

**Post-Graduate Year 2 (PGY2) Psychiatric Pharmacy Residency Program**

**Purpose Statement**

The Intermountain Health PGY2 Psychiatric Pharmacy Residency will build upon Doctor of Pharmacy (Pharm.D.) education and PGY1 (Post Graduate Year 1) pharmacy residency experience to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for psychiatric pharmacy. Residents who successfully complete the PGY2 Psychiatric Pharmacy Residency are prepared for advanced patient care and board certification in psychiatric pharmacy.

**Program Design**

**General Description**

* Intermountain Health’s PGY2 Psychiatric Residency is designed following the American Society of Health System Pharmacy (ASHP) accreditation standards and the Resident Matching Program
* The multisite residency will be 52-weeks in duration, with a variable start date based on the needs of the incoming resident and the program. Any start date after July 15th must be approved by the Residency Advisory Council (RAC).
  + The primary practice site is Primary Children’s Hospital Wasatch Canyons Campus (5770 S 1500 W, Taylorsville, UT 84123)
  + There are three required learning experiences that are not conducted at the primary practice site, these learning experiences occur at McKay-Dee Hospital (4401 Harrison Blvd, Ogden, UT 84403), LDS Hospital ([8th Ave & C St, Salt Lake City, UT 84143](https://www.bing.com/ck/a?!&&p=7ca75a2afd2c6baeJmltdHM9MTcwMjk0NDAwMCZpZ3VpZD0yZDZjMWViOS0wNTJlLTY2MTItMTg2Yy0wZDIwMDRiMzY3ODkmaW5zaWQ9NTUxNg&ptn=3&ver=2&hsh=3&fclid=2d6c1eb9-052e-6612-186c-0d2004b36789&u=a1L21hcHM_Jm1lcGk9MTA5fn5Ub3BPZlBhZ2V-QWRkcmVzc19MaW5rJnR5PTE4JnE9TERTJTIwSG9zcGl0YWwlMjBWb2x1bnRlZXIlMjBTZXJ2aWNlcyZzcz15cGlkLllOODczeDYwODc2OTI3Njk0MjcyNjUxODImcHBvaXM9NDAuNzc4NTAzNDE3OTY4NzVfLTExMS44Nzk3NjA3NDIxODc1X0xEUyUyMEhvc3BpdGFsJTIwVm9sdW50ZWVyJTIwU2VydmljZXNfWU44NzN4NjA4NzY5Mjc2OTQyNzI2NTE4Mn4mY3A9NDAuNzc4NTAzfi0xMTEuODc5NzYxJnY9MiZzVj0xJkZPUk09TVBTUlBM&ntb=1)), and Utah Valley Hospital (1034 N 500 W, Provo, UT 84604) from primary practice site.

**Educational Goals & Objectives**

Specific outcomes and goals for PGY2 Psychiatric Pharmacy Residency Program have been defined by ASHP and American Association of Psychiatric Pharmacist (AAPP) and are listed below. Corresponding educational outcomes are available via the ASHP Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) Pharmacy Residencies in Psychiatry.2 Each learning experience will teach and evaluate specific outcomes and goals based on its design and area of focus. Please see the Learning Experience Evaluation document for details.

***Competency Area R1: Patient Care***

Goal 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.

* Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders’ medication therapy.
  + Criteria:
    - Interactions are cooperative, collaborative, communicative, and respectful.
    - Demonstrates skills in negotiation, conflict management, and consensus building.
    - Demonstrates advocacy for the patient.
    - Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.
* Objective R1.1.2: (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
  + Criteria:
    - Interactions are respectful and collaborative.
    - Maintains accuracy and confidentiality of patients’ protected health information.
    - Uses effective communication skills.
    - Shows empathy.
    - Empowers patients, family members, and caregivers regarding the patient’s well-being and health outcomes.
    - Demonstrates cultural competence.
    - Communicates with family members to obtain patient information when patients are unable to provide the information.
    - Ensures understanding of, and consensus with, care plans.
    - Utilizes effective motivational interviewing techniques, such as goal setting and identification of barriers for improved health.
    - Demonstrate advocacy for caregivers.
* Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
  + Criteria:
    - Collection/organization methods are efficient and effective.
    - Collects relevant information about medication therapy, including:
      * History of present illness.
      * Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
      * Documentation of family medical and psychiatric history.
      * Social history.
      * Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies.
      * Patient assessment (examples include, but are not limited to, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems (e.g., psychometric testing).
      * Pharmacogenomics and pharmacogenetic information, if available.
      * Adverse drug reactions.
      * Medication adherence and persistence.
      * Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
      * Suicidal and homicidal ideation.
      * Substance use disorders, including alcohol, nicotine and caffeine addiction.
      * Mental status exam.
    - Sources of information are the most reliable available, including electronic, face-to-face, and others.
    - Recording system is functional for subsequent problem solving and decision making.
    - Clarifies information as needed.
    - Displays understanding of limitations of information in health records.
    - Poses appropriate questions as needed.
* Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Includes accurate assessment of patients:
      * Health and functional status.
      * Risk factors.
      * Health data.
      * Cultural factors.
      * Health literacy.
      * Access to medications.
      * Immunization status.
      * Need for preventive care and other services, when appropriate.
      * Other aspects of care, as applicable.
    - Identifies medication therapy problems, including:
      * Lack of indication for medication.
      * Medical conditions for which there is no medication prescribed.
      * Medication prescribed or continued inappropriately for a particular medical condition.
      * Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
      * Medication toxicity requiring medication therapy modifications.
      * Abnormal lab values requiring medication therapy modifications.
      * Therapeutic duplication.
      * Adverse drug or device-related events or the potential for such events.
      * Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions.
      * Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
      * Patient not receiving full benefit of prescribed medication therapy.
      * Problems arising from the financial impact of medication therapy on the patient.
      * Patients lack understanding of medication therapy.
      * Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
      * Patient assessment needed.
      * Discrepancy between prescribed medications and established care plan for the patient.
      * Potential toxicity in overdose.
* Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
      * Relevant patient-specific information, including culture and preferences.
      * The goals of other interprofessional team members.
      * The patient’s disease state(s).
      * Medication-specific information.
      * Best evidence, including clinical guidelines and the most recent literature.
      * Effectively interprets new literature for application to patient care.
      * Ethical issues involved in the patient's care.
      * Quality-of-life issues specific to the patient.
      * Integration of all the above factors influencing the setting of goals.
    - Designs/redesigns regimens that:
      * Are appropriate for the disease states being treated.
      * Reflect:
        + Clinical experience.
        + The therapeutic goals established for the patient.
        + The patient’s and caregiver’s specific needs.
        + Consideration of:

Any pertinent pharmacogenomic or pharmacogenetic factors.

Best evidence.

Pertinent ethical issues.

Pharmacoeconomic components (patient, medical, and systems resources).

Patient preferences, culture, and/or language differences.

Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.

Drug shortages.

* + - * + Adhere to the health system’s medication-use policies.
        + Follow applicable ethical standards.
        + Address wellness promotion and lifestyle modification.
        + Support the organization’s or patient’s insurance formulary.
        + Address medication-related problems and optimize medication therapy.
        + Engage the patient through education, empowerment, and promotion of self-management.
      * Designs/redesigns monitoring plans that:
        + Effectively evaluate achievement of therapeutic goals.
        + Ensure adequate, appropriate, and timely follow-up.
        + Establish parameters that are appropriate measures of therapeutic goal achievement.
        + Reflect consideration of best evidence.
        + Select the most reliable source for each parameter measurement.
        + Have appropriate value ranges selected for the patient.
        + Have parameters that measure efficacy.
        + Have parameters that measure potential adverse drug events.
        + Have parameters that are cost-effective.
        + Have obtainable measurements of the parameters specified.
        + Reflects consideration of compliance.
        + If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
        + When applicable, reflects preferences and needs of the patient.
        + Plan represents the highest level of patient care.
* Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
  + Criteria:
    - Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the health care team.
      * Poses appropriate questions as needed.
      * Recommendation is persuasive.
      * Presentation of recommendation accords patient’s right to refuse treatment.
      * If patient refuses treatment, pharmacist exhibits responsible professional behavior.
      * Creates an atmosphere of collaboration.
      * Skillfully defuses negative reactions.
      * Communication conveys expertise.
      * Communication is assertive but not aggressive.
      * Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
    - Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
      * Recommendation is persuasive.
      * Therapy corresponds with the recommended regimen.
      * Regimen is initiated at the appropriate time.
      * Patient receives their medication as directed.
      * Medications in situations requiring immediacy are effectively facilitated.
      * Medication orders are clear and concise.
      * Activity complies with the health system’s policies and procedures.
      * Tests correspond with the recommended monitoring plan.
      * Tests are ordered and performed at the appropriate time.
    - Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
    - Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
    - Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, sex, comorbid conditions, drug interactions, renal function, and hepatic function).
    - Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
    - Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
    - Schedules follow-up care as needed to achieve goals of therapy.
* Objective R1.1.7: (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.
  + Criteria:
    - Accurately and concisely communicates drug therapy recommendations to healthcare professionals representing different disciplines.
    - Appropriately documents patient/caregiver communication and all relevant direct patient care activities in a timely manner.
* Objective R1.1.8: (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
  + Criteria:
    - Appropriately decides on which patients to focus given limited time and multiple patient care responsibilities.
    - Considers appropriate factors when determining priority for care among patients.
    - Gives priority to patient care activities.
    - Plans prospectively.
    - Routinely completes all steps of the medication management process.
    - Actively works to identify the potential for significant medication-related problems.
    - Assumes responsibility for medication therapy outcomes.
    - Helps patients learn to navigate the health care system, as appropriate.
    - Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
    - Determines barriers to patient adherence to treatment plan and makes appropriate adjustments.
    - Communicates with patients and family members/caregivers about their medication therapy.
    - Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during transitions between care settings for patients with psychiatric and neurologic disorders.

* Objective R1.2.1: (Applying) Manage transitions of care effectively for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Effectively participates in obtaining or validating a thorough and accurate medication history.
    - Conducts thorough medication reconciliation when necessary.
    - Follows up on all identified drug-related problems.
    - Participates effectively in medication education.
    - Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
    - Follows up with patient in a timely and caring manner.
    - Provides additional effective monitoring and education, as appropriate.
    - Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
    - Facilitates medication access, as needed.

***Competency Area R2: Advancing Practice and Improving Patient Care***

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for patients with psychiatric and neurologic disorders, as applicable to the organization.

* Objective R2.1.1: (Creating) 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.
  + Criteria:
    - Displays objectivity.
    - Effectively synthesizes information from the available literature.
    - Applies evidenced-based principles.
    - Consults relevant sources.
    - Considers medication-use safety and resource utilization.
    - Uses the appropriate format.
    - Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
    - Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
    - When appropriate, may include proposals for medication-safety technology improvements.
* Objective R2.1.2: (Evaluating) Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders. (Guidance: This should not be the major project but may be part of the project.)
  + Criteria:
    - Uses evidence-based principles to develop criteria for use.
    - Demonstrates a systematic approach to gathering data.
    - Accurately analyzes data gathered.
    - Demonstrates appropriate confidence and assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
    - Implements approved changes, as applicable.
* Objective 2.1.3: (Applying) Participate in the review of medication event reporting and monitoring related to care for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Effectively uses currently available technology and automation that supports a safe medication-use process.
    - Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.
* Objective 2.1.4: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Identifies problems and opportunities for improvement and analyzes relevant background data.
    - Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
    - Utilizes best practices to identify opportunities for improvements.
    - When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence [e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts, APA, National Institute of Clinical Excellence (NICE), PORT, World Federation of Societies of Biological Psychiatry].

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.

* Objective 2.2.1: (Analyzing)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.
  + Criteria:
    - Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
    - Determines an appropriate topic for a practice-related project of significance to patient care.
    - Uses best practices or evidence-based principles to identify opportunities for improvements.
    - Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
    - Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
* Objective R2.2.2: (Creating) 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.
  + Criteria:
    - Steps in plan are defined clearly.
    - Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
    - Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
    - Applies evidence-based principles, if needed.
    - Develops a feasible design for a project that considers who or what will be affected by the project.
    - Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
    - Acts in accordance with the ethics of research on human subjects, if applicable.
    - Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.
* Objective 2.2.3: (Evaluating) 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.
  + Criteria:
    - Collects the appropriate types of data as required by project design.
    - Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
    - Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
    - Develops and follows an appropriate research or project timeline.
    - Correctly identifies need for additional modifications or changes to the project.
    - Accurately assesses the impact of the project, including its sustainability, using operational, clinical, economic, and/or humanistic outcomes of patient care.
    - Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
    - Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
    - Considers the impact of the limitations of the project or research design on the interpretation of results.
    - Accurately and appropriately develops plan to address opportunities for additional changes.
* Objective R2.2.4: (Applying) 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.
  + Criteria:
    - Follows established timeline and milestones.
    - Implements the project as specified in its design.
    - Collects data as required by project design.
    - Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
    - Plan is based on appropriate data.
    - Gains necessary commitment and approval for implementation.
    - Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
    - Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
* Objective R2.2.5: (Evaluating) Assess changes made to improve care of patients with psychiatric and neurologic disorders or a topic for advancing the pharmacy profession or psychiatric pharmacy.
  + Criteria:
  + Outcome of change is evaluated accurately and fully.
  + Includes operational, clinical, economic, and humanistic outcomes of patient care.
  + Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
  + Correctly identifies need for additional modifications or changes.
  + Accurately assesses the impact of the project, including its sustainability (if applicable).
  + Accurately and appropriately develops plan to address opportunities for additional changes.
* Objective R2.2.6: (Creating) 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. (The presentation can be virtual.)
  + Criteria:
    - Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
    - Report includes implications for changes to or improvement in pharmacy practice.
    - Report uses an accepted manuscript style suitable for publication in the professional literature.
    - Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

***Competency Area R3: Leadership and Management***

Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of care for patients with psychiatric and neurologic disorders.

* Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Demonstrates effective time management.
    - Manages conflict effectively.
    - Demonstrates effective negotiation skills.
    - Demonstrates ability to lead interprofessional teams.
    - Uses effective communication skills and styles.
    - Demonstrates understanding of perspectives of various health care professionals.
    - Effectively expresses benefits of personal profession-wide leadership and advocacy.
* Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for patients with psychiatric and neurologic disorders.
  + Criteria:
    - Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
    - Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
    - Effectively engages in self-evaluation of progress on specified goals and plans.
    - Demonstrates ability to use and incorporate constructive feedback from others.
    - Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate understanding of management in the provision of care for psychiatric patients.

* Objective R3.2.1 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.
  + Criteria:
    - Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care.
    - Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven health care, reimbursement models) related to medication use.
    - Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used.
    - Describes the governance of the health care system and leadership roles.
* Objective R3.2.2: (Applying) Manage one’s own psychiatric pharmacy practice effectively.
  + Criteria:
    - Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.
    - Review and interpret the most recent primary literature.
    - Evaluate clinical practice activities for potential contributions to scholarship.
    - Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
    - Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
    - Regularly integrates new learning into subsequent performances of a task until expectations are met.
    - Routinely seeks applicable learning opportunities when performance does not meet expectations.
    - Demonstrates effective workload and time-management skills.
    - Assumes responsibility for personal work quality and improvement.
    - Is well prepared to fulfil responsibilities (e.g., patient care, projects, management, meetings).
    - Sets and meets realistic goals and timelines.
    - Demonstrates awareness of own values, motivations, and emotions.
    - Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
    - Strives to maintain a healthy work–life balance.
    - Works collaboratively within the organization’s political and decision-making structure.
    - Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.

***Competency Area R4: Teaching, Education, and Dissemination of Knowledge***

Goal 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).

* Objective R4.1.1: (Applying) Design effective educational activities related to care of patients with psychiatric and neurologic disorders.
  + Criteria:
    - Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
    - Selects topics of significance to psychiatric pharmacy as outlined in the appendix.
    - Effectively designs educational activities for individual and groups of patients.
    - Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
    - Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
    - Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.
    - Includes accurate citations and relevant references and adheres to applicable copyright laws.
* Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
  + Criteria:
    - Demonstrates rapport with learners.
    - Captures and maintains learner/audience interest throughout the presentation.
    - Implements planned teaching strategies effectively.
    - Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
    - Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
    - Body language, movement, and expressions enhance presentations.
    - Summarizes important points at appropriate times throughout presentations.
    - Transitions smoothly between concepts.
    - Effectively uses audio-visual aids and handouts to support learning activities.
    - Effectively presents/teaches individuals and groups of patients.
* Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to care of patients with psychiatric and neurologic disorders.
  + Criteria:
    - Writes in a manner that is easily understandable and free of errors.
    - Demonstrates thorough understanding of the topic.
    - Notes appropriate citations and references.
    - Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
    - Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.
    - Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
    - Creates one’s own work and does not engage in plagiarism.
    - Prepares or updates effective handouts and other written communications for individual and groups of patients.
* Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to care of patients with psychiatric and neurologic disorders.
  + Criteria:
    - Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
    - Provides timely, constructive, and criteria-based feedback to learner.
    - If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
    - Determines how well learning objectives were met.
    - Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
    - Identifies ways to improve education-related skills.
    - Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

Goal 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.

* Objective R4.2.1: (Analyzing) When engaged in teaching about the care of patients with psychiatric and neurologic disorders, select a preceptor role that meets learners’ educational needs.
* Criteria:
  + - Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
    - Selects direct instruction when learners need background content.
    - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
    - Selects coaching when learners are prepared to perform a skill under supervision.
    - Selects facilitating when learners have performed a skill satisfactorily under supervision.
* Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills in practice-based teaching related to the care of patients with psychiatric and neurologic disorders.
  + Criteria:
    - Accurately assesses the learner’s skill level to determine the appropriate preceptor role for providing practice-based teaching.
    - Instructs students, technicians, or others as appropriate.
    - Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
    - Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
    - Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

***Competency Area R5: Management of Psychiatric Emergencies***

Goal R5.1**:** Demonstrate understanding of the management of psychiatric emergencies.

* Objective E5.1.1: (Analyzing) Recognize and respond appropriately to psychiatric emergencies.
  + Criteria:
    - Correctly identifies situations as psychiatric emergencies and responds appropriately.
    - Effectively assesses safety concerns, including safety of the patient, staff, and other individuals during a psychiatric emergency.
    - Demonstrates appropriate self-protective behaviors when confronted with an agitated and/or violent patient.
* Objective R5.1.2: (Applying) Demonstrate understanding of the management and treatment of psychiatric emergencies according to the organization’s policies and procedures.
  + Criteria:
    - Effectively applies nonpharmacological (de-escalation) techniques in psychiatric emergency situations, as appropriate.
    - Effectively applies medication therapy in psychiatric emergency situations, as appropriate.
    - Demonstrates understanding of differences between treatment of agitation and aggression versus chemical restraint.
    - Acts in accordance with regulatory bodies and organization’s policies and procedures for psychiatric emergencies, including physical restraints.

**Recruitment and Selection of PGY2 Residents**

* Process will follow those outlined in the system manual.
* The members of the PGY2 Psychiatric Pharmacy RAC will review applicants to determine qualifications based on a standardized, objective scoring rubric.
* For the PGY2 Psychiatric Pharmacy Program, we will extend interviews to the top 6 candidates.
* All interviewees will be scored based on standardized, objective scoring rubric by members of RAC. Scores will be averaged, reviewed by RAC at rank meeting, and candidate will be agreed upon based on scoring tools and rank meeting discussions.
* For selected applicant, PGY1 certificates must be emailed to RPD as soon as possible (preferably within the first week of PGY2 residency), the resident will provide the RPD a PDF of the PGY1 residency program completion certificate. The RPD will upload the document to PharmAcademic™. If the resident does not complete this within 30 days from the start of residency, the resident will be terminated from the PGY2 program.

**Program Structure**

* Learning experiences will be scheduled as three 6-week required learning experiences, two 4-week required learning experiences, and 2-4 week elective learning experiences, with flexibility determined by the RPD.
* Flexibility in scheduling learning experiences is imperative to providing a customizable experience for the resident.
* Elective clinical learning experiences will be scheduled based on the resident’s preference. Collaboration between Intermountain Health, the Utah Poison Control Center, and the VA Salt Lake Health Care System is also established to give the resident more opportunities for customization.

***Learning Experiences and Duration***

1. *Required Clinical Experiences:*
   1. Orientation (PCH): 5 weeks - length may be adjusted for early commitment
   2. Child and Adolescent - Outpatient (PCH): 6 weeks
   3. Child and Adolescent - Inpatient (PCH): 6 weeks
   4. Adult and Adolescent - Inpatient (MKD): 6 weeks
   5. Adult Psychiatry and Medical Detox – Inpatient (LDS): 4 weeks
   6. Adult Psychiatry and Neuro Trauma – Inpatient (UVH): 4 weeks
2. *Required Longitudinal Experiences:*
   1. Research and Quality Improvement Project: 12 months, 25% of a day, every Tuesday
   2. Staffing: 12 months, two-12 hour shifts every third weekend on the pediatric inpatient psychiatry unit (minimum of 15 weekends completed by end of residency)
      1. Typical duties will include clinical coverage with order review and verification, fielding questions from the healthcare team, medication reconciliation, patient/caregiver counseling, and managing protocols and collaborative practice agreements.
      2. Holiday coverage (if required):
         1. Residents are afforded 10 days of holiday leave as a benefit of their employment.
         2. Residents shall be required to work no more than one of the 10 holidays (including Thanksgiving, Christmas Eve or New Year’s Day). The fulfillment of holiday coverage will be coordinated through the RPD.
         3. Residents may participate in staffing of additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist per diem salary for holiday shifts worked.
   3. Teaching: 12 months
      1. The resident may complete the Intermountain Academic Teaching Certificate as described in the system manual if desired.
      2. The resident will complete the following teaching requirements:
         1. Lecture requirements: 3 hours of lecture (either didactic or active learning)
            1. Minimum 1 hour seminar presentation to Primary Children’s pharmacy staff regarding a controversial behavioral health topic or unique case presentation.
            2. Minimum 2 hours of lecturing at a local college of pharmacy or medicine
   4. ACPE-Accredited Presentation: 6 months
      1. Minimum 1 hour of ACPE accredited CE for pharmacists and pharmacy technicians
   5. Precepting: 4-6 weeks depending on other learner's schedule
      1. Act as the primary preceptor for a pharmacy student/resident with oversight from pharmacist preceptor.
   6. Consistent presence in one longitudinal, continuity-of-care outpatient clinic one day per week is required. Currently established options include:
      1. Outpatient Pediatric Psychiatry Longitudinal Clinic: 9 months, 75% of a day every Tuesday
      2. Expansion of services to other clinics is welcomed and encouraged
   7. Pharmacy Leadership: 12 months
      1. Pediatric P&T committee
      2. Primary Children's Hospital Medication Safety Committee
      3. Behavioral Health Clinical Program
      4. System P&T committee (as needed)
      5. Policy/order set/CPA creation or update
      6. Medication Use Evaluation
      7. Safety Newsletter
3. Available Elective Experiences: 2-4 weeks based on resident’s needs and interest. May also repeat a required learning experience.
   1. *Intermountain Health*
      1. Neurology ICU
      2. Pediatric Medical Psychiatry
      3. Management and Medication Safety
      4. Other elective experiences may be developed based on resident interest and preceptor availability:
         1. Examples for potential development:
            1. Adolescent Partial Hospitalization Program
            2. Adolescent Day Treatment Program
   2. *Off-site*
      1. Substance Abuse Residential Rehabilitation Treatment Program
      2. Primary Care Addiction Medicine
      3. Poison Control

***Learning Experience Schedule***

1. July-Program Orientation
   1. The RPD will orient the resident to the program by reviewing its purpose, accreditation regulations and standards, learning experiences, and assessment strategies.
   2. Residents will attend the Intermountain’s New Employee Orientation.
   3. Orientation will be conducted by the RPD, pharmacists in central pharmacy, behavioral health pharmacists and pharmacy leadership.
   4. Orientation will be modified as necessary based on the resident’s previous experiences/certifications.
2. August-July
   1. 2, 4, or 6-week clinical learning experiences
3. Project weeks
   1. 4 isolated weeks are scheduled for direct project management time
   2. Typical timing includes 1 week in quarter 1, 2 weeks in quarter 2, and 1 week in quarter 3

*Example of Projects to Work On During Project Weeks for the PGY2 Pharmacy Program*

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| --- | --- | --- |
| Project Week | Dates | Activities/Deliverables |
| Week 1 | 9/25 – 9/29 | * Fall CE presentation development * Research/continuous improvement (CI) project Institutional Review Board (IRB) protocol * Research/CI project manuscript * Identify MUE topic |
| Week 2 | 12/25 – 12/29 | * Initial work on Spring seminar presentation * Continue work on data collection for research/CI project * Start data analysis for research/CI project (if able) * Finalize methods section of research/CI manuscript |
| Week 3 | 1/1-1/5 |
| Week 4 | 3/4-3/8 | * Finish/continue data analysis for research project * Finish research project abstract and poster presentation * Write research/CI project manuscript results and discussion * Finalize/practice Spring seminar * Interviews and other related employment matters |

1. Longitudinal Day:
   1. One 8-hour day per week is scheduled for longitudinal, continuity-of-care outpatient clinic and other longitudinal requirements
2. Longitudinal
   1. Research and Quality Improvement Project
   2. Staffing
   3. Teaching
   4. Precepting
   5. Pharmacy Leadership
   6. Longitudinal Clinic
3. Presentations
   1. Fall CE (November) & Spring Seminar (March-April)
      1. Timing may be changed based on needs of the healthcare system and resident
   2. Formulary/P&T presentation based on committee needs
   3. Didactic Lecture (minimum or 2-hours) to a local college of pharmacy or medicine (Spring)
   4. Research poster presentation at the College of Psychiatric and Neurological Pharmacists Annual Meeting (typically in April) or an equivalent caliber meeting.

**Minimum Requirements for Successful Completion**

The requirements and progress will be reviewed with the resident at each quarterly evaluation. Goals and objectives will be assessed by the RPD for remediation planning for any items marked as satisfactory progress or needs improvement and for items that can be marked as achieved for the residency as documented in PharmAcademic. Supporting documentation from the evaluating preceptor is required and further information may be sought from the preceptor if necessary. Failure to meet the minimum 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 Pediatric residency program. Minimum requirements include:

1. Objectives will be at least 75% achieved, with any remaining goal at least at the satisfactory progress level.
   1. All objectives in the patient care domain (Goal R1.1) must be at the achieved level.
2. Completion of the required learning experiences as previously described.
3. Completes all items in the PGY2 Psychiatry Appendix Tracking Tool
4. Complete the residency research project with the following requirements:
   1. Research must be presented at a residency conference.
   2. A formal manuscript of publishable quality must be submitted to the RPD prior to the final day of the residency program.
5. Teaching and precepting requirements will be met as previously described.
   1. Lecture requirements: 4 hours of lecture (either didactic or active learning)
      1. Minimum 1 hour of ACPE accredited CE for pharmacists and pharmacy technicians
      2. Minimum 1 hour seminar presentation to Primary Children’s pharmacy staff regarding a controversial behavioral health topic or unique case presentation.
      3. Minimum 2 hours of lecturing at a local college of pharmacy or medicine
   2. Act as the primary preceptor for a pharmacy student/resident with oversight from pharmacist preceptor.
6. Staff a minimum of 15 weekend staffing shifts
7. Complete required deliverables related to educational objectives

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| --- | --- | --- |
| Objective # | Objective | Deliverable |
| 1.1.5     1.1.7 | (Creating) Design or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders. (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate. | Resident notes typically are not kept in the resident’s portfolio and therefore would need to be extracted from the electronic health record.  Please provide de-identified notes from the current resident or residents that document direct patient care activities appropriately in the medical record (or where appropriate).  The notes provided should be a representative sample of both care plans and other notes that reflect the breadth of resident documentation in the medical record Please submit 3 notes per resident. |
| 2.1.1 | (Creating) 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. | Examples of resident participation in the preparation or revision of a drug class review, monograph, treatment guideline, or protocol. |
| 2.1.2 | (Evaluating) Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders. | Examples of work completed as part of participation in a medication-use evaluation, if applicable. |
| 2.1.4 | (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders. | Examples of medication -use system improvements identified by resident, if applicable. |
| 2.2.6 | (Creating) 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. | Examples of resident presentation of major project and examples of written summary of major project in manuscript style. |
| 4.1.2 | (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders. | Examples of presentation slides and handouts developed by the resident. It should be clear who the presenter, date, and audience is for each presentation. |
| 4.1.3 | (Applying) Use effective written communication to disseminate knowledge related to care of patients with psychiatric and neurologic disorders. | Examples of resident written communication to disseminate knowledge (such as newsletters, written drug information, presentations) developed by resident. |
| 4.1.4 | (Applying) Appropriately assess effectiveness of education related to care of patients with psychiatric and neurologic disorders. | Examples of assessment of effectiveness of resident presentation/education. |

**PharmAcademic Rating Scale Definitions:**

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| --- | --- |
| Rating | Definition |
| Needs Improvement (NI) | * Deficient in knowledge/skills in this area * Often requires assistance to complete this objective * Unable to ask appropriate questions to supplement learning |
| Satisfactory Progress (SP) | * Adequate knowledge/skills in this area * Sometimes requires assistance to complete the objective * Able to ask appropriate questions to supplement learning * Requires skill development over more than one rotation |
| Achieved (ACH) | * Fully accomplished the ability to perform the objective * Rarely requires assistance to complete the objective; minimum supervision requires * No further developmental work needed |
| Achieved for Residency (ACHR) | * Can only be designated by Residency Program Director or Residency Program Site Coordinator * Resident has met objective at Achieved level-requires multiple ACH or most objectives |

**Description of Program Specific RAC & Participation in System RAC**

* The purpose of the RAC is to provide direction and oversight to the PGY2 Psychiatry Pharmacy Residency program. The RAC will assist the RPD in compliance with the ASHP and Intermountain Health standards.
* The RPD will serve as the RAC chair and will develop agenda items.
* Members include the pharmacy operations director, pharmacy safety manager, psychiatric clinical pharmacist and other members as deemed necessary by the RPD.
* Meetings will occur at 1430 on the second Wednesday of each month. Meetings will occur at least quarterly.
* The RAC will be responsible for
  + Tracking the progress of the resident, developing remediation plans, and recommending disciplinary action as needed.
  + Reviewing and approving the following including subsequent modifications:
    - Residency manual
    - Residency goals and objectives
    - Learning experience descriptions
  + Participating in candidate application, interview, and selection processes.
  + Addressing other professional and operational issues relating to the training of the residents.
* The RPD will represent the PGY2 Psychiatry Residency at the system level RAC, which is described in more detail in the Intermountain Pharmacy Residency Manual.

**References**

1. ASHP accreditation standard for postgraduate year two (PGY2) pharmacy residency programs. Updated July 2023. Available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>
2. Required competency areas, goals, and objectives for postgraduate year two (PGY2) psychiatry pharmacy residencies. Updated August 2017. Available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-newly-approved-psychiatric-pharmacy-2016.pdf>.