical Center, Intermountain Medical Group, McKay-Dee Hospital, Primary Children's Hospital and Utah Valley Hospital. The resident's home base is Intermountain Health clinics; as such, travel will be involved between the different clinics, and can vary based on selected learning experiences. Appendix 1 lists clinic addresses.

Rotation schedule

The first 4-6 weeks of the residency program year consists of orientation activities. This includes pharmacy system wide orientation as well as ambulatory care pharmacy residency onboarding. Following orientation, longitudinal and block learning experiences will begin. Longitudinal learning experiences will occur on a regular schedule and be from 6 months to one year in duration. Block rotations will be incorporated around longitudinal experiences and be 4-8 weeks in duration.

- Required learning experiences
 - Orientation (4-6 weeks)
 - Personalized Primary Care (2 days per week for 46 weeks)
 - Geriatrics (8 weeks)
 - Castell House Calls (4 weeks)
 - Required longitudinal learning experiences: see Longitudinal Project Guidance section for specifics
 - Practice Management (5 week block rotation + 12-15 hours divided throughout the year)
 - ACPE Continuing Education Presentation (1-2 hours per week for 12 weeks)
 - Interdisciplinary Continuing Education Presentation (1-2 hours per week for 12 weeks)
 - Collaborative Practice Agreement Development (1-2 hours per week for 52 weeks)
 - Research Project (1-2 hours per week for 52 weeks)
 - Service Component (8 hours every third week for 46 weeks. 5 on-call weeks every 8-10 weeks)

- Available elective learning experiences (4-8 weeks)
 - Academia
 - Mental Health
 - Oncology Clinic
 - Solid Organ Transplant Clinic

- Pharmacy Leadership
- Blood and Marrow Transplant and Hematologic Malignancies
- Emergency Medicine
- Heart Failure and Transplant / Mechanical Circulatory Support Clinic
- Informatics
- Managed Care (SelectHealth)
- Pediatric Diabetes Management
- Pediatric Hematology and Oncology
- Personalized Primary Care
- HIV Clinic

Core Curriculum

The resident may choose to attend the core curriculum conference series throughout the year provided it does not conflict with rotation responsibilities. Required core curriculum sessions will be determined by the RPD to meet the resident's professional goals, knowledge gaps, and educational priorities.

Staffing (Service Requirements)

Residents are required to provide staffing support as part of their program and stipend. Residents work 8 hours every third Saturday (Clinical Pharmacist Anticoagulation Service [CPAS] and Transitions of Care Teleservice). Residents also remotely cover on-call responsibilities for system anticoagulation for 1-week increments every 8 to 10 weeks (5 on-call weeks). Required on-call weeks include 1 minor holiday week and 1 major holiday week (see Intermountain's observed holidays below). On-call coverage is outside of CPAS clinic hours and a designated back-up pharmacist is available if assistance is needed. The primary preceptor for the staffing learning experience and the RPD regularly check in on residents during their on-call weeks to monitor resident wellness.

- Major holidays include New Year's Day, Thanksgiving, Christmas Eve, and Christmas Day
- Non-major holidays include Martin Luther King Jr Day, President's Day, Memorial Day, Independence Day, Pioneer Day and Labor Day

Schedule changes will be coordinated through the service line preceptors and must align with duty hours policies.

Residency staffing pay is covered by the resident salary stipend. When staffing each of the 2 assigned holiday call weeks, the resident is eligible for a "holiday premium differential" which is offered as the on-call lump sum pharmacist payment. The resident will submit for payment following outlined procedures. If a resident staffs any additional on-call weeks beyond the required five, the resident will be eligible for the on-call lump sum pharmacist payment and will submit for payment following outlined procedures. A resident may not pick up an additional call shift if it will put them over the maximum duty hours.

Refer to the Ambulatory Care/Medication Use, Safety and Policy (MUSP) PGY2 Staffing Expectations & Schedule documents for additional details.

Minimum Requirements for Successful Completion of the PGY2 Ambulatory Care Pharmacy Residency Program

The requirements and progress will be reviewed by the RPD with the resident at each quarterly evaluation. Failure to meet the requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Ambulatory Care residency program. Minimum requirements include:

1. Attainment of achieved (ACHR) on 100% of R1.1 (R1.1.1-R1.1.8) and R1.2 (R1.1.1, R1.1.2) in addition to at least 75% (21 of 28) of all objectives within each of the nine required goals (R1.1, R1.2, R2.1, R2.2, R3.1, R3.2, R3.3, R4.1, R4.2). Must have a final rating of satisfactory progress (SP) on all other objectives not documented as achieved. Additionally, must complete Appendix tracking form requirement of eight of the fifteen disease states (see appendix 2).
 - a. [ASHP PGY2 Ambulatory Care Competency Areas, Goals and Objectives \(CAGO\)](#)
2. Completion of all required learning experiences
3. Complete all PharmAcademic evaluations and requirements
4. Meet credentialing and privileging requirements for all collaborative practice agreements
 - a. Primary Care Scope of Practice
 - b. Anticoagulation
 - c. Refill Authorization
 - d. Therapeutic Interchange
 - e. Immunization
5. A project manuscript will be completed and submitted to the site coordinator and the residency program director prior to completion of the residency. The report shall be written using a format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion and conclusions. Residents are encouraged to submit their project for publication.
6. Deliver a presentation at a residency conference during the residency year
7. Submit an abstract for poster presentation at a professional meeting during the residency year
8. Develop and present a system level ACPE and an interdisciplinary CE
9. Develop or revise a collaborative practice agreement
10. Develop or revise a clinical service development business plan
11. Complete staffing (service) requirements



- a. 12 weekend Saturday shifts
 - b. 5 on-call weeks with one over a major holiday and one over a minor holiday
12. Complete and receive the Intermountain Health Teaching Certificate, if assigned at the beginning of the PGY2 residency year

Ambulatory Care Residency Advisory Committee (RAC)

The Ambulatory Care Residency RPD is a member of the System-wide RAC and chairs the Ambulatory Care Residency Program RAC. Refer to each committee charter and to the residency manual for more details about membership, structure, responsibilities, etc.

Early Commitment

The PGY2 Ambulatory Care Residency Program wants to ensure opportunity for candidates to confirm their interest in ambulatory care and our program. The program believes that candidates should have the time to explore their options before determining if our program is the right fit for them. For these reasons our PGY2 Ambulatory Care Residency Program does not participate in early commitment.

Longitudinal Project Guidance

Project Days and Weeks

- The resident will have 2 project weeks that will be scheduled for the resident during their 52 week program. It is expected for the resident to attend their longitudinal primary care clinic rotation during the project week.
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- In addition to the 2 project weeks, the resident is allowed to take up to an additional 4 project days. These are flexible but must be scheduled to take place on their primary care rotation days. These must be arranged with their primary care site preceptors with enough notice to block their schedule and not impact patient care.
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Residency Research

Refer to the System Manual regarding the residency project's general information and overview. Below is the project timeline for PGY2 AmCare Residents.

Activity	Deadline
Complete CITI Training (if applicable)	Prior to Residency if possible
Project Pitch	Email before residency
Identify Research Question	July 11, 2023
Concept Sheet Initial Draft Due	July 13, 2023
Present Concept Sheet to RAC for feedback	July 20, 2023

Final Concept Sheets Due	August 9, 2023
Meet with Data Analysts to discuss data needs (contact: Richard Ensign)	Late July/Early August 2022 (work with project preceptors and Richard to schedule ASAP)
Complete IRB Protocol Manuscript: Background, initial draft (5-10 references) Select journal to submit	August 23, 2023
IRB Submission/Data Request Form Manuscript: Background, final draft (10-15 references)	August 30, 2023
Project Week 1	September 11-September 15, 2023
Quarterly Assessment	October 17, 2023 (or date designated in PharmAcademic)
Interim Report Manuscript: Methods section, initial draft	December 12, 2023
Project Week 2	December 25-December 29, 2023
Quarterly Assessment Manuscript: Methods section, final draft	January 16, 2023 (or date designated in PharmAcademic)
Mountain States Residency Conference Abstract	March 2023 (TBD)
ASHP Summer Meeting Abstract	March 2023 (TBD)
Quarterly Assessment Manuscript: Results/discussion sections, initial draft (>15 references)	March 13, 2023 (or date designated in PharmAcademic)
Mountain States Presentation Practice Session	April 2023 (date TBD)
Mountain States Conference PowerPoint Due Manuscript: Results/discussion sections, final draft	April 2023 (date TBD)
Mountain States Conference Presentation Submit Poster to Printer	May 11-12, 2023 (dates TBD)
ASHP Summer Meeting – Poster Presentation	June 2023 (dates TBD)
Manuscript: Complete Document, final draft/ Submission for publication	June 19, 2023
Final Evaluation	June 19, 2023 (or date designated in PharmAcademic)

Continuous Education Presentations

ACPE-Accredited Presentation

Refer to system manual for requirements and timeline.

Interdisciplinary CE Presentation

Requirements for Interdisciplinary CE Presentation

1. The resident shall, with guidance and supervision of appropriate preceptors, develop and deliver a CE for an interdisciplinary audience.
2. Presentation deadlines are described in the table below.
 - a. Deadlines are subject to change based on program-specific requirements and resident needs

3. The resident is responsible for:
 - a. Confirm with interdisciplinary party a predetermine presentation topic.
 - b. Select 2 preceptors with content expertise.
 - c. Submit materials and revisions to preceptors and interdisciplinary party within 2 weeks of the request.
 - d. Develop continuing education in concordance with the accrediting party's requirements and time allotment of the request.
 - e. Submission of any required documents (ie. letter of agreement, conflict of interests, CV, etc) as requested by the interdisciplinary group.
 - f. Verbally present the live seminar to interdisciplinary audience.
 - g. Effectively answer participant questions at the conclusion of the presentation.
 - h. Upload final copy of presentation into PharmAcademic.
4. The lead presentation preceptor is responsible for:
 - a. Serving as the main point of contact between the resident and other preceptors.
 - b. Coordinating feedback within five (5) business days with the resident and other preceptors.
 - c. Conduct review of the resident's presentation materials prior to submission and presentation.
 - d. Scheduling a verbal practice session if requested by preceptors or resident
 - e. Attend the live presentation delivered by the resident.
 - f. Compile feedback from all preceptors and submit PharmAcademic evaluation within 1 week of the presentation.
5. All presentation preceptor(s) are responsible for:
 - a. Providing guidance with designing learning outcomes and presentation material
 - b. Reviewing presentation materials to ensure information is independent, balanced, evidence-based, and pertinent to current pharmacy practice.
 - c. Providing written feedback to resident with requested changes in presentation materials.
 - d. Submission of any required documents (ie letter of agreement, conflict of interests, CV, etc) to the requesting group.
 - e. Provide feedback to the resident within 1 week of the presentation.

Activity	Deadline	Responsible Party
Connect with Associate Medical Director to select a topic and identify 2 preceptors	January 3, 2024	Residents and RPD
Complete IPCE/CME Speaker Program Profiles	January 24, 2024	Residents and Preceptors
Presentation materials due preceptors	January 31, 2024	Residents
Review of presentation materials	January 31-February 7, 2024	Preceptors
Update presentation materials and represent to preceptors	February 21, 2024	Residents
Review materials and schedule third review deadline and/or practice presentation as needed	February 21- March 1, 2024	Preceptors

Submit final copy of presentation to Intermountain Medical Group Executive Assistant	March 5, 2024	Residents
Intermountain Health IM/FM Grand Rounds IPCE Presentation	March 6, 2024	Residents
Upload final presentation copy into PharmAcademic and complete learning experience evaluations	March 13, 2024	Resident and preceptors

Collaborative Practice Agreement

Requirements for the Collaborative Practice Agreement (CPA) Development or Revision

1. The resident shall, with guidance and supervision of preceptors, develop a new or revise an existing CPA.
2. Project deadlines are detailed in the table below.
 - a. Deadlines may be subject to change based on project-specific requirements and resident needs.
3. The resident is responsible for:
 - a. Selecting a CPA for development or revision that is aligned to the business needs of the organization.
 - b. Designating a lead preceptor for the project.
 - c. Identifying and inviting additional content experts to support the project.
 - d. Actively researching and participating in discussions related to the project.
 - e. Submitting materials and revisions to preceptors according to established and communicated deadlines.
 - f. Satisfactorily completing all expectations related to developing a new or revising an existing CPA
 - i. Draft and submit the CPA request form
 - ii. Draft or revise CPA and/or CPA manual, as appropriate
 - iii. Update Credentialing and Privileging manual to support provisions of the CPA manual
 - iv. Develop or update CPA education materials
 - v. Prepare and deliver a presentation to the System-wide Pharmacy and Therapeutics (P&T) Committee requesting CPA approval
4. The Ambulatory Pharmacy Leaders are responsible for:
 - a. Providing the resident with a list of CPAs in need of development or revision that are aligned to the business needs of the organization
 - b. Provide guidance to the resident on selecting preceptors for the project
 - c. In partnership with resident, present the CPA request form for approval to the Pharmacy Leadership Team (PLT)
5. The primary preceptor is responsible for:
 - a. Serving as the main point of contact between the resident and other preceptors

- b. Coordinating feedback among the resident, project preceptors, and other stakeholders to deliver constructive and meaningful feedback to the resident within ten (10) business days of receiving material
- c. Complete formal evaluations on resident progress in PharmAcademic™
- 6. All contributing preceptors are responsible for:
 - a. Providing guidance around CPA development/revision efforts
 - b. Reviewing the document and presentation drafts and providing constructive and meaningful feedback to the resident within ten (10) business days of receiving material
- 7. The Drug Information Team (or assigned individual) is responsible for:
 - a. Reviewing all documents and providing constructive and meaningful feedback to the resident in a timely manner to accommodate the CPA project deadlines outlined in the table below
 - b. Establish Microsoft Teams® channel for document management and collaboration
 - c. Coordinating dissemination of materials to stakeholders inside and outside pharmacy based on scope of CPA for review and feedback
 - d. Facilitating resident’s participation in System-wide P&T activities and meetings
- 8. The Pharmacy Internal Process Control Team (or assigned individual) is responsible for:
 - a. Reviewing all documents to ensure alignment with legal and regulatory requirements
 - b. Providing constructive and meaningful feedback to the resident in a timely manner to accommodate the CPA project deadlines outlined in the table below
- 9. The Pharmacy Education Manager (or designee) is responsible for:
 - a. Establish Microsoft Teams® channel for document management and collaboration
 - b. Coordinating needed revisions to the Credentialing and Privileging process associated with the CPA
 - c. Coordinating needed development and revisions to educational materials related to the CPA
 - d. Providing constructive and meaningful feedback to the resident in a timely manner to accommodate the CPA project deadlines outlined in the table below

Collaborative Practice Agreement (CPA) Development Project Deadlines

Activity	Deadline	Responsible Party
Present potential CPA development or revision needs of the organization	Friday, September 15, 2023	Ambulatory Pharmacy Leaders
Select the CPA needing development or revision	Friday, September 22, 2023	Resident
Identify and invite caregivers (including at least 1 content expert) to serve as preceptors	Monday, October 2, 2023	Resident, Ambulatory Pharmacy Leaders
Submit completed CPA request form (if applicable) to preceptors for review	Monday, October 16, 2023	Resident
Review and provide feedback on completed CPA request form	Monday, October 30, 2023	Preceptors
Submit final draft of CPA request form for system review via email to IntermountainDrugInfo@imail.org	Monday, November 13, 2023	Resident

Obtain PLT approval for CPA request form	Thursday, November 30, 2023	Residents/Ambulatory Pharmacy Leaders
Gather information from key sources (eg, preceptors, stakeholders, peers, medical literature) to develop or revise the CPA and any associated materials	Ongoing	Resident
Upload initial draft of CPA and/or CPA manual in designated Microsoft Teams® channel; if revising a CPA, utilize track changes when making any edits in the document	Monday, January 8, 2024	Resident
Review and provide feedback on CPA and/or CPA manual draft	Monday, January 29, 2024	Preceptors/Pharmacy Education
Upload SBAR outlining proposed changes to pharmacist Credentialing and Privileging and notify RxEducationResearch@imail.org	Monday, January 29, 2024	Resident
Upload revised draft of CPA and/or CPA manual to Microsoft Teams® channel and notify IntermountainDrugInfo@imail.org and RxEducationResearch@imail.org	Monday, February 12, 2024	Resident
Submit Credentialing and Privileging changes to RxEducationResearch@imail.org and preceptors	Monday, February 12, 2024	Resident
Submit draft educational activities to RxEducationResearch@imail.org . Activities may include: <ul style="list-style-type: none"> • Fact sheet outlining specific details and any changes to the CPA manual • Revised competency assessment questions and answers Presentation materials detailing operational considerations surrounding the CPA	Monday, February 12, 2024	Resident
Review and provide feedback on education activities	Monday, February 26, 2024	Education
Review and provide feedback on CPA and/or CPA manual	Monday, February 26, 2024	Drug Information/ Pharmacy IPC/Pharmacy Education
Review and provide feedback on Credentialing and Privileging changes	Monday, February 26, 2024	Pharmacy Education and Preceptors
Address proposed edits and comments within the CPA and/or CPA manual and resubmit finalized version to IntermountainDrugInfo@imail.org	Monday, March 11, 2024	Resident
Submit finalized Credentialing and Privileging changes	Monday, March 18, 2024	Resident

Submit draft of SBAR and slide deck for presentation to the System-wide Pharmacy and Therapeutics Committee (P&T) to preceptors	Monday, March 11, 2024	Resident
Review and provide feedback on the SBAR and slide deck	Monday, March 25, 2024	Preceptors
Present proposed Credentialing and Privileging changes to the Pharmacy Credentialing Committee	Thursday, March 28, 2024	Resident
Submit finalized SBAR and slide deck for presentation to the System-wide P&T Committee to IntermountainDrugInfo@imail.org	Wednesday, April 3, 2024	Resident
Present proposed CPA at the System-wide P&T Committee Meeting	Wednesday, April 10, 2024	Resident
Submit final version of education activities to RxEducationResearch@imail.org .	Wednesday, April 17, 2024	Resident

Service Development Project

Requirements for the Ambulatory Clinical Service Development Project

1. The resident shall, with guidance and supervision of preceptors, develop a new ambulatory clinical service or enhance an existing ambulatory clinical service as part of the Practice Management learning experience.
2. Project deadlines are detailed in the table below.
 - a. Deadlines may be subject to change based on project-specific requirements and resident needs.
3. The resident is responsible for:
 - a. Selecting a service development or enhancement project aligned to the business needs of the organization.
 - b. Designating a lead practice management preceptor for the project.
 - c. Identify and invite additional content experts to support the project.
 - d. Actively research and participate in discussions related to the project and development of a business plan.
 - e. Submit materials and revisions to preceptors according to established and communicated deadlines.
 - f. Develop a comprehensive business plan for the service development project
 - i. Detail the **S**ituation, **B**ackground, **A**ssessment and **R**ecommendation (SBAR) of the project.
 - ii. Complete a comprehensive financial analysis supported with data from within the organization, from other organizations, or in the literature. Summarize the financial analysis in the business plan.
 - iii. Build a slide deck to pitch the project.

- g. Present the project pitch presentation to identified stakeholders. Presentation should be 5-7mins in length and summarize key points of the business plan, including the financial summary.
 - h. Develop and present a final report on the service develop project and detail an acceptable transition plan for continued development or implementation work that may persist beyond the residency year.
4. The Practice Management (primary) preceptor is responsible for:
- a. Serving as the main point of contact between the resident and other preceptors.
 - b. Providing a list of potential service development projects aligned to Intermountain priorities to the resident.
 - c. Coordinating feedback among the resident, project preceptors, and other stakeholders to deliver constructive and meaningful feedback to the resident within ten (10) business days of receiving material.
 - d. Attending the live project pitch delivered by the resent to identified stakeholders.
 - e. Providing feedback on project pitch presentation to the resident within five (5) business days
5. All contributing preceptors are responsible for:
- a. Providing guidance around service and business plan content development
 - b. Reviewing projects and presentation drafts, providing constructive and meaningful feedback to the resident within ten (10) business days of receiving material.

Ambulatory Clinical Service Development Project Deadlines (2023-2024 Residency Class)

Activity	Deadline	Responsible Party
Presentation of potential service development projects	Friday, July 7, 2023	Primary Preceptor
Select service development project and share with identified primary preceptor Research business plan development and considerations for discussion	Monday, July 31, 2023	Resident
Submit first draft of SBAR to preceptors	Thursday, September 7, 2023	Resident
Review SBAR draft and provide feedback to resident	Thursday, September 21, 2023	Preceptors
Submit draft of financial analysis	Thursday, October 5, 2023	Resident
Review financial analysis and provide feedback to resident	Thursday, October 19, 2023	Preceptors
Submit completed business plan, inclusive of: <ul style="list-style-type: none"> • SBAR, including a summary of financial implications of the service • Complete financial analysis • Supportive literature and references 	Thursday, November 2, 2023	Resident
Review full business plan and provide feedback to resident	Thursday, November 16, 2023	Preceptors
Submit completed business plan with all feedback addressed	Thursday, November 30, 2023	Resident
Submit draft project pitch slide deck	Wednesday, January 17, 2024	Resident
Review project pitch slide deck and provide feedback to resident	Wednesday, January 31, 2024	Preceptors



Submit final project pitch slide deck to primary preceptor	Tuesday, February 14, 2024	Resident
Present project pitch to identified stake holders	February 14-28, 2024 based on stakeholder availability	Resident and Primary Preceptor
Submit draft of service development report and transition plan	Wednesday, May 8, 2024	Resident
Review service development report and transition plan and provide feedback to the resident	Thursday, May 23, 2024	Preceptors
Submit and present final service development report and transition plan to preceptors	Thursday, June 6, 2024	Resident
Upload all documents associated with service development project into PharmAcademic and email a copy to primary preceptor	Thursday, June 20, 2024	Resident



Appendix 1: Intermountain Health Clinics - Rotation Locations

Required learning experiences:

- Geriatrics: 3723 W 12600 S., Riverton, UT 84065
- Personalized Primary Care:
 - Alta Clinic 9450 S 1300 E, Sandy, UT 84094
 - Roy Clinic 1915 W 5950 S., Roy, UT 84067
- Castell House Calls: Remote with potential for occasional patient home visit in the Salt Lake area

Elective learning experiences:

- Academia: 30 S 2000 E Salt Lake City, UT 84112
- Mental Health: Salt Lake VA, 500 Foothill Blvd, Salt Lake City, UT 84108
- Oncology Clinic: 5121 S. Cottonwood St. Murray, UT 84107
- Solid Organ Transplant Clinic: 5121 S. Cottonwood St. Murray, UT 84107
- Blood and Marrow Transplant and Hematologic Malignancies: 8th Ave., C Street E, Salt Lake City, UT 84143
- Emergency Medicine: 5121 S. Cottonwood St. Murray, UT 84107
- Heart Failure and Transplant / Mechanical Circulatory Support Clinic: 5121 S. Cottonwood St. Murray, UT 84107
- Managed Care (SelectHealth): 5381 S. Green St., Murray, UT 84123
- Pediatric Diabetes Management: 100 N. Mario Capecchi Drive, Salt Lake City, UT 84113
- Pediatric Hematology and Oncology: 100 N. Mario Capecchi Drive, Salt Lake City, UT 84113
- HIV Clinic: 1525 West 2100 South, Salt Lake City, UT 84119

The resident's office is located at: 7302 Bingham Jct Blvd, Midvale, UT 84047



Appendix 2: PGY2 Ambulatory Care Patient Care Appendix Tracking

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

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to diseases and conditions in the areas listed below.

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

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

Disease State	Patient Encounter Date	Patient Encounter FIN	Topic Discussion	Journal Club/ Presentations
Cardiology				
Dermatology				
Endocrinology				
Gastroenterology				
Geriatrics				
Hematology-Oncology				
Infectious Diseases				
Men's Health				
Nephrology				
Pediatrics				
Psychiatry				
Pulmonology				
Rheumatology				
Women's Health				

